

**AN APPLICATION FOR AN ASSESSMENT OF CREDENTIALS BY EXCEPTION
for Clinical Genetics Subspecialty**

Background Information

Individuals who have successfully completed a medical genetics training program in a Centre accredited by the CCMG for Medical Genetics training should submit their credentials directly to the Credentials Committee.

This exceptional route is intended for individuals who wish to obtain CCMG accreditation by examination but who do not strictly meet the criteria outlined above. It is restricted to Canadian citizens or landed immigrants.

Those considering this route must accept that:

- A. Accreditation will require that they pass both the written and oral components of the CCMG examination in Clinical Genetics.
- B. This application must be accompanied by a letter of support from the chairperson of the Fellowship Committee of a CCMG centre accredited for training in Clinical Genetics. This letter must state that:
 - i) the centre has examined your education, training and experience
 - ii) the centre has identified any areas where it believes further education, training or experience may be required
 - iii) the centre is willing to take responsibility for ensuring that any such identified requirements will be met
 - iv) the chairperson agrees with the information contained in this application
- C. For those having completed a non-accredited training, that training must have been in Clinical Genetics and will in large part have to have been of demonstrable equivalence to the CCMG training program. The training also must have been appropriately supervised.
- D. In addition, the application must be reviewed and signed by two senior academic or hospital based colleagues with whom you are professionally associated. These should be members of the CCMG.

While training and practice experience will be the most important determinants, other activities including scholarly, administrative and teaching of medical genetics will be used by the Credentials Committee as it assesses the candidates's credentials. It is the responsibility of the Credentials Committee to give approval for the candidates to be examined, as for any other applicant.

Please complete this questionnaire precisely as requested. Do not provide or attach additional information unless asked to do so.

NAME: _____
(Please print legibly)

ADDRESS FOR CORRESPONDENCE:

CONTACT PHONE NUMBER: _____ EMAIL: _____

A. General

i) Undergraduate degree _____ honors or major?(circle one)

University _____

ii) Other degree(s):

University _____ Degree _____ Year _____

University _____ Degree _____ Year _____

University _____ Degree _____ Year _____

iii) Certification:

Specialty _____ Degree _____ Year _____

Give details: include information about the accrediting body:

B. Training

Briefly outline your education/training and specifically identify how it relates to the requirements for training as outlined by the CCMG in its document “CCMG Training Guidelines for Clinical Genetics” (Attached). You must specifically discuss undergraduate and graduate courses, and supervised training in clinical, molecular, biochemical and medical genetics, and cytogenetics.

C. Practice Experience

This section pertains to your practice experience relevant to Clinical Genetics. For each position (job) that you have held, provide a description of your activities. Be concise and address the following points in each case:

- i) The location, position and years included.
- ii) The proportion of time devoted to clinical genetics.
- iii) Whether the practice was restricted (eg. dysmorphology, counselling, research or was more general).
- iv) The nature of your involvement with ward consultations (general or specific), genetic counselling (general or restricted), prenatal diagnosis, involvement and interaction with the laboratories (cytogenetics, molecular, biochemical).

D. Administration

- i) Do you have a local administrative role in genetics? If so, what is that role?

For the past five (5) years, please complete the following - where relevant to your role in genetics:

- ii) Local university committees
- iii) Local hospital committees

- iv) Community or voluntary organizations

- v) Provincial/state committees and related activities

- vi) National committees and related activities

- vii) Any other primarily administrative function you believe has specific relevance to genetics

E. Teaching

The description of your teaching should include the following information, giving an average level of activity (i.e. time spent) and for the past five (5) years.

- i) The type of audience

- ii) Size of audience

- iii) Hours per year and proportion of a particular course

iv) Type of teaching (e.g. Didactic, problem solving, patient oriented)

v) Subject matter

F. Academic, Continuing Medical Education (CME) and Scholarly Activities

i) Current academic appointment(s)

ii) Provide a list of meetings (relevant to clinical genetics) that you have attended regularly (75%) over the past five years.

iii) If you have held grants over the past 10 years, please provide a list with brief title, co-grantees in the order that they appeared on the submission, the source and amount of funding.

iv) Special courses or CME in genetics during the past 5 years.

v) Publications: Attach a current copy of your curriculum vitae.

G. Required Additional Training as decided by the local Fellowship Committee

Note: In order to facilitate additional training it may be taken in a specific discipline in a non-accredited centre. However such training must be approved as part of the candidates program by the sponsoring Fellowship Committee and supervised by a Fellow of the College qualified in the specific discipline. Additional training in the area of Clinical Genetics must be taken at a centre accredited for training in Clinical Genetics.

- Section G to be completed by the local Fellowship Committee.

- i) Clinical Genetics
Specific requirements:

To be taken at (location)

Supervisor of this training
Signature:

- ii) Cytogenetics
Specific requirements:

To be taken at (location)

Supervisor of this training
Signature:

- iii) Biochemical Genetics
Specific requirements:

To be taken at (location)

Supervisor of this training
Signature:

- iv) Molecular genetics:
Specific requirements

To be taken at (location)

Supervisor of this training
Signature:

Please obtain the agreement of two (2) senior academic or hospital based colleagues with whom you are professionally associated and who will agree to sign the statement below. Generally these should be Fellows of the CCMG.

i) I, _____, have read and attest to the accuracy of the application.

Signed _____

Date _____ Position _____

Address _____

2) I, _____, have read and attest to the accuracy of the application.

Signed _____

Date _____ Position _____

Address _____

Agreement of Chairperson of the Fellowship Committee of the centre willing to take responsibility for overseeing the training and assessment of the individual making this application.

I, _____, hereby certify that as Chairperson of the Fellowship program at _____ our

Committee has made a careful assessment of the credentials, education, training and experience of _____ and we believe that:

1. He/she is appropriate to proceed to examination in Clinical Genetics without further education training or experience. Yes _____ No _____

2. He/she will be ready to proceed to examination in Clinical Genetics after successful completion of the education, training or experience as outlined in "G" above. Yes _____ No _____

Signed _____ Date _____