



Creating  
a State  
of Health

**PROTECTIVE**  
**HEALTH**  
**SERVICES**

Oklahoma State Department of Health

Protective Health Services

Occupational Licensing

Licensed Genetic Counselors

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**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: \_\_\_\_\_