

Logbook of Clinical Experience



Candidate full name (first/second and last): _____

Date of Birth (DD/MM/YYYY): _____

Clinic type (4th column)

1. Reproductive risk
2. Prenatal screening
3. Pediatric
4. Adult
5. Cancer

Appt type (5th column)

- P – In-person
- T – Telephone
- V – Videoconferencing

Codes for management roles (columns A to J)

- A – Case preparation
- B – Medical history
- C – Pedigree
- D – Risk assessment
- E – Psychosocial assessment
- F – Inheritance risk counselling
- G – Testing options/Results discussion
- H – Supportive counselling
- I – Resource identification
- J – Follow up

Entry #	Date (DD/MM/YYYY)	Case ID#	Clinic type	Appt type	A	B	C	D	E	F	G	H	I	J	Reason for referral
Ex #1	22/01/2018	04765	2	P	X	X	X	X	X		X			X	CPC, Echogenic bowel

I confirm I have read the CBGC logbook instructions and reviewed this logbook page. I had direct involvement in supervision of this candidate, and can verify that they did perform the above indicated roles in each case.

Supervisor's full name (first/second and last)
(at the time of certification)

Supervisor's signature

Date (DD/MM/YYYY)

Supervisor's credentials
(at the time of supervision)



Logbook of Clinical Experience

Candidate full name (first/second and last): _____

Date of Birth (DD/MM/YYYY): _____

Entry #	Date (DD/MM/YYYY)	Case ID#	Clinic type	Appt type	A	B	C	D	E	F	G	H	I	J	Reason for referral
Ex #1	22/01/2018	04765	2	P	X	X	X	X	X		X			X	CPC, Echogenic bowel

I confirm I have read the CBGC logbook instructions and reviewed this logbook page. I had direct involvement in supervision of this candidate, and can verify that they did perform the above indicated roles in each case.

 Supervisor's full name (first/second and last)
 (at the time of certification)

 Supervisor's signature

 Date (DD/MM/YYYY)

 Supervisor's credentials
 (at the time of supervision)