



**New Jersey Office of the Attorney General**

State Board of Medical Examiners  
Genetic Counseling Committee  
140 East Front Street, 2nd Floor, P.O. Box 183  
Trenton, New Jersey 08625  
(609) 826-7100

**Supervising Genetic Counselor Form**

As of \_\_\_\_\_, work permit holding \_\_\_\_\_, will  
Date Name of Permit Holder

be engaging in the supervised practice as a Genetic Counselor under my direct supervision.

\_\_\_\_\_  
Name of licensed genetic counselor or medical geneticist License number

\_\_\_\_\_  
Name of facility Telephone number (include area code) Type of facility

\_\_\_\_\_  
Street address City State ZIP code

\_\_\_\_\_  
Employer if different from above

\_\_\_\_\_  
Street address City State ZIP code

**Supervising Genetic Counselor's Affidavit**

I, the supervising genetic counselor or medical geneticist, have read the regulation N.J.A.C 13:35-14.4 and accept the responsibility for its implementation and I certify that the forgoing statements made by me are true. I am aware that if any of the statements made by me are willfully false, I am subject to disciplinary action.

I also verify that I am a licensed genetic counselor or medical geneticist in the State of New Jersey and that my license is in good standing.

\_\_\_\_\_  
Print the supervisor's name Signature of the supervisor Date