

West Virginia Board of Medicine

Genetic Counselor License Application Instructions

101 DEE DRIVE, SUITE 103, CHARLESTON, WEST VIRGINIA 25311
(304) 558-2921 wvbom.wv.gov

Genetic Counselor Licensure Requirements¹

Education	Master’s degree from a genetic counseling graduate program accredited by the ACGC, or equivalent as determined by the ABGC or ABMG.
Certification	Applicants must hold current certification as either a: (1) genetic counselor by the ABGC or ABMG; or (2) medical geneticist by the ABMG.
Professional Competency, Statutory Requirements and Public Protection	Applicants must demonstrate professional competency and conduct through responses to 6 Professional Practice Questions.
	Applicants are required to request and submit to the Board the results of a fingerprint-based state and national/federal criminal history record check.
	Applicants must be physically and mentally capable of engaging safely in practice as a genetic counselor.
	Applicants cannot have a revoked, suspended, surrendered or deactivated license in any jurisdiction which relates to genetic counseling. Applicants cannot have a prior, unreversed criminal conviction for a crime that bears a rational nexus to the professional of genetic counseling. The Board may also decline to issue a license to an applicant who is currently subject to any limitation, restriction, suspension, revocation or discipline concerning a license, certification or registration in any jurisdiction which relates to the practice of genetic counseling.
Fee	Applicants must submit a nonrefundable application fee of \$150. Please do not send payment with your application. The West Virginia Board of Medicine accepts online credit card payments for all fees. Upon receipt of your application, the Board will send payment instructions via email.

¹ West Virginia licensed medical doctors and other clinical providers licensed in West Virginia practicing genetic counseling within the scope of their professional license need not apply for a separate genetic counselor’s license.

General Instructions for All Applicants

1. Please review these instructions carefully.
2. Prior to submitting your application and nonrefundable fee, confirm your eligibility for licensure.
3. The West Virginia Board of Medicine requires applicants to personally complete their Application and the WVBOM Photo Affidavit and Authorization for Release of Information. Any errors, omissions or misstatements are solely the responsibility of the applicant.
4. The analyst assigned to your application will send you a written status update upon initial screening, and periodically throughout the application process.
5. The West Virginia Board of Medicine thoroughly reviews your education, practice history, licensure, and any criminal record or disciplinary history. Any unusual circumstances or discrepancies in your application documents will require supplementation and/or other follow-up and may require additional processing time.
6. Applications which fail to complete in six months expire. Thereafter, a new application, including a new application fee, is required to pursue licensure.
7. Applications are subject to a continuous supplementation obligation. If any information changes during the application process (i.e. after you start the process and before a licensure decision is rendered or while practicing pursuant to a provisional license) you are obligated to update any and all application components affected by the change in information.
8. Board staff are authorized to process applications and issue genetic counselor licenses if the underlying application is complete and does not contain unresolved unusual circumstances or discrepant information regarding the applicant's eligibility. All other applications, once complete, shall be presented to the Board for review and action at a regularly scheduled Board meeting. The Board meets 6 times a year, in January, March, May, July, September, and November. Meeting dates are published on the Board's website.
9. Some licensure applicants with unusual application circumstances may be required to meet with the Licensure Committee of the Board in advance of licensure consideration.
10. This application requires the submission of your Social Security Number in order for the Board to comply with the reporting requirements of the National Practitioner Data Bank.
11. Some information in your application file is considered public information. Such information includes, but is not limited to your: identity; age (not date of birth); graduate program; graduation date; malpractice history; disciplinary history; and current work locations.
12. Please do not make legal commitments (such as purchasing a home, entering into lease agreements, or committing to practice start dates) based upon your expectation of licensure. Not all applicants receive a license, and license applications do not always complete within the anticipated time frame. Neither applicants nor the Board can control the time frame in which third parties submit required documentation. The Board does not expedite one application in advance of another, nor does it issue licenses if an application is incomplete, or an applicant is ineligible.
13. Pursuant to W. Va. Code §30-1-27, a person shall be granted an occupational or professional license, registration, or certificate if the person has been licensed or certified in another state, the license, registration, or certificate is in the same discipline and at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed by W. Va. Code §30-1-27. This licensure pathway is available to genetic counselors who: (1) hold an unrestricted genetic counselor licensure in another state that was granted pursuant to a state licensure process (not a compact license) in accord with the state's license eligibility requirements; (2) have no disqualifying professional discipline or criminal history; and (3) establish residency in West Virginia OR are the spouse of an active duty member of the US armed forces and are accompanying the spouse to an official permanent change of duty station to a military installation in West Virginia. If you believe you qualify to apply for licensure pursuant to this pathway, please contact the Board for more information on this application pathway.

Additional Instructions – Genetic Counselor Application

1. Personally complete and sign the Genetic Counselor License Application. The Board accepts applications which are completed and signed within 30 days of submission to the Board.
2. Answer all questions truthfully and completely, and provide all requested supplemental information. Be sure to:
 - a. Provide your personal email address and accurate contact information.
 - b. List all of your states of licensure. If you need additional space, use the additional form provided.
 - c. Provide a complete Chronology of Activities that begins after your graduation from genetic counseling program through the date you submit your application. If you need additional space, use the additional form provided.
 - d. Sign and date pages 4 and 5.
3. Mail the following application components directly to the Board:
 - a. Completed application with your original signature on pages 4 and 5.
 - b. An original WVBOM Photo Affidavit and Authorization for Release of Information.
 - c. A legible copy of your diploma from your genetic counseling education program.
 - d. An acceptable identity document (birth certificate, certificate of naturalization or passport).
 - e. A certified National Practitioner Data Bank (NPDB) self-query report. Your report must have been generated with thirty days of the date you provide it to the Board. Instructions for Self-Query requests are located at <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>. You may forward a digital copy of the certified self-query report to the Licensure Analyst assigned to your application, The Board does not accept paper copies or uncertified digital copies.
4. Cause the following to be provided directly to the West Virginia Board of Medicine by other entities:
 - a. **ABGC/ABMG Certification Verification.** Arrange for your certifying board (ABGC or ABMG) to directly submit to the Board a verification of your certification as a genetic counselor or medical geneticist. The verification can be submitted to the Board via mail to the Board's office, or via email to the Board at wvbom@wv.gov.
 - b. **Transcripts.** Arrange for your genetic counseling graduate program to submit your transcripts directly to the Board. Transcripts can be submitted to the Board via mail to the Board's office, or via email to the Board at wvbom@wv.gov.
 - c. **Verification of Licensure in other states/jurisdictions.** Each state or jurisdiction where you are or have ever been licensed must submit verification of licensure to the Board. Please check each Board's website for instructions on how to request licensure verification.
 - d. **Criminal History Record Check.** The results of a fingerprint-based state and national/federal criminal history record check. The Board is not permitted to utilize background checks performed for other entities. Fingerprinting services are provided by Identigo for a fee of \$45.75. The 6-digit service code for the West Virginia Board of Medicine is 228Q9Z. Complete instructions are available on the Board's website here: <https://wvbom.wv.gov/Criminalhistory.asp>.
5. Pay the non-refundable application fee of \$150 online. The West Virginia Board of Medicine accepts online credit card payments for all fees. Upon receipt of your application, the Board will send payment instructions via email. Please do not send payment with your mailed application.

WVBOM Photo Affidavit and Authorization for Release of Information

101 DEE DRIVE, SUITE 103, CHARLESTON, WEST VIRGINIA 25311

(304) 558-2921 wvbom.wv.gov

First: _____ **Middle:** _____ **Last:** _____ **Suffix:** _____

Genetic Counselor

Identifying Characteristics

Sex: Male Female

Height (ft.in): _____

Weight (lbs.): _____

Hair Color: _____

Eye Color: _____

Identifying Marks: _____

Date attached photo was taken: _____

(mm/dd/yyyy)

Applicant Photograph

Securely tape or glue a front-view 2" x 2" passport-type color photo of yourself in this square. Photo must be clear, accurately depict the applicant, and have been taken within 12 months of the date the Board receives this form.

**PHOTO MUST BE ATTACHED
PRIOR TO NOTARIZATION**

Authorization for Release of Application Status

The person(s) listed below have my permission to check on the status of my application for a West Virginia license. I understand that I may revoke this authorization, in writing, at any time during the application process. (If you do not want to authorize anyone else to receive status updates, please leave this section blank.)

Type or print name clearly

Type or print name clearly

Applicant's Signature: _____ **Date:** _____
(mm/dd/yyyy)

Notarized Affidavit and Authorization for Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Licensure Application I submitted to this Board and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

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Continued from page 1

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice genetic counseling being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice genetic counseling.

_____ Applicant's printed legal name

_____ Applicant's signature (must be signed in the presence of a notary)

_____ Date (must be dated in the presence of a notary and correspond to date of notarization)

Notary

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

State of _____ County of _____ The statements
on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 20_____.
Day Month Year

Notary Public Signature: _____

[Notary Seal]

My Notary Commission Expires: _____

Practice Information

Do you have proposed practice plans for West Virginia? YES NO

If yes, please describe your practice plans and proposed practice location:

Plans: _____ Location _____

Do your practice plans involve practice via telehealth? YES NO

Are you currently working as a genetic counselor? YES NO

If not, how long have you been absent from genetic counselor practice? _____

**Mail original form to:
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311**

Genetic Counselor Initial License Application

Applicant Name: _____

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Professional Education - Please enclose a legible copy of your diploma with your application. Please arrange for your graduate program to submit your transcripts directly to the Board.

Name of Genetic Counseling Graduate Program: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Degree Earned: _____ Date of Graduation: _____ (mm/dd/yyyy)

Certification - Please arrange for your certifying Board to submit verification of certification directly to the Board.

Please select the appropriate option regarding your current ABGC or ABMG Certification:

I am currently certified by the ABGC:

ABGC Certification No. _____ Certification Date _____ Expiration _____

I am currently certified by the ABMG as a Genetic Counselor or Medical Geneticist:

ABMG Certification No. _____ Certification Date _____ Expiration _____

State Licensure History - If you have not already done so, please request verification of each of your licenses, regardless of current status. The verifying authority will submit your license verifications directly to the Board.

Have you ever been denied a license, certification or registration to practice in another jurisdiction?

Yes No

Have you ever withdrawn a license, certification or registration application in another jurisdiction?

Yes No

Have you ever had a license, certification or registration suspended or revoked in any jurisdiction?

Yes No

Licensure - Do you or have you ever held a license, certification or registration to practice in another jurisdiction?

Yes No

Please list all licenses, certifications, or registrations you have received in all other states or jurisdictions, regardless of the current status of that license (i.e., active, inactive, lapsed, expired, revoked, suspended, surrendered, etc.) and list any state or jurisdiction in which you have ever applied for a genetic counselor license, including those where your application is pending or was denied or withdrawn. If you need additional space, please continue your information on the Additional Licenses Chart included in your application packet. While not required, alphabetization by state is appreciated.

State & Board	License Number	Status	Date Issued	Date of Expiration

Genetic Counselor Initial License Application

Applicant Name: _____

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Professional Practice Questions - Have you, in any jurisdiction, for any reason:

		Yes	No
1	been called before or appeared before any board or panel for discussions or questions concerning violations of the law or rules pertaining to genetic counseling practice, or for unethical conduct?	<input type="checkbox"/>	<input type="checkbox"/>
2	been charged with or convicted of or pled nolo contendere to any felony or misdemeanor? <u>If your answer is yes, submit with your application certified copies of all court records related to any such charges, pleas and/or convictions.</u>	<input type="checkbox"/>	<input type="checkbox"/>
3	had limitations, restrictions or conditions placed upon your license to practice, or had your license to practice suspended, revoked or subjected to any kind of disciplinary action, including censure, reprimand or probation by a licensing board, and/or are any disciplinary actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4	voluntarily surrendered or limited your license to practice to a licensing board or equivalent authority?	<input type="checkbox"/>	<input type="checkbox"/>
5	been denied certification or licensure to practice as a genetic counselor?	<input type="checkbox"/>	<input type="checkbox"/>
6	had any judgments or settlements arising from professional liability rendered or made against you? For each professional liability settlement or judgment you report, please provide: (1) the name of the patient(s) alleging professional liability; (2) the date of loss; (3) the date of settlement or judgment; (4) the amount of the settlement or judgment against you; (5) the name of the insurance company providing coverage to you with respect to this claim; (6) the adjudicating body and case number (or that the settlement was pre-lawsuit); and (7) a brief description of the allegations and a summary of the care provided. Your application is incomplete until all of the requested information is submitted for each settlement and/or judgment.	<input type="checkbox"/>	<input type="checkbox"/>

Professional Practice Attestation - All of my responses to the questions on this page are truthful and complete. If I have “yes” responses, I have enclosed written explanations, with my original dated signature for each question, and I have enclosed or caused to be submitted all requested supporting documentation.

Original Signature: _____

Date: _____

Child Support – The following certification is required by state law, and “making a false statement may subject the license holder to disciplinary action including, but not limited to, immediate revocation or suspension of the license.” West Virginia Code § 48-15-303. If you answer “yes” to any of the below questions, and if further information is needed, you will be notified.

I certify, under penalty of false swearing, that:

		Yes	No
1.	I have a court ordered child support obligation.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I have a court ordered child support obligation and any arrearage amount equals or exceeds the amount of child support payable for six months.	<input type="checkbox"/>	<input type="checkbox"/>
3.	I am the subject of a child support related subpoena or warrant.	<input type="checkbox"/>	<input type="checkbox"/>

Genetic Counselor Initial License Application

Applicant Name: _____

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Application Certification

I understand that I am required to personally complete this application, and I am solely responsible for the accuracy and completeness of the information provided.

I have carefully read and understood the application instructions and all questions included on each page of this application, and I have answered all the questions completely, without reservations of any kind. I declare that my answers and all statements made by me herein are true and correct.

I understand the requirements and eligibility criteria for receipt of a genetic counselor license, and agree that if I am unable to meet all these requirements, including the production of all required documents and materials, I will be denied licensure by the West Virginia Board of Medicine. I hereby certify that I am able to meet all these requirements for licensure in the State of West Virginia and that I will be able to produce all required documents and materials and that I will make no request of the Board for a waiver of any of the requirements, including the production of all required documents and materials. I understand that if I make any request for such a waiver, my request must and will be denied.

I understand that my application will not be considered until I produce all required application components. I understand that if this application is not completed within six (6) months my application will expire, and I must submit a new application to be considered for licensure in the future.

I understand that any license issued based on this application is contingent upon the truth of the statements contained herein. Should I furnish false or misleading information in this application, I hereby agree and understand that any such act shall constitute good cause for license denial and/or the subsequent revocation of my license.

I agree that I will supplement this application if any of my answers should change between now and when my application is considered for licensure.

IMPORTANT: The Board recognizes that licensees experience health conditions just as their patients and other health professional colleagues do, including those involving mental health and substance use disorders. It is in everyone's best interest for licensees to address their physical and mental well-being. A genetic counselor can best serve patients and partner with colleagues when the genetic counselor appropriately and timely addresses personal health needs. The Board assures applicants and licensees that it is safe and encouraged to seek care for personal health and wellbeing. In fact, the Board expects its licensees to address their health concerns in a timely fashion to ensure personal wellbeing and patient safety. Options include seeking medical care and self-limiting the licensee's practice. The failure to adequately address a health condition, where the licensee is unable to practice with reasonable skill and safety to patients or otherwise cannot fulfill the professional practice obligations of a genetic counselor in this state, can result in the Board taking action against the license.

I understand that it is my professional responsibility to ensure my ability to practice genetic counseling with reasonable skill and safety to patients. I am not currently experiencing any condition that interferes with my ability to safely practice, or if I do have such a condition, I am undergoing appropriate treatment with a qualified provider and I can currently practice with reasonable skill and safety to patients.

Original Signature: _____ **Date:** _____

