CCMG-CCGM National Office
4 Cataraqui Street, Suite 310
Kingston, Ontario K7K 1Z7
(T) 613-507-8345 (F) 1-866-303-0626
(E) info@ccmg-ccmg.org (W) www.ccmg-ccgm.org

CCMG Fellow-in-Training Affiliate Support Form*
Supporter 1

Applicant's name: _____

(**must be completed by two Regular or Emeritus members in good standing of the College*.)

I, _____have known the applicant for

_____ years in the capacity of _____.

I attest to the following requirements as outlined in Article 3 of the CCMG Bylaws (2014):

(i) Is, at the time of application

a fellow duly enrolled as a trainee in a CCMG accredited post-graduate training program, or a resident in a Medical Genetics residency program accredited by the Royal College of Physicians and Surgeons of Canada;

(ii) Is of good character and reputation.

I hereby support the application for Fellow-in-Training Affiliate of the CCMG.

_____ _____ _____

Print name Signature Date

Additional Comments:

_____

_____

_____

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CCMG Fellow-in-Training Affiliate Support Form*
Supporter 2

Applicant's name: _____

(**must be completed by two Regular or Emeritus members in good standing of the College*.)

I, _____have known the applicant for

_____ years in the capacity of _____.

I attest to the following requirements as outlined in Article 3 of the CCMG Bylaws (2014):

(i) Is, at the time of application

a fellow duly enrolled as a trainee in a CCMG accredited post-graduate training program, or a resident in a Medical Genetics residency program accredited by the Royal College of Physicians and Surgeons of Canada;

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I hereby support the application for Fellow-in-Training Affiliate of the CCMG.

_____ _____ _____

Print name Signature Date

Additional Comments:

_____

_____

_____