

**TYPE OF PROVIDER:**

Genetic Counselor

**CRITERIA:**

Master's degree with a major in Genetics/Genetics Counseling.

Provide written evidence of certification in Genetic counseling by the American Board of Genetic Counseling.

**ADDITIONAL REQUIREMENTS:**

Provide evidence of medical malpractice insurance by insurer licensed in the State of Illinois. Such professional liability insurance shall be in minimum amount of \$1,000,000 per claim and \$3,000,000 aggregate or meet the limits of liability set by law in any state other than Illinois.

Maintain continuous medical malpractice insurance coverage and if malpractice insurance is discontinued or reduced below level described above will notify DSCC.

Will not seek further payment from DSCC child or child's family beyond amount paid by third party payers or DSCC for approved care.

**DESIRABLE CRITERIA:**

Accept Medicaid and All Kids reimbursement.

Affiliated with Regional Genetics Program.

Extensive pediatric experience.

Affiliation with the teaching hospital of a medical school.