

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone #: (608) 266-2112

License Portal: <https://license.wi.gov>
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

GENETIC COUNSELORS AFFILIATED CREDENTIALING BOARD

GENETIC COUNSELOR CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit it to certifying school for completion. Form must be uploaded directly from the school into the Department's LicensE Third-Party Portal. (Instructions for the school are below.)

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (number/street)		(city)	(state) (zip code)
<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Birth	Social Security Number (voluntary-for use by school to locate your records)	Date of Graduation (Anticipated dates of graduation will not be accepted.)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Application Number		<input type="text"/>	

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.

Applicant Signature (If unable to provide a digital signature, please print and sign form.) **Date**

SCHOOL/COURSE PROVIDER: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of credential application.)

Name of School/Institution	<input type="text"/>
Location of School (City, State)	<input type="text"/> <input type="text"/>
Type of Degree Awarded	<input type="text"/>
Major	<input type="text"/>
Date Diploma Granted	<input type="text"/> (Anticipated dates of graduation will not be accepted.)
Was the program a degree-granting program in genetic counseling accredited by the Accreditation Council for Genetic Counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the program a degree-granting program in genetic counseling accredited by the American Board of Medical Genetics and Genomics?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued next page.

Wisconsin Department of Safety and Professional Services

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

Signature of Dean or Department Head (If unable to provide a digital signature print and sign form.)	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Printed Name	Phone <input type="text"/> - <input type="text"/> - <input type="text"/> Ext <input type="text"/>
Title	