Kentucky Board of Medical Licensure
310 Whittington Parkway, #1B
Louisville, KY 40222
(502) 429-7150

2020 Application For Genetic Counselor Renewal

Renewal Fee $150.00

1. Name: _____ KY License # _____

   Mailing Address: _____

   City, State, Zip: _____

   Email Address: _____

2. Practice Address: _____

   City, State, Zip: _____

   Practice Telephone Number: _____

3. National Certification Number: _____ Expiration Date: _____

Please answer all the questions listed below. If you are currently a participant in the Kentucky Physicians Health Foundation program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer all questions correctly.

4. Since you last registered your Kentucky certificate, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regards to any of the following:

   a) Certificate or license in any state or Canadian providence;
   ☐ Yes ☐ No

   b) Membership or association in any state or professional society;
   ☐ Yes ☐ No

5. Since you last registered, have you suffered or been treated for any medical or psychiatric condition which might impair your ability to continue to practice as a surgical assistant?
   ☐ Yes ☐ No

6. Since you last registered, have you been arrested or convicted for violation of any felony or misdemeanor under the laws of any state of the United States?
   ☐ Yes ☐ No

Name: _____ **KY License#** _____

7. Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

☐ Yes ☐ No

8. Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?

☐ Yes ☐ No

If you answered "Yes" to questions 4-8, please attach a written explanation and any pertinent information.

Note: Intentional false answers or misrepresentation in applying for or procuring a certification, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of licensure. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and provide an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge. I understand any false information on my application may subject my certification to disciplinary action pursuant to KRS 311.874.

Signature:_____ Date: _____

Print Name: _____