

Application for HGSA Certification in Genetic Counselling

Part 1

Applicant:

Name

Address

.....

Telephone Fax

Date of Birth

Current Employer

Address

.....

Telephone Fax

Initial Submission Date:

Date of This Submission:

Please enclose 4 copies of this form and 4 copies of every other document included in your submission. Please ensure that a CERTIFIED COPY of your transcript is enclosed with this application.

If it is your intention to commence Part 2, please complete the application form on page 70 of the guidelines.