

Applicant: This form is to be mailed to the ABGC for completion. You may prefer to contact the ABGC to request that an electronic verification to be sent to the Nevada State Board of Medical Examiners.

FORM 2

NEVADA STATE BOARD OF MEDICAL EXAMINERS ABGC CERTIFICATION

American Board of Genetic Counseling
18000 W. 105th Street
Olathe, KS 66061
(913) 895-4789
www.abgc.net

Part 1 – to be completed by applicant

I, _____ am in the process
(Name of Applicant)
of applying for a genetic counselor license in the state of Nevada and hereby authorize release of the following information directly to the Nevada State Board of Medical Examiners.

(Signature of Applicant)

Part 2 – to be completed by ABGC and returned directly to the Nevada State Board of Medical Examiners

I, the undersigned, certify that _____
(Name Of Applicant)
was granted initial certification by the American Board of Genetic Counseling
on: Date Issued _____
 Certificate Number _____.

The above certificate is: _____ current, in good standing _____ not current.

Expiration date of current certification: _____.

AFFIX BOARD SEAL HERE

Signature of certifying individual: _____
Print name: _____
Title: _____
Date: _____
Email: _____

Completed form is to be returned by the verifying institution directly to:

**Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
(775) 688 – 2559
nsbme@medboard.nv.gov**