

CCMG APPLICATION FOR ACCREDITATION OF CENTRE

GENERAL INFORMATION

Name of Genetics Centre: _____

Geographic/catchment area served: _____

Population of area served: _____

Genetics Centre Director (To whom correspondence will be addressed):

Name: _____

Address: _____

Telephone: _____

E-mail: _____

Hospital with which the centre has its primary affiliation: _____

University affiliation, if any: _____

Date of application: _____

Final report should be provided in _____ English or _____ French

Application is for accreditation as:

_____! Clinical Genetic Service Centre

_____! Comprehensive Clinical Genetics Service Centre

_____! Comprehensive Centre for Clinical Genetics Service and Training with training

for:

! _____ Clinical Genetics

! _____ Cytogenetics

! _____ Molecular Genetics

! _____ Laboratory Biochemical Genetics

! _____ Clinical Biochemical Genetics

_____ Joint Comprehensive Centre for Clinical Genetics Service and Training with training for:

! _____ Clinical Genetics

! _____ Cytogenetics

! _____ Molecular Genetics

! _____ Laboratory Biochemical Genetics

! _____ Clinical Biochemical Genetics