**L**ouisiana **S**tate **B**oard of **M**edical **E**xaminers

630 Camp Street, New Orleans, LA 70130

Telephone: (504) 568-6820

Website: [**www.lsbme.la.gov**](http://www.lsbme.louisiana.gov)

**Notice to Terminate Supervision of a Genetic Counselor with a Temporary License**

by a Supervising Physician (SP), Supervising Licensed Genetic Counselor (SLGC) or Genetic Counselor (GC)

Date:

Date of termination:

Reason for termination:

|  |  |
| --- | --- |
| Name of SP or SLGC and GC | License # |
| 1)       |       |
| 2)       |       |

* I have/will notify above SP, SLGC, or GC of this termination.

By signing this document, I certify that all information on this form is truthful and authentic.

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 Signature of SP, SLGC, or GC License # Cell/contact #

Submit form to LSBME: Fax: 504-568-6823 Mail: LSBME, PO Box 30250, New Orleans, LA, 70190-0250.

**Termination can be verified on the LSBME website** [**www.lsbme.la.gov**](http://www.lsbme.la.gov)**. Click on Verify a License.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Below is for LSBME use only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Processed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_