



CBGC Examination Description of Clinical Training (Pathways B & C)

Candidates are asked to describe their clinical work experience or rotations while in training in the field of genetic counselling. Candidates must submit one form per type of clinical training/rotation and can complete as many copies as necessary.

Applicant Name: _____

Institution: _____

Location: _____

Dates: From ___/___/___ To ___/___/___

Position: _____

Clinical Supervisor (work experience): _____

Program Director (training placement): _____

Description of Responsibilities: