



## Genetic Counselor Supervision Form

This form should be completed by either the physician or licensed genetic counselor who agrees to supervise the below named applicant for a Genetic Counselor Supervised Practice License. The completed form should be returned to the State Medical Board of Ohio at the above address.

### Supervisor Information

Supervisor Name (Last, First, MI):

Supervisor OH License Number:

Practice Address:

City:

State:

Zip Code:

Work Phone:

Work Email:

### Genetic Counselor Applicant Information

Applicant Name (Last, First, MI):

### Affidavit of Supervising Physician or Licensed Genetic Counselor

The above information is complete and accurate to the best of my knowledge. I agree to provide general supervision for the above named applicant as they engage in the activities authorized by Section 4778.11 of the Revised Code.

I understand that general supervision does not require my presence while the supervisee engages in the activities authorized by Section 4778.11 of the Revised Code, but does require me to have professional responsibility for the supervisee and to be readily accessible to the supervisee for professional consultation and assistance.

**Signature of Supervisor:**

**Date (MM/DD/YYYY):**