



# Canadian College of Medical Geneticists Collège canadien des généticiens médicaux

## APPLICATION FOR ASSESSMENT OF CREDENTIALS REGULAR CCMG TRAINING ROUTE

### I Personal Information:

Name: \_\_\_\_\_  
(Surname) (First & middle name)

Address: \_\_\_\_\_  
(Institution/Centre)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (Province) (Postal Code)

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

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

### II Genetics Training:

- Specialty:  Biochemical Genetics (Clinical)  Biochemical Genetics (Laboratory)  
 Clinical Genetics  Genetic and Genomic Diagnostics (GGD)  
 Cytogenetics  GGD Second Specialty (Cytogenetics)  
 Molecular genetics  GGD Second Specialty (Molecular Genetics)

Please Indicate:  First Specialty training  Second Specialty training

Training Centre/Institution: \_\_\_\_\_

Supervisory Committee: (Identify supervisor taking primary responsibility for training with an \*)

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Date training started: \_\_\_\_\_ Projected date of completion: \_\_\_\_\_  
(yyyy-mm-dd) (yyyy-mm-dd)

Proportion of time devoted to training

Full time  Part time – specify %: \_\_\_\_\_

must be ≥50%

**III Prerequisites:**

University \_\_\_\_\_

Degrees:  MD  PhD Date prerequisites completed\*: \_\_\_\_\_  
 (yyyy-mm-dd)

University \_\_\_\_\_

Degrees:  MD  PhD Date prerequisites completed\*: \_\_\_\_\_  
 (yyyy-mm-dd)

Supervisor \_\_\_\_\_

Department \_\_\_\_\_

Subject of thesis \_\_\_\_\_

Postgraduate Education:  
 (Indicate position(s), institution(s), dates attended, supervisor(s))

Position	Institution	Dates Attended	Supervisor 1	Supervisor 2

Trainee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (yyyy-mm-dd)

IV Application Checklist



**Canadian College of Medical Geneticists**  
**Collège canadien des généticiens médicaux**

**Credentials Application Check list**

Applicant Name:

Date:

Required Documentation	Attached	To Follow
1. Application form	<input type="checkbox"/>	<input type="checkbox"/>
2. Curriculum vitae	<input type="checkbox"/>	<input type="checkbox"/>
3. Logbooks including: <ul style="list-style-type: none"> <li>I. Clinical logbook</li> <li>II. Technical logbook</li> <li>III. Consultative logbook</li> <li>IV. Logbook summary tables (molecular and cytogenetics)</li> <li>V. Summary of Educational activities</li> <li>VI. Summary of Research activities</li> <li>VII. Outline of Completed and Planned Training</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
4. ITERs for <b>EACH</b> rotation or every 6 months for long rotations	<input type="checkbox"/>	<input type="checkbox"/>
5. FITER	<input type="checkbox"/>	<input type="checkbox"/>
6. Two Letters of Reference from fellows of the CCMG (sent electronically under separate cover) Names of CCMG Fellows providing letters of reference (one must be primary supervisor)  1. _____  2. _____	<input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>
7. Attestation letter for the logbooks (sent electronically under separate cover)	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	<p><b>PRINT</b></p> <p><b>CLEAR</b></p>	<p style="background-color: yellow; text-align: center;"><b>SUBMIT</b></p>

## V Application Fee:

The application fee of \$650 CDN may be paid by Visa, MasterCard, cheque or money order (payable to the Canadian College of Medical Geneticists).

Credit card payment can be made through the CCMG office at 613-507-8345. Cheque or money order payment should be submitted by mail to the CCMG Management office. Processing of your application will not begin until the application fee has been received.

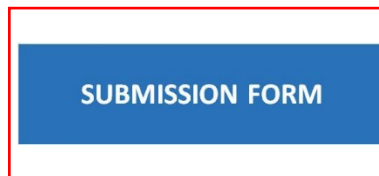
## VI Submitting Documentation:

Applicants must submit the entire application with all logbooks and other relevant files to the CCMG Management office electronically (see page 5). Hard copy submissions will not be accepted.

The Training Director must review all logbook entries, verify that the trainee had a major involvement in the cases listed, and submit a signed letter to the CCMG attesting that he/she has reviewed the logbooks and signed off on them. The CCMG Management office must receive this letter by August 1 of the year that the credentialing application is submitted. To submit this letter electronically, please do one of the following:

1. Insert an electronic signature into your letter and submit it as an email attachment (either as a Word or PDF document), or
2. Scan and email a signed letter, or
3. Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Trainee)

To submit documents electronically, please click the “Submit” button below and attach relevant files to the email that will open automatically.



If you require assistance, please contact the CCMG Management office at:

**Canadian College of Medical Geneticists**  
4 Cataragui Street Suite 310  
Kingston, ON  
K7K 1Z7  
613-507-8345  
Email: [info@ccmg-ccgm.org](mailto:info@ccmg-ccgm.org)