



IOWA BOARD OF MEDICINE
 400 S.W. 8th Street, Suite C, Des Moines, IA 50309-4686
 (515) 281-6641 www.medicalboard.iowa.gov

**VERIFICATION OF GENETIC COUNSELOR LICENSE/REGISTRATION/ &
 OTHER PROFESSIONAL LICENSE**

Applicant: Complete the top portion of this form and submit to each regulatory agency that has issued you a genetic counselor license/registration or any other professional license.

Verifying Regulatory Agency: Complete and return the form directly to the Iowa Board of Medicine. In lieu of completing the form, the requested information can be provided on the agency's official letterhead. Any processing fees are the applicant's responsibility.

Applicant's Name (Print Legibly): _____
 Applicant's Date of Birth (Month/Day/Year): _____

It is hereby certified that _____
 (Name of Applicant)

Was issued license/registration/certification number _____
 (Number Issued)

On _____ By: _____
 (Issue Date) (Issuing State Agency)

Expiration date of license/registration/certification number _____
 (Expiration Date)

Have formal disciplinary proceedings been initiated against this applicant's license by a disciplinary authority in your state?
 Yes _____ No _____

If yes, provide details of the disciplinary action and a copy of any documentation related to the event.

Are there any pending complaints against this applicant's license? Yes _____ No _____

If yes, provide details of the pending complaints and a copy of any documentation related to the event.

Has the applicant voluntarily relinquished their credential? Yes _____ No _____

If yes, provide a letter of explanation.

Institutional Seal

(If your institution does not have an official seal, this form must be notarized.)

Completed by the Regulatory Agency for the Credential:

Print Name: _____

Signature: _____

Date (month/day/year): _____ Phone: _____

Fax: _____ E-mail: _____