***The Chinese Board of Genetic Counseling***

Photo

(Optional)

Committee Application Form

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| 1. **Personal Information**   *Please fill out the information below as completely as possible. This information will be used to populate your personal record in the system, which may be updated online in the future.* | | | | | |
| First Name |  | | Last Name |  | |
| Gender | 🞏 Male 🞏 Female | | Date of Birth | (mm/dd/yyyy) | |
| Salutation | 🞏 Mr. 🞏 Mrs. 🞏 Ms. 🞏 Dr. 🞏 Prof. 🞏 Sr. 🞏 Rev. | | | | |
| Highest Degree | 🞏 Bachelor of Arts 🞏 Bachelor of Science  🞏 Bachelor of Nursing 🞏 Master of Arts  🞏 Master of Business Administration  🞏 Master’s in Genetic Counseling  🞏 Master of Health Administration  🞏 Master of Science 🞏 Masters Nursing  🞏 Doctorate 🞏 Doctor of Medicine | | | | |
| Institution |  | | Job Title |  | |
| Phone |  | | Mobile |  | |
| Personal Website |  | | Language Spoken |  | |
| E-mail |  | | Fax |  | |
| Types of Specialization: | 🞏 Hematology  🞏 Adult(Including Complex Disease)  🞏 Cancer 🞏 Cardiac-Aortic Aneurysm  🞏 Cardiac-Arrhythmia Syndromes  🞏 Cardiac-Cardiomyopathies  🞏 Cardiac-Congenital Heart Disease  🞏 Cardiac-Coronary Artery Disease  🞏 Fetal Therapy 🞏 Cardiology  🞏 Molecular/Cytogenetics/Biochemical Testing  🞏 Metabolic 🞏 Ophthalmology  🞏 Pediatric 🞏 PGD/Preconception  🞏 Personalized Genomic Medicine  🞏 Prenatal 🞏 Public Health/Newborn Screening  🞏 Neurogenetic 🞏Psych Disorders  🞏 Screening(Multiple Marker)  🞏 Specialty Disease 🞏Teratogens  🞏 ART/Preimplantation Genetic Disorders  🞏 Research  🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Work Setting | 🞏 Bioinformatics Company  🞏 Diagnostic Laboratory-Academic  🞏 Diagnostic Laboratory-Commercial  🞏 Government Organization or Agency  🞏 Health Advocacy Organization  🞏 Internet/Website Company  🞏 Marketing/Advertising Company  🞏 Not-For- Profit Organization(not otherwise specified)  🞏 Outreach/Satellite/Field Clinic  🞏 Pharmaceutical Company  🞏 Physician’s Private Practice  🞏 Private Hospital/Medical Facility  🞏 Private Practice-Self Employed  🞏 Professional Organization  🞏 Public Hospital/Medical Facility  🞏 Research Development/Biotechnology Company  🞏 University Medical Center  🞏 Private Practice(not self-employed)  🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Work Address |  | | | | |
| Work City |  | Work Province | | |  |
| Home Address |  | | | | |
| Home City |  | Home Province | | |  |

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| 1. **Academic Qualifications (in reverse chronological order )**   *List degrees/diplomas awarded.* | | | | |
| From(M/Y) | To(M/Y) | Education Institution | Major | Degree |
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| 1. **Working Experience (in reverse chronological order )** | | | | | |
| From(M/Y) | To(M/Y) | Full-time | Part-time | Institution | Position |
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| 1. **Professional Qualifications (in reverse chronological order )**   *List professional practice examinations passed.* | | |
| Date(M/Y) | Examination | Institution |
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| *List current membership of professional bodies.* | | |
| Date of Admission | Professional Body | Title |
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| 1. **List of Publications (in reverse chronological order )**   *Please list your publication record clearly with the details specified and write down the number of publications in the space provided.* | | |
| Name of Publication | Journal/Conference/  Publisher | Year (to be) Published |
| **Journal Articles (Total No.:\_\_\_\_\_\_)** | | |
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| **Conference Paper (Total No.:\_\_\_\_\_\_)** | | |
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| **Book Chapters (Total No.:\_\_\_\_\_\_)** | | |
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| 1. **Awards (in reverse chronological order )** | |
| Year | Name of Award |
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| 1. **Research Description** |
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| 1. **Community Activities (in reverse chronological order )** | |
| Year | Name of Activity |
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| 1. **Recommendations**   *The following individuals have agreed to provide recommendations on my behalf.* | | | |
| Name | Institution | Position | E-mail |
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**Declaration:**

I hereby declare that the information given above is correct. I understand that misrepresentation may result in automatic rejection of my application to Chinese Board of Genetic Counseling.

I acknowledge the responsibility to update my personal file for any change of data involved.

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Signature Date (DD/MM/YYYY)

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| FOR OFFICE USE ONLY | |
| Date Approved |  |
| Terms |  |
| Comment |  |
| Signature |  |