

**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 certification in clinical genetics and obtain approval by the Board.

Genetic Counselor (Temporary Permit)

Genetic Counselor Information	Printed Name _____	Date of Graduation _____
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Proposed Supervising Provider(s)

Supervising Provider Information	Name of Genetic Counselor: _____	
	License #: _____	ABMG Certification Date: _____
	Practice Facility Name: _____	
	Practice Address: _____	
	Phone: _____	Email: _____

Basis of Supervision

	On what basis will supervision be provided?: _____ _____ _____ _____
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Supervisor's Practice

	Practice Locations (Please list the locations of employment): _____ _____ _____ _____
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Signature

	<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>	
	Signature of Supervisor _____	Date _____

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