



## Request for Credential Verification

Date: \_\_\_\_\_

Name of Genetic Counselor(s): \_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Requestor Company Name: \_\_\_\_\_

Is a hard copy needed?  yes  no If no then the letter will be sent via email

Mailing Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email for electronic copy: \_\_\_\_\_

Fee: \$35 per counselor verified (waived for Diplomate in good standing with ABGC)

Method of payment:

Check  Visa  Master Card  Discover  American Express

Check # \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Total Charged: \_\_\_\_\_

### ***Duplicate Score Report***

\$25 per report requested

Is a hard copy needed?  yes  no (If no then the letter will be sent via email, use space provided above for address / email information)

Method of payment: (use space provided above for this information)

Check  Visa  Master Card  Discover  American Express