



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Genetic Counselors

110 Centerview Dr. • Columbia • 29210

P.O. Box 11329 • Columbia • SC 29211-1329

Phone: 803-896-4664 • Genetics@llr.sc.gov • Fax: 803-896-4719

llr.sc.gov/gen

APPLICATION FOR LICENSURE AS A LIMITED GENETIC COUNSELOR

Electronic Application Information

Requirements

- Master's degree from a genetic counseling training program accredited by the Accreditation Council for Genetic Counseling (ACGC) or an equivalent program as determined by the board; and
- Active Candidate status with ACGC for the ABGN Certification Examination.

Documents and Fee

- \$200 application fee. Application fee is non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your Social Security card
- Notarized Verification of Lawful Presence (attached)
- Legal name change documentation, if applicable
- Limited License Supervisor Agreement (attached)
- Proof of Active Candidate status with ACGC

Contact the issuing education institution and have official transcripts from the accredited training program sent directly to the Board. Emailed transcripts from the school may be sent to Genetics@llr.sc.gov.

You will need your supervisor's license number to complete your application.

You will receive an email confirmation once the Board receives your application. Applications are processed in the order they are received. Staff will send you a deficiency email with additional instructions needed to complete the application process.

To complete your application, create an account at <https://eservice.llr.sc.gov/NewAppsV3>.



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LIMITED LICENSE SUPERVISORY AGREEMENT

Supervisors must hold an active, non-restricted South Carolina license as a Genetic Counselor or Physician.

To change the primary supervisor, please submit a new supervisory agreement.

APPLICANT INFORMATION

Name: _____ License No. (if applicable): _____

SUPERVISOR INFORMATION

Supervisors must hold an active, non-restricted South Carolina license as a Genetic Counselor or Physician.

Name: _____ License Type: Genetic Counselor Physician

State of Initial Licensure (if not SC): _____ Date of Issue: _____

SC License Number: _____ Date of Issue: _____

Name of Organization/Facility where supervision will take place: _____

Organization/Facility Address: _____

Alternate Supervisor(s)

Name: _____ License Type: Genetic Counselor Physician

State of Initial Licensure (if not SC): _____ Date of Issue: _____

SC License Number: _____ Date of Issue: _____

Name: _____ License Type: Genetic Counselor Physician

State of Initial Licensure (if not SC): _____ Date of Issue: _____

SC License Number: _____ Date of Issue: _____

PRIMARY SUPERVISOR ATTESTATION

I hereby agree to become the primary supervisor for the above-named limited licensee. I understand as the primary supervisor, I am responsible for reviewing with the limited licensee genetic counseling and case management information as appropriate, including regular meetings and chart reviews of patients. I understand as the primary supervisor I bear the ultimate professional and legal responsibility for the practice and conduct of the limited licensee. I understand I must notify the S.C. Genetic Counselors Board immediately in writing if this supervisory relationship changes. I understand I must practice in accordance with the South Carolina Genetic Counselors Practice Act and all other federal and state laws.

Primary Supervisor Signature

Date

LIMITED LICENSEE ATTESTATION

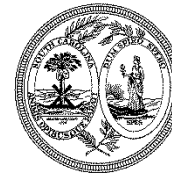
I understand that the primary supervisor will have ultimate control and oversight of any genetic counseling services I provide while holding a limited license. I also understand that if supervision is terminated with the approved supervisor named within this contract, a new supervision contract must be completed and approved by the Board before initiation of new supervision. I will not hold myself out as a licensed genetic counselor while I hold a limited license. I understand I am responsible for attending regular meetings and conducting patient chart reviews with the primary supervisor. I understand I must notify the S.C. Genetic Counselors Board immediately in writing if this supervisory relationship changes. I understand I must practice in accordance with the South Carolina Genetic Counselors Practice Act and all other federal and state laws.

Limited Licensee Signature

Date



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or
2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)