

**GC Temporary Permit
Supervision Registration Form**
(Copy this form for multiple supervisors)

SDCL 36-36-10 provides that the supervisor must be a licensed genetic counselor or a physician* in the state of South Dakota. The supervision agreement expires upon issuance of a full Genetic Counselor license.

*Physician must have current ABMG (now ABMGG) certification in clinical genetics and obtain approval by the Board.

Genetic Counselor (Temporary Permit)					
Genetic Counselor Information	<table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Printed Name</td> <td>Date of Graduation</td> </tr> </table>	_____	_____	Printed Name	Date of Graduation
_____	_____				
Printed Name	Date of Graduation				
Proposed Supervising Provider(s)					
Supervising Provider Information	Name of Genetic Counselor: _____ License #: _____ ABMG (or ABMGG) Certification Date: _____ Practice Facility Name: _____ Practice Address: _____ Phone: _____ Email: _____				
Basis of Supervision					
	On what basis will supervision be provided?: _____ _____ _____ _____				
Supervisor's Practice					
	Practice Locations (Please list the locations of employment): _____ _____ _____ _____				
Signature					
	<p><i>I certify that I have read, understand and will comply with those sections regarding Genetic Counselor (Temporary Permit) as stated in the South Dakota Genetic Counselor Practice Act.</i></p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Supervisor</td> <td>Date</td> </tr> </table>	_____	_____	Signature of Supervisor	Date
_____	_____				
Signature of Supervisor	Date				

**MAIL FORM TO:
SDBMOE
101 N. MAIN AVENUE, SUITE 301
SIOUX FALLS, SD 57104**