

## MSC IN GENETIC COUNSELLING: Non-Clinic Experiences

Date:
Student Name/Signature
Location
Supervisor Signature*:
Program Director Signature

\*if applicable

TYPE OF EXPERIENCE	
<input type="checkbox"/> Non-face-to-face genetic counselling encounters (e.g. telephone counselling)	Mandatory
<input type="checkbox"/> Clinical experience with non-genetics providers (e.g. physicians, psychologists)	Mandatory
<input type="checkbox"/> Genetics-related experiences with public health agencies/laboratories	Mandatory
<input type="checkbox"/> Laboratory experiences	Mandatory
<input type="checkbox"/> Support Groups	Mandatory
<input type="checkbox"/> Community Outreach (e.g. school teaching program)	Mandatory
<input type="checkbox"/> Educational Conferences	Mandatory
<input type="checkbox"/> Out-of-Centre Genetic Testing Committee meeting	Mandatory
<input type="checkbox"/> Other (e.g. research/family studies registries, non-certified genetics professionals, international clinical experiences, industry)	Not Mandatory
<b>DESCRIPTION OF EXPERIENCE:</b>	
<b>REFLECTION &amp; FEEDBACK:</b>	