

INSTRUCTION SHEET

GENETIC COUNSELOR

Acceptance of Examination Endorsement

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

To apply for licensure as an Genetic Counselor in Illinois, read and follow the instructions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE (3) YEARS FROM THE DATE OF RECEIPT. If you are issued an Illinois genetic counselor license, please be advised that your license will expire on January 31 of odd-numbered years.

All applicants must complete the 4-page application and submit it with the supporting documents required by the method under which application is being made.

Complete all applicable information requested on the four-page Application for Licensure and/or Examination.

1. Complete Part I, Application Category Information as indicated below:

| 1. Profession Name | 2. Profession Code | 3. Licensure Method | 4. Fee |
|--------------------|--------------------|---------------------------|--------|
| Genetic Counselor | 246 | Acceptance of Examination | \$150 |
| Genetic Counselor | 246 | Endorsement | \$150 |
| Genetic Counselor | 246 | Restoration | * |

2. Part II--Identifying Information--Enter all applicable information. If the name shown on your application is different from that shown on your supporting documents, you must submit proof of legal name change; i.e., copy of your marriage license, divorce decree, or court order. **All applicants must be at least 21 years of age.**
3. Part III--Education Information--Enter all applicable information requested. Please indicate beginning and ending dates by month and year.
4. Part IV--Record of Licensure Information--Indicate other states or jurisdictions where you have been licensed to practice the profession for which you are applying, or held a related license. Also, list all other professional licenses held in Illinois.
5. Part V--Record of Examination(s)--Enter all applicable information requested.
6. Part VI--Personal History Information--**Must** be completed by all applicants.
7. Part VII--Examination Coding Information--**DO NOT COMPLETE PART VII.**

*Send Application and
Supporting Documents to:*

**Illinois Department of Financial
and Professional Regulation
ATTN: Division of Professional
Regulation
P.O. Box 7007
Springfield, Illinois 62791**

***Fee--Payment must be in the form
of a check or money order made
payable to:***

***Department of Financial and
Professional Regulation
FEE IS NOT REFUNDABLE.***

For Assistance Call:

***Department of Financial and
Professional Regulation at:
1-800-560-6420.***

TTY: 1-866-325-4949.

***Please allow 45 days from mailing
your application before making an
inquiry concerning its status.***

8. Part VIII--Child Support and/or Tax Information--**Must** be completed by all applicants.
9. Part IX--Certifying Statement--Read the certifying statement and then sign and date application.

ACCEPTANCE OF EXAMINATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

No *Reference Sheet* is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part 1-A of the four-page Application for Licensure/ Examination onto the supporting document.

Individuals wishing to become licensed on the basis of Acceptance of Examination must submit the following:

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. Four-page Application for Licensure and/or Examination.
3. Submit proof of one of the following:
 - a) Master's degree in genetic counseling from program approved by the American Board of Genetic Counseling (ABGC);
 - b) Completion of an accredited training program offered by the American Board of Medical Genetics (ABMG); **or**
 - c) Completion of an equivalent program approved by the American Board of Genetic Counseling or the American Board of Medical Genetics.
4. Proof of original/current certification as a Board Diplomate (original letter if recently certified or current certificate) issued by the American Board of Genetic Counseling or the American Board of Medical Genetics.
5. Required fee. Refer to page 1 of the instructions for specific information.

NOTE: In addition, the Department requires you to complete Supporting Document **VE-GC**. Your current board status will be verified by the Department prior to issuing you a license to practice as a genetic counselor in Illinois.

If you are currently licensed as a **physician**, Supporting Document **CT** must be completed by the jurisdiction in which you were originally licensed as a physician and from the jurisdiction of current licensure. You must direct the licensing agency/board to return completed form **CT** directly to you. You may copy this form if necessary.

If you are presently licensed in Illinois and hold a valid license as a medical physician, you need only to record this information on Part IV, page 3 of the four-page application.

For counselors who have completed their formal training outside of the United States and Canada, you must apply as an International Genetic Counselor Certification Examinee (IGCCE). This requirement includes

those Canadian genetic counselors who have earned a degree from genetic counseling programs that are not accredited or did not have Recognized New Program or Provisional Accreditation status at the time of their matriculation.

You are directed to the ABGC website for further information:

<http://www.abgc.net/english/view.asp?x=1>.

Note: The final decision as to an individual's qualifications for entrance into, or completion of, the IGCCE program is at the sole discretion of the ABGC.

ENDORSEMENT

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Individuals wishing to become licensed on the basis of Endorsement must submit the following:

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. Four-page Application for Licensure and/or Examination;
3. Supporting Document CT completed by the state or territory of original licensure and the state in which you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed form to you to be submitted with your application.
4. Submit proof of one of the following:
 - a) Master's degree in genetic counseling from the American Board of Genetic Counseling (ABGC);
 - b) Completion of an accredited training program offered by the American Board of Medical Genetics (ABMG); **or**
 - c) An equivalent program approved by the American Board of Genetic Counseling or the American Board of Medical Genetics.
5. Proof of original/current certification as a Board Diplomate (original letter if recently certified or current certificate) issued by the American Board of Genetic Counseling or the American Board of Medical Genetics.
6. Required fee. Refer to page 1 of the instructions for specific information.

No Reference Sheet is included with this packet. When supporting documents request you refer to the Reference Sheet, enter the information recorded in Part 1-A of the four-page Application for Licensure/ Examination onto the supporting document.

Each endorsement application will be examined to determine whether the requirements and examination in the jurisdiction at the date of licensing were substantially equivalent to the requirements and examination then in force in Illinois and if the applicant has complied with requirements as outlined in Illinois law.

NOTE: In addition, the Department requires you to complete Supporting Document **VE-GC**. Your current board status will be verified by the Department prior to issuing you a license to practice as a genetic counselor in Illinois.

If you are currently licensed as a **physician**, Supporting Document **CT** must be completed by the jurisdiction in which you were originally licensed as a physician and from the jurisdiction of current licensure. You must direct the licensing agency/board to return completed form **CT** directly to you. You may copy this form if necessary.

If you are presently licensed in Illinois and hold a valid license as a medical physician, you need only to record this information on Part IV, page 3 of the four-page application.

For counselors who have completed their formal training outside of the United States and Canada, you must apply as an International Genetic Counselor Certification Examinee (IGCCE). This requirement includes those Canadian genetic counselors who have earned a degree from genetic counseling programs that are not accredited or did not have Recognized New Program or Provisional Accreditation status at the time of their matriculation.

You are directed to the ABGC website for further information:

<http://www.abgc.net/english/view.asp?x=1>.

NOTE: The final decision as to an individual's qualifications for entrance into, or completion of, the IGCCE program is at the sole discretion of the ABGC.

RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

-Important Notice-

These Restoration Instructions apply only to those genetic counselors whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 1-800-560-6420 for detailed instructions on how to restore it to active status.

If you are restoring a license after five (5) years, you must file an application together with proof of 30 hours of continuing education and:

1. Supporting Document **CCA** **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. Supporting Document **RS** must be completed. If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 1-800-560-6420.
3. Fee Payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order and made payable to the Illinois Department of Financial and Professional Regulation.
4. All applicants for restoration of genetic counselor license in Illinois must submit proof of having completed 30 hours of Continuing Education during the 24 months prior to restoration application. This must be verified by the submission of certificates of attendance provided by continuing education sponsors approved by the Department of Financial and Professional Regulation.
5. You are also required to submit one of the following:
 - a) Supporting Document **CT** completed by the U.S. jurisdiction where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed form to you to be submitted with your application.

Supporting Document **VE** must be completed to verify active practice as a Genetic Counselor in another jurisdiction; **or**
 - b) An affidavit attesting to military service (copy of DD214); **or**
 - c) Proof of successful completion of the ABGC certification examination in the form of an original recertification letter within 24 months prior to application for restoration.
6. Forward four-page application, all supporting documentation and fee payment to: Illinois Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

NOTE: Applicants for restoration may be required to complete a specific period of evaluated genetic counseling work experience under the supervision of a qualified supervisor and may be required to demonstrate completion of continuing education requirements.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

Licensure Methods

Definition

Examination

Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.

Endorsement of License

Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.

Acceptance of Examination

Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.

Restoration

Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.

Grandfather/Waiver

Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).

Non-examination

Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

“Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**”

“Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**”

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Genetic Counselor

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

| FOUR-PAGE APPLICATION REVIEW | COMPLETED |
|---|-----------|
| Part I. Application Category Information | |
| Part II. Applicant Identifying Information | |
| Part III. Education Information | |
| Part IV. Record of Licensure Information | |
| Part V. Record of Examination | |
| Part VI. Personal History Information | |
| Part VII. Examination Coding Information (Not applicable) | |
| Part VIII. Child Support and/or Student Loan Information | |
| Part IX. Certifying Statement -- Signed and Dated | |
| SUPPORTING DOCUMENTS | SUBMITTED |
| Application Fee | |
| Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form. | |
| Supporting Document VE-GC (if applicable). Please mark appropriate box: <ul style="list-style-type: none"> <input type="checkbox"/> Master's degree in genetic counseling from program approved by the American Board of Genetic Counseling (ABGC) <input type="checkbox"/> Completion of an accredited training program offered by the American Board of Medical Genetics (ABMG) <input type="checkbox"/> Completion of an equivalent program approved by the ABGC or ABMG | |
| Photocopy of certification from the ABGC or ABMG | |
| Supporting Document CT Form (original and current state) if applicable | |
| Proof of Name Change (if applicable) | |

All supporting documents may not be required. Please refer to application instructions for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is **VOLUNTARY**. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE and/or EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. Check the box indicating the appropriate information regarding your application. Military Military Spouse Not Military Decline to Answer
 Military service member is defined as: "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

B. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

| | | | |
|--------------------|--------------------|---------------------|--------|
| 1. PROFESSION NAME | 2. PROFESSION CODE | 3. LICENSURE METHOD | 4. FEE |
| | _ _ _ | | \$ |

C. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

| | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

| | | |
|---------------------------|-------------------------------------|--------------------------------------|
| 1. NAME LAST FIRST MIDDLE | 2. TITLE (e.g., M.D., D.D.S., etc.) | 3. UNITED STATES SOCIAL SECURITY NO. |
| | | _ _ - _ - _ |

| | | |
|--|----------|--------|
| 4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY | ZIP CODE | COUNTY |
| | _ - - | |

| | | |
|---|----------|--------|
| 5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY | ZIP CODE | COUNTY |
| | _ - - | |

| | |
|--|-------------------------|
| 6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE) | 7. MOTHER'S MAIDEN NAME |
| | |

| | | |
|--------------------------------------|------------------|--|
| 8. PLACE OF BIRTH CITY STATE/COUNTRY | 9. DATE OF BIRTH | 10. AGE |
| | _ / _ / _ | _ |
| | Month Day Year | <input type="checkbox"/> Female <input type="checkbox"/> Male |

| | |
|---|---------------------------------------|
| 11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED | 12. REQUIRED E-MAIL ADDRESS |
| Work: (_ _ _) _ - _ (Area Code) | |
| Home: (_ _ _) _ - _ (Area Code) | |
| Fax: (_ _ _) _ - _ (Area Code) | |
| Fax: (_ _ _) _ - _ (Area Code) | |

NAME (Last, First, MI):

SS#:

Profession:

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION

____ / ____

Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? Yes No

| 6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate) | LOCATION (City and State or Country) | DATES OF ATTENDANCE | | TYPE OF DEGREE EARNED |
|---|---|---------------------|------------|-----------------------|
| | | FROM | TO | |
| | | Month/Year | Month/Year | |
| | | | | |
| | | | | |
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7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

| INSTITUTION NAME | LOCATION (City and State or Country) | DATES OF ATTENDANCE | | Did You Complete Training? |
|------------------|---|---------------------|------------|--|
| | | FROM | TO | |
| | | Month/Year | Month/Year | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

| STATE | PROFESSION NAME | LICENSE NUMBER | DATE OF ISSUANCE | LICENSE STATUS (Active, Lapsed, etc.) |
|--|-----------------|----------------|------------------|---------------------------------------|
| State of Original Licensure | | | | |
| State of Current Licensure where you most recently have been practicing. | | | | |
| Other States of Licensure | | | | |
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(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

| NAME OF EXAMINATION | STATE | MONTH/YEAR | EXAM RESULTS |
|---------------------|-------|------------|--------------------------|
| | | | (Passed, Failed, Absent) |
| | | | |
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(If additional space is needed, attach a separate sheet.)

| PART VI: Personal History Information <i>(This part must be completed by all applicants)</i> | YES | NO |
|--|-----|----|
| 1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i> | | |
| 2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i> | | |
| 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i> | | |
| 4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> | | |
| 5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i> | | |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i> | | |

PART VII: Examination Coding Information *(This part is for examination applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

b) CHART III - Select the examination site you desire and enter Test Center Code:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

c) CHART IV - Find your School of Graduation and enter school code:

| |
|--|
| |
|--|

d) Record the number of times you have taken this exam in Illinois or any other state:

| | |
|--|--|
| | |
|--|--|

PART VIII: Child Support and Tax Information *(Every applicant is required by law to respond to the following questions)*

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes No
(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? Yes No

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

CCA

1. NAME LAST FIRST MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)
_____ - _____

2. ADDRESS STREET, CITY, STATE, ZIP CODE

4. SOCIAL SECURITY NUMBER
_____ - _____ - _____

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- | | | |
|---|---|--|
| <input type="checkbox"/> Acupuncturists | <input type="checkbox"/> Naprapaths | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Advanced Practice Registered Nurses | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Advanced Practice Registered Nurse - Full Practice Authority | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Professional Counselors |
| <input type="checkbox"/> Athletic Trainers | <input type="checkbox"/> Occupational Therapy Assistants | <input type="checkbox"/> Prosthetists |
| <input type="checkbox"/> Audiologists | <input type="checkbox"/> Optometrists | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Orthotists | <input type="checkbox"/> Registered Surgical Assistants |
| <input type="checkbox"/> Clinical Social Workers | <input type="checkbox"/> Pedorthists | <input type="checkbox"/> Registered Surgical Technologists |
| <input type="checkbox"/> Dental Hygienists | <input type="checkbox"/> Perfusionists | <input type="checkbox"/> Respiratory Care Practitioners |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Speech Pathologists |
| <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Physical Therapists | |
| <input type="checkbox"/> Licensed Clinical Professional Counselors | <input type="checkbox"/> Physical Therapy Assistants | |
| <input type="checkbox"/> Licensed Practical Nurses | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.) | |
| <input type="checkbox"/> Licensed Social Workers | | |
| <input type="checkbox"/> Marriage and Family Therapists | | |
| <input type="checkbox"/> Medication Aide | | |

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

If YES to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant _____ Email _____ Date _____

* DEFINITIONS

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, “sex offense” means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

- 11-20.1 (child pornography),
- 11-20.3 (aggravated child pornography),
- 11-6 (indecent solicitation of a child),
- 11-9.1 (sexual exploitation of a child),
- 11-9.2 (custodial sexual misconduct),
- 11-9.5 (sexual misconduct with a person with a disability),
- 11-15.1 (soliciting for a juvenile prostitute),
- 11-18.1 (patronizing a juvenile prostitute),
- 11-17.1 (keeping a place of juvenile prostitution),
- 11-19.1 (juvenile pimping),
- 11-19.2 (exploitation of a child),
- 11-25 (grooming),
- 11-26 (traveling to meet a minor),
- 12-13 (criminal sexual assault),
- 12-14 (aggravated criminal sexual assault),
- 12-14.1 (predatory criminal sexual assault of a child),
- 12-15 (criminal sexual abuse),
- 12-16 (aggravated criminal sexual abuse),
- 12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

- 10-1 (kidnapping),
- 10-2 (aggravated kidnapping),
- 10-3 (unlawful restraint),
- 10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

- 10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
- 11-6.5 (indecent solicitation of an adult),
- 11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
- 11-16 (pandering, if the victim is under 18 years of age),
- 11-18 (patronizing a prostitute, if the victim is under 18 years of age),
- 11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

- 11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.

* DEFINITIONS

A “**forcible felony**”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

- a) First Degree Murder (Section 9-1);
- b) Intentional Homicide of an Unborn Child (Section 9-1.2);
- c) Second Degree Murder (Section 9-2);
- d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
- e) Drug-induced Homicide (Section 9-3.3);
- f) Kidnapping (Section 10-1);
- g) Aggravated Kidnapping (Section 10-2);
- h) Unlawful Restraint (Section 10-3);
- i) Aggravated Unlawful Restraint (Section 10-3.1);
- j) Forcible Detention (Section 10-4);
- k) Involuntary Servitude (Section 10-9(b));
- l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
- m) Trafficking in Persons (Section 10-9(d));
- n) Criminal Sexual Assault (Section 11-1.20);
- o) Aggravated Criminal Sexual Assault (Section 11-1.30);
- p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
- q) Criminal Sexual Abuse (Section 11-1.50);
- r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
- s) Aggravated Battery (Section 12-3.05);
- t) Compelling Organization Membership of Persons (Section 12-6.5);
- u) Compelling Confession or Information by Force or Threat (Section 12-7);
- v) Home Invasion (Section 12-11);
- w) Robbery (Section 18-1);
- x) Armed Robbery (Section 18-2);
- y) Vehicular Hijacking (Section 18-3);
- z) Aggravated Vehicular Hijacking (Section 18-4);
- aa) Aggravated Robbery (Section 18-5);
- bb) Terrorism (Section 29D-14.9);
- cc) Causing a Catastrophe (Section 29D-15.1);
- dd) Possession of a Deadly Substance (Section 29D-15.2);
- ee) Making a Terrorist Threat (Section 29D-20);
- ff) Falsely Making a Terrorist Threat (Section 29D-25);
- gg) Material Support for Terrorism (Section 29D-29.9);
- hh) Hindering Prosecution of Terrorism (Section 29D-35);
- ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
- jj) Armed Violence (Section 33A-2); and
- kk) Attempt (Section 8-4) of any of the above specified offenses.

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for double-sided printing.**

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

| | | | |
|--------------------|-------|-----------------|-------|
| Scaled Score | _____ | Raw Score | _____ |
| Standard Deviation | _____ | Corrected Score | _____ |
| National Mean | _____ | Percent Score | _____ |

A 2.

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
| | | | | | |
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B. State Constructed Examination

| SUBJECT | DATE | SCORE | SUBJECT | DATE | SCORE |
|---------|------|-------|---------|------|-------|
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PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

| | | |
|---------|-----------------------------|-------------------|
| S E A L | _____ | _____ |
| | Print Name | Signature |
| | _____ | _____ |
| | Title | Date |
| | _____ | _____ |
| | Agency/Board Street Address | Area Code () |
| | _____ | _____ |
| | City, State, ZIP Code | Telephone Number |

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 ILCS 2/1 et. seq. (Illinois Compiled Statute). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF QUALIFIED GENETIC PROFESSIONALS

SUPPORTING DOCUMENT

VE-GC

APPLICANT: Complete this form in its entirety. This form must accompany your application for licensure. The completed form must be returned directly to the Department of Financial and Professional Regulation, **ATTN: Division of Professional Regulation.**

| | | |
|--|---|---|
| 1. NAME LAST FIRST MIDDLE | 2. DATE OF BIRTH ____ / ____ / ____ Month Day Year | 3. SOCIAL SECURITY NUMBER ____ - ____ - ____ |
| 4. ADDRESS (STREET, CITY, STATE, ZIP CODE) | 5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. GENETIC COUNSELOR 2 4 6 Profession Name Profession Code | |
| 6. MAIDEN OR GIVEN SURNAME | | |

PROFESSIONAL QUALIFICATION--Please mark the appropriate box:

| | |
|---|--|
| A. NAME OF PROFESSIONAL ORGANIZATION (i.e., ABGC, ABMG, etc.) | B. BUSINESS TELEPHONE NUMBER Area Code (____) _____ - _____ |
| C. ADDRESS (STREET, CITY, STATE, ZIP CODE) | D. DATE OF SUCCESSFUL COMPLETION OF CERTIFYING EXAMINATION ____ / ____ / ____ MONTH DAY YEAR |

- Master's degree in genetic counseling from a training program accredited by the American Board of Genetic Counseling (ABGC).
Date of Graduation: _____
- Successful completion of a training program accredited by the American Board of Medical Genetics (ABMG).
Date of successful completion: _____
- An equivalent program approved by the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG).
Name of Program: _____
Date of successful completion: _____
- A doctoral degree and successful completion of an accredited medical genetics training program or an equivalent program approved by the American Board of Medical Genetics.
Date doctoral degree conferred: _____
Name of the ABMG Approved Program: _____
Date of Program: _____
- Certification of holding a valid medical license to practice in all its branches.

I do declare that the above listed information is true and correct to the best of my knowledge.

Signature of applicant

Date

ATTENTION APPLICANT: FOR INCLUSION WITH THE APPLICATION PACKET.