



Application for Reinstatement of Lapsed CCMG Genetics Membership and FCCMG designation

1. Personal Information:

Name: (Surname) (First & middle name) _____

Address: (Institution/Centre) _____

(Street Address)

(City) (Province) (Postal Code) _____

(Country) _____ E-mail: _____

Phone: _____ Fax: _____

- Lapsed CCMG Specialty: Biochemical Genetics (Clinical)
 Biochemical Genetics (Laboratory)
 Clinical Genetics
 Cytogenetics
 Molecular Genetics

- Period and Category of Non-Membership: Up to three years
 Four to eight years, practicing*
 Four to eight years, non-practicing*
 More than eight years, practising*
 More than eight years, non-practising*
(* in the field in which they were certified)

2. Required Documentation – All Categories:

- Reinstatement Application form
- Application fee (\$150 for up to three years' non-membership; \$300 for all other categories)
- Curriculum Vitae



- Back dues for every year of non-payment of dues if the FCCMG designation was used for employment purposes.
- Two letters of support (Under separate cover - may be sent as hard-copy or electronically to the Chair – Credentials Committee, c/o CCMG Management Office)
Names of CCMG Fellows (in good standing – membership has not expired) providing letters of support:

1. _____

2. _____

3. Supporting Documentation as applicable based on period of non-membership (see CCMG website for policy and requirements):

- | | Enclosed | N/A |
|--|--------------------------|--------------------------|
| • Evidence of participation in a <u>formal</u> Continuing Professional Development or Maintenance of Certification program | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reference Letter from Employer | <input type="checkbox"/> | <input type="checkbox"/> |

4. Additional Training Documentation if applicable:

CCMG Accredited *Reinstatement* Training Site: _____

Primary Supervisor for Reinstatement Training: _____

- Reinstatement Training Dates: From _____ To _____ Full Time Part Time % _____

- | | Enclosed | N/A |
|--|--------------------------|--------------------------|
| • Reinstatement Training Technical and Consultative Logbooks | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reinstatement Training In Training Evaluation Forms (ITERs) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Reinstatement Training Final In Training Evaluation Form (FITER) | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby certify that the information provided in this application and supporting documentation is, to the best of my knowledge, correct and accurate.

Applicant's Signature: _____ **Date:** _____

5. Submitting Documentation:

To submit documents electronically, please click "Submit" and attach relevant files to the email that will open automatically or applications may be submitted as a hard-copy to: Canadian College of Medical Geneticists, 4 Cataraqui Street Suite 310 Kingston, ON K7K 1Z7 613-507-8345 Email: info@ccmg-ccgm.org

NOTE: Applications will not be considered until all necessary supporting documents are received.