Clear Form

APPLICATION INVENTORY - LGC

(Please staple this form to the front of your completed application packet)

Applicant's name: _____ Date: _____

Please check the line beside the appropriate response

Inside this packet I have enclosed the following:

❑ Notarized application form. ❑ The application fee, equaling: $ _____

❑ Sealed transcript. If yes, from which University(s)?

_____

❑ Three (3) Documents of recommendation. If not three (3), then how many? _____

Since three (3) recommendation forms are required, if less than three (3) are enclosed, please explain why.

_____

❑ Supervision Agreement. (if applicable at the time of application)

❑ Verification of board certification from The American Board of Medical Genetics **or** Verification of active candidate status from the American Board of Genetic Counseling.

❑ Affidavit of Lawful Presence

❑ License Request Form.

❑ Two, classifiable sets of fingerprints. (if fingerprint cards are not included with this packet, contact Carolyn Martin at carolynkm@health.ok.gov)

Please list any additional enclosures in the space below:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____