

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

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Hospital with which the centre has its primary affiliation:

\_\_\_\_\_

University affiliation, if any: \_\_\_\_\_

Date of application: \_\_\_\_\_

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:

MD Clinical Genetics

Cytogenetics

Biochemical Genetics

Molecular Genetics

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

MD Clinical Genetics

Cytogenetics

Biochemical Genetics

Molecular Genetics