

## **AN APPLICATION FOR AN ASSESSMENT OF CREDENTIALS BY EXCEPTION for Cytogenetics Subspecialty**

### **Background Information**

Individuals who have successfully completed a Cytogenetics training program in a Centre accredited by the CCMG for cytogenetics 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 Cytogenetics.
- 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 Cytogenetics. 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 Cytogenetics 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 and C. Experience**

- i) Provide a 2-3 page outline of your education/training and experience related to Cytogenetics . Specifically identify how it relates to the requirements for training as outlined by the CCMG in its document “CCMG training guidelines for Cytogenetics”. Address the following:

### Training

- undergraduate/graduate level courses
- supervised training in Cytogenetics, Molecular Genetics, Biochemical Genetics and Clinical Genetics

### Experience

For each position (job) that you have held, provide a description of your activities, including:

- the location, position and years included
  - the proportion of time devoted to cytogenetics.
  - the nature of the formal cytogenetics diagnostic reports issued by you, i.e. did they involve high resolution banding, FISH; did they involve specimens of blood, bone marrow, amniotic fluid, chorionic villi, skin, solid tumors etc?
  - your participation in and results from external Quality Assurance program.
- ii) Provide a log book documenting the cases you have been directly involved with, both laboratory and clinical.

## **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 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
  
- 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 Cytogenetics must be taken at a centre accredited for training in Cytogenetics.**

- **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.

1) 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 Cytogenetics without further education training or experience. Yes \_\_\_\_\_ No \_\_\_\_\_

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

Signed \_\_\_\_\_ Date \_\_\_\_\_