



Genetic Counselor Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Genetic Counselor Supervision for Provisional License

Last Name of Supervised:	
First Name:	Middle Name/Initial:
Business Name:	
Business Address:	
Phone (enter 10 digit #):	Supervisor's Professional License Number:

I understand that my signature on this form will allow this individual to practice as a genetic counselor under my supervision.

Signature of Supervisor

Name of Supervised

General Supervision includes:

On-going availability to engage in direct communication, either face-to-face or by electronic means;

Active, ongoing review of the genetic counselor's services, as appropriate, for quality assurance and professional support;

Description of contingency plans to include the unplanned unavailability of the primary supervisor; and

Identification and professional license number of an alternate supervisor, as appropriate to the practice setting.

General supervision does not require the supervisor to be physically present. The supervisor shall be readily accessible for consultation and assistance to the provisionally licensed genetic counselor.

Please send completed form to the above address.