

**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 _____

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?: _____

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):

Signature

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 _____

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