



**CBGC**  
**CCCG**

Canadian Board of Genetic Counselling  
Conseil Canadien de Conseil Génétique

## Program Director Statement Supplement for Student Applicants

SURNAME	FIRST NAME	INITIAL
DATE OF BIRTH (YY/MM/DD)		SEX (M/F)

PROGRAM TITLE: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_

LOCATION (CITY, PROVINCE): \_\_\_\_\_

I \_\_\_\_\_, GENETIC COUNSELLING PROGRAM DIRECTOR, CERTIFY THAT THE ABOVE-MENTIONED CANDIDATE WILL EITHER:

GRADUATE FROM THE EDUCATIONAL PROGRAM MENTIONED ABOVE BY JUNE 1ST OF THE EXAMINATION YEAR

WILL HAVE COMPLETED ALL ASPECTS OF THE PROGRAM BY THE EXAMINATION DATE AND WILL PROVIDE A 'CONFIRMATION OF ELIGIBILITY TO GRADUATE' LETTER FROM THE GRADUATE STUDIES OFFICE TO THE CERTIFICATION BOARD BY JULY 31ST OF THE EXAMINATION YEAR

SIGNATURE OF PROGRAM DIRECTOR \_\_\_\_\_

DATE: \_\_\_\_\_

Canadian Board of Genetic Counselling

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