

**Application for HGSA Certification in Genetic Counselling
Part 2**

Applicant:

Name

Address

.....

Telephone Fax

Date of Birth

Current Employer

Address

.....

Telephone Fax

Full time / Part time Employment (Hours per week if part time)

Initial Submission Date:

Date of This Submission:

I am applying for general certification / cancer certification.

Genetics Supervisor:

Counselling Supervisor:

Name

Name

Address

Address

.....

Telephone

Telephone

Fax

Fax

This submission includes:

- | | |
|--|---|
| <input type="checkbox"/> Cover Letter ¹ | <input type="checkbox"/> Ongoing Education report ² |
| <input type="checkbox"/> Application Form ¹ | <input type="checkbox"/> Logbook Cases ³ (state numbers) |
| <input type="checkbox"/> Supervisors' Reports ² | <input type="checkbox"/> Long Cases (state numbers) |

¹ Required each submission ² Required once each year ³ 50 cases each year (pro rata)

Please enclose 4 copies of this form and 4 copies of every other document included in your submission.