

Maintenance of Professional Standards

Date of This Submission

Date of Commencement of Three Year Cycle

Name

Address

Employer

Date Of Certification

Points Accrued to Date in Three Year Cycle (If Applicable)

Name of Genetics Supervisor

Name of Counselling Supervisor

I declare that the following information is an accurate record of my professional and continuing education activities for the period stated.

Signature:

Genetics, Counselling and Genetic Counselling Theory

Date	Activity	Activity Details	Points
	Formal course work in genetics		
	Formal course work in counselling		
	Other formal course work		
	Lectures attended		
	Attendances at conferences or workshops		
	Presentations at conferences or workshops		
	Readings in genetics		
	Readings in counselling		
	Journal club attendances		
	Inservice education		
	Teaching		
	Research undertaken		

Total Points Accrued _____

The Practice of Genetic Counselling

Date	Activity	Activity Details	Points
	Staff appraisals		
	Genetics supervision		
	Counselling supervision		
	Supervision of students		
	Committee membership		
	Support group involvement		
	Supervision of genetic counsellors		
	Quality assurance – QA projects Peer review Log book Long cases		

Total Points Accrued _____

This Submission

Points for Genetic Counselling Theory: _____

Points for Genetic Counselling Practice: _____

Total: _____

Points Already Accrued in 3 Year Cycle: _____

Grand Total: _____