



## CCMG REGISTRATION OF TRAINEE FORM

**Training committees must register their trainees with the College within three months of their start of training date.**

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

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

Degrees:  MD  PhD Date prerequisites completed\*: \_\_\_\_\_  
(yyyy-mm-dd)

\*For PhD: provide date of convocation, or if PhD degree not yet conferred, then date final copy of thesis submitted to University following successful defense. For MD: provide date of completion of 3<sup>rd</sup> year of Residency Training Program.

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: \_\_\_\_\_ Projected date of completion: \_\_\_\_\_  
(yyyy-mm-dd) (yyyy-mm-dd)

The Program Director must submit appropriate documentation/justification at the time of Trainee Registration for any training program that deviates from the standard program requirements. See CCMG website for details.

Proportion of time devoted to training

Full time  Part time – specify%: \_\_\_\_\_  
must be ≥50%

As Program Director, I attest that this trainee meets the background requirements as outlined in the Training Guidelines for the requested specialty as well as any additional licensing requirements necessary to complete their clinical training. This trainee has formally been accepted into our training program. I attest that I have spoken and received support of this candidate from the two supporters identified on page 2 of this application. **This completed form must be submitted to the CCMG management office.**

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

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

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

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

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



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## CCMG Fellow-in-Training Supporters

**All Fellow In Training Members must be supported by two Regular or Emeritus members in good standing of the College. Please list the names and contact information of your supporters. These supporters must attest to the following requirements:**

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.

### Supporter 1:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Supporter 2:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_