

**GC Temporary Permit
Supervision Registration Form (Form #5)**
(Copy this form for multiple supervisors)

Note: The Supervision agreement expires upon issuance of a full Genetic Counselor license.

Supervisor: Supervisor must be a South Dakota licensed Genetic Counselor or a *Physician (approved by the board with current ABMG certification) in the state of South Dakota. *Provide proof of ABMG Certification

Name of Supervisor _____		
Street Address _____		
City _____	State _____	Postal Code _____
Phone Number _____	Email Address _____	
South Dakota License Number _____	ABMG Certification Date _____	

Genetic Counselor (Temporary Permit)

Genetic Counselor Name _____
Date of Graduation _____

Basis of Supervision

On what basis will supervision be provided? _____ _____
Proposed Practice Location (Name of Company and Full Address) _____ _____

Supervisor's Education and Practice

School(s) _____
Dates: From (MM/YY) _____ To (MM/YY) _____
Practice Locations and Dates (Please list the locations and dates of employment): _____ _____ _____

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.

Signature of Supervisor Date