



California Genetic Counselor License Payment, Genetic Counselor License, Temporary or Renewal

Instructions: This is the payment form for a California Genetic Counselor License, Temporary Genetic Counselor License, or Renewal of a Genetic Counselor License. It is also used when a genetic counselor with a Temporary Genetic Counselor License achieves ABGC Board Certification and is applying for a Genetic Counselor License. The payment form is also used to pay to reinstate a revoked Genetic Counselor License or to replace a lost or stolen Genetic Counselor License. Mail this form with the payment and the original California Genetic Counselor License application form (CDPH 4486) to the Genetic Disease Screening Program at 850 Marina Bay Parkway, F-175, Richmond, CA 94804. Please feel free to call (510) 412-6209 if you have any questions or concerns.

Note: Form CDPH 4486 is not required for License reinstatement or replacement- only this form required. **Please Note All License Fees are Non-refundable**

Last Name		First Name		Middle Name	
Street Address (include apt. number)		City		State	Zip Code
Home Phone	Work Phone	Extension	Mobile Phone	Fax Number	
Please indicate how you want your name to appear on your Genetic Counselor License					

Genetic Counselor License Application Fee	\$200.00
Temporary Genetic Counselor License Application Fee	\$200.00
Existing Temporary Genetic Counselor License Applying for A Genetic Counselor License Fee	\$100.00
Replacement License Fee	\$ 30.00
Reinstatement of License Fee	\$100.00
Renewal Application Fee	\$100.00
Enter Total Amount Due	<u>\$.00</u>

For reinstatement, Replacement, Renewal or Genetic Counselor License After a Temporary Genetic Counselor License, Please Provide Current License Number GC _____

Payment Types: (Check one and Complete the Necessary Information)

Cashier's Check or Money Order Made Payable to Genetic Disease Screening Program

.....
Visa or MasterCard

Card Number _____ Expiration Date _____

Signature _____

For Dept. Use Only Date Payment Received		Payment Denied
Date Payment Approved		Date Payment Denied