



PROTECTIVE HEALTH SERVICES

Oklahoma State Department of Health
Consumer Health Service
Occupational Licensing
Licensed Genetic Counselors
Mail: PO Box 268815, Oklahoma City, OK 73126-8815
Physical: 123 Robert S Kerr Ave, Oklahoma City, OK 73102
Phone: (405) 426-8250 // Fax: (405) 900-7557
Website: <http://chs.health.ok.gov>

LGC SUPERVISION AGREEMENT

Section 1-565 (2) of the Genetic Counseling Licensure Act states, "An individual practicing under the authority of a temporary license must practice under the general supervision of a licensed genetic counselor, or a physician licensed to practice in this state, with current ABMG certification in clinical genetics."

Subchapter 310:406-13-2 of the LGC Regulations states, "All individuals practicing under the authority of a temporary license shall receive general supervision as required by the Act. Supervision shall at a minimum include a review of applicable genetic counseling services provided by the supervisee that have not been previously reviewed."

The Regulations also include the following requirements:

- 1) an approved supervisor
- 2) supervision agreement must be submitted annually and may be renewed annually
- 3) supervision agreement must be approved by the Department prior to starting supervision
- 4) supervision contact shall occur at least every two weeks
- 5) documentation of supervision form must be submitted annually

This supervision agreement must be completed and submitted to the Occupational Licensing office and approved by the office before the temporary licensee can begin supervision.

I, the undersigned, have read and agree to comply with the requirements set forth in Section 1-565 (2) of the Genetic Counseling Licensure Act and Subchapter 13 of the LGC Regulations.

TEMPORARY LICENSEE

SUPERVISOR

Print name:	_____	_____
Place of Employment:	_____	_____
Street Address:	_____	_____
City, State, Zip:	_____	_____
Phone:	_____	_____
Date:	_____	_____
Signatures:	_____	_____

IF THIS IS A RENEWAL FOR SUPERVISION, THIS FORM WILL NOT BE APPROVED IF NOT ACCOMPANIED BY DOCUMENTATION OF SUPERVISION FORM FROM PREVIOUS YEAR.

----- (For office use only) -----

Date approved: _____ OLS Staff approving: _____

Date disapproved: _____ Reason for disapproval: _____