

OSU GENETIC COUNSELING PROGRAM SELF-DISCLOSURE FORM

Student Name:

If you answer "YES" to any of the following questions, you are required to furnish complete details, including date, place, reason and disposition of the matter. All affirmative answers must be thoroughly explained on a separate sheet of paper. Please note that some questions require very specific and detailed information. Make sure all responses are complete.*

**These questions have been modified from the application for genetic counselor licensure from the State Medical Board of Ohio.*

Question		Yes	No
1.	<p>Have you ever been convicted or found guilty of a violation of any law, regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? [Note: DUI is not considered a minor traffic violation]</p> <p>Please be advised that you are required to submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.</p>		
2.	<p>Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit (other than a malpractice suit) filed against you?</p> <p><i>Please be advised that you are required to submit copies of all relevant documentation, such as police reports, certified court records and any institutional correspondence and orders.</i></p>		
3.	<p>Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism? If yes, please explain.</p>		

If you answer "YES" to either question 4 or 5, please provide details on a separate sheet, including date(s) of diagnosis or treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, diagnosis and prognosis.

Question		Yes	No
4.	<p>Within the last ten years, have you been diagnosed with or have you been treated for, bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?</p>		
5.	<p>Have you, since attaining the age of eighteen or within the last ten years, whichever period is shorter, been admitted to a hospital or any other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?</p>		

Student Name:

For the purposes of questions 6 - 9, the "ability to practice as a Genetic Counselor" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical assessments and exercise reasoned judgments and to learn and keep abreast of developments in the field of Genetic Counseling; and
2. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform tasks such as the performance of Genetic Counseling, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental, or psychological conditions or disorders, such as but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

Question		Yes	No
6.	Do you have, or have you been diagnosed as having, a medical condition which in any way impairs or limits your ability to practice as a Genetic Counselor with reasonable skill and safety? If yes, please explain.		
7.	Are the limitations or impairment caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? If yes, please explain. If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.		
8.	Are the limitation or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.		

Student Name:

“Chemical substances” is to be construed to include alcohol, drugs, or medications including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

Question		Yes	No
9a.	Do you use chemical substance(s) which in any way impair or limit your ability to practice as a Genetic Counselor with reasonable skill and safety? If yes, please explain.		
9b.	Are the limitations or impairment caused by your use of chemical substances reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? If yes, please explain. If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.		
9c.	Are the limitations or impairments caused by your use of chemical substances reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? if yes, please explain.		

For purposes of question 10 the following phrases or words have the following meaning:

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the past two years.

“Illegal use of controlled substances” means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed health care practitioner.

Question		Yes	No
10a.	Are you currently engaged in the illegal use of controlled substances?		
10b.	If “YES,” are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not using illegal controlled substances? If yes, please explain.		