

GENETIC COUNSELOR Application Instructions and Requirements

Please thoroughly review these materials before submitting your application. Any processing fees incurred are your responsibility. The Board reserves the right to reject any outdated applications submitted; therefore, it is recommended that you complete the application in a timely manner. Incomplete applicant files will be destroyed after six months of inactivity.

Methods of Licensure

The statute establishes eligibility for licensure by general or reciprocity, and applicants must select one on the application. All applicants must submit a completed application and appropriate fees online at [MN Health Board](#) or by paper to the Medical Board.

General Licensure Requirements

- Certification of Accreditation Council for Genetic Counseling (ACGC) accredited genetic counselor education. Verification form available through link on following page or included in application packet.
- Verification of valid and current certification by the American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG) as a certified genetic counselor, or by the ABMG as a certified medical geneticist: Obtain through website of respective organization.

Licensure by Reciprocity Requirements

- Certification of Accreditation Council for Genetic Counseling (ACGC) accredited genetic counselor education. Verification form available through link on following page or included in application packet.
- Verification of valid and current certification by the American Board of Genetic Counseling (ABGC) or American Board of Medical Genetics (ABMG) as a certified genetic counselor, or by the ABMG as a certified medical geneticist: Obtain through website of respective organization.
- Verification from the appropriate government body of a current registration or license for the practice of genetic counseling in another jurisdiction: Verification form link below or included in application packet.

The following requirements must be sent directly to the Minnesota Board from the facility/person completing the form:

- **Verification of ABGC certification:** ABGC offers a credential verification service on their website at <https://www.abgc.net/>
- **Verification of Genetic Counselor Education:** [Certification of Genetic Counselor Education Form](#) is for certification of Accreditation Council for Genetic Counseling (ACGC) accredited genetic counselor education and must be completed and emailed or mailed by the facility directly to the Medical Board.

- **Direct verification of active/expired Licensure/Registration/Certification:** [The Verification of Licensure/Registration/Certification Form](#) or the verification of licensure letter can be sent from the state to the Medical Board by email or mail. Verification letters can also be requested through VeriDoc Inc. to the Medical Board. Go to <https://www.veridoc.org/> to have a verification letter sent from another participating state board to the Medical Board. If the state does not do verifications, please forward the email response from state stating they do not do verifications or email the link to the state website showing the verbiage the state does not do verifications to the Medical Board and attach the pdf verification from the state website. The Board must receive a separate verification form completed by each state board where you have ever held a healthcare professional license/registration/certification.

In addition to the documentation requirements set forth under the general or reciprocity licensure requirements, all of the following requirements must be met:

- Non-refundable \$382.00 fee paid online by credit/debit card or submit paper application with check, money order, or cashier's check payable to the **Minnesota Board of Medical Practice**.
- The name on the application and the name on the ABGC certificate must be the same. If there has been a name change, submit a copy of the supporting documentation, e.g., marriage license.
- [Affidavit of Applicant Form](#) A recent, full-face, 2" X 2" color photograph must be affixed as indicated on the form and notarized as a true likeness. Please ensure to fill in and sign all required areas of the form.
- Copy of driver's license or other government issued photo ID.
- Criminal Background Check: applicant will receive emailed instructions once the application is processed. **Use ORI number for Board of Medical Practice: MN920158Z on CBC forms.**
- Any other information requested by the Board.

Application Fees

Please be aware that all fees are non-refundable. Fees submitted will not be refunded if it is determined that you are not eligible for licensure.

Applicants are required to submit written notification to the Board within 30 days of any name or address change. The law takes precedence over any conflicts between these instructions and the law.