



**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-ccgm.org](mailto:info@ccmg-ccgm.org) (W) [www.ccmg-ccgm.org](http://www.ccmg-ccgm.org)

---

## CCMG TRAINING PROGRAM WITHDRAWAL or LEAVE OF ABSENCE

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Training Centre/Institution: \_\_\_\_\_

- Specialty:  Biochemical Genetics (Clinical)     Biochemical Genetics (Laboratory)
- Clinical Genetics     Genetic and Genomic Diagnostics (GGD)
- GGD Second Specialty (Cytogenetics)
- GGD Second Specialty (Molecular Genetics)

Date training started: \_\_\_\_\_ Date of withdrawal from training: \_\_\_\_\_  
(yyyy-mm-dd) (yyyy-mm-dd)

\_\_\_\_\_  
Program Director's Name (printed)

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
(yyyy-mm-dd)

\_\_\_\_\_  
Trainee's Signature

\_\_\_\_\_  
(yyyy-mm-dd)

Comments:

This completed form must be submitted to the CCMG management office.