

MEDICAL AND DENTAL PROFESSIONS BOARD

COMMITTEE FOR MEDICAL SCIENCE

**EVALUATION OF TRAINING FACILITIES AND PROGRAMME FOR
INTERN GENETIC COUNSELLORS**

**INFORMATION: LABORATORIES APPLYING TO BE EVALUATED FOR
ACCREDITATION FOR INTERN TRAINING**

Please complete the attached form and provide information on the Training Facility and Coordinator of the Programme to be evaluated for training of intern genetic counsellors

1. PARTICULARS OF TRAINING FACILITY / AFFILIATION	
University / Private Institution	
Head of facility:	
Address:	
E-mail:	
Telephone:	Fax:
2. PARTICULARS OF TRAINING COORDINATOR	
Training Division/Department	
Training Coordinator	
Address:	
E-mail:	
Telephone:	Fax:
3. DISCIPLINE FOR WHICH APPLICATION IS MADE	
Genetic Counselling	