



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 (YYYY/MM/DD)	

PROGRAM TITLE	
INSTITUTION NAME	
LOCATION (CITY, PROVINCE, COUNTRY)	

I, _____, genetic counselling program director, certify that the above-mentioned candidate will either:

- ☐ Graduate from the educational program mentioned above by **December 1st** of the year preceding the next examination.
- ☐ 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 **January 31st** of the examination year.

Signature of program director : _____

Date : _____