



PROTECT PEOPLE & PROMOTE BUSINESS

Bureau of Professional Licensing
PO Box 30670 • Lansing, MI 48909
(517) 335-0918
www.michigan.gov/bpl
BPLData@michigan.gov

VERIFICATION OF SUPERVISION
FOR A TEMPORARY LICENSED GENETIC COUNSELOR

Authority: 1978 PA 368

A separate form must be submitted directly to this office by each supervisor who is verifying they supervise you. If this form is submitted by the applicant, it will not be accepted.

The supervisor must be a Michigan licensed Genetic Counselor with current certification in good standing with the ABGC or the ABMGG.

Section of Form to be Completed by Applicant:

Form with fields: Applicant's First Name, Middle Name, Last Name, Street Address, City, State, Zip Code, Telephone Number with Area Code, E-mail Address, Date of Birth.

Remainder of Form to be Completed by Supervisor:

Form with fields: Applicant's Place of Employment (Organization Name), Street Address, City, State, Zip Code, Supervisor's Name (First, Middle, Last), MI 10-digit Permanent License Number.

CERTIFICATION AND SIGNATURE

I certify the applicant named above is under my supervision and my license/certification is in good standing with the State of Michigan and ABGC or ABMGG.

I further certify that I will notify the Department immediately in the event that I am no longer supervising this applicant.

Signature

Date

Title