



## **ACGC VOLUNTEER APPLICATION Program Review Committee / Site Visitor**

Name:

Institution:

Work Address:

Phone:

E-mail:

Graduate Program attended:

Degree Obtained:

Year Graduated:

Year Certified:

1. Please briefly describe your teaching/education experience, particularly as it relates to genetics/genetic counseling training.
2. Please briefly describe your experience with clinical supervision of genetic counseling students.
3. Please list and briefly describe any faculty position(s) you currently hold or have held previously.
4. Describe your understanding of the standards of accreditation for genetic counseling training.
5. Describe your professional activities and contributions to the field of genetics/genetic counseling.

6. Why do you want to be a Program Review Committee (PRC) Member or a site visitor?
  
7. Please list programs you have conflicts with (LIST):
  
8. Do you have 5 or more years of experience as a genetic counselor, MD or PhD geneticist?  
Yes                      No
  
9. Please attach a current CV when submitting your completed application.

**Please submit your completed application to [info@gceducation.org](mailto:info@gceducation.org).**

*If you have any questions or concerns, please contact the ACGC Executive Office at [info@gceducation.org](mailto:info@gceducation.org) or 703.506.7667.*