



# Laboratory Genetics and Genomics Alternative Pathway Application

**Instructions:** Complete this form and submit, with required additional documents, to the ABMGG Credentials Committee at [credentials@abmgg.org](mailto:credentials@abmgg.org). Incomplete applications or those received without payment will not be reviewed. A response from the ABMGG will be sent to the email address provided within 6 weeks of submission.

**Personal Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Certification Information:** Please indicate current area of certification:

- Clinical Molecular Genetics and Genomics  Clinical Cytogenetics and Genomics

**Proposed Timeline of Training:**

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Anticipated exam year:  2025\*

*\*By selecting 2025 above, you are acknowledging that you will only have one opportunity to achieve certification.*

**Site(s) Designation:**

Training site: \_\_\_\_\_

Site Director: \_\_\_\_\_ Email: \_\_\_\_\_

Training site: \_\_\_\_\_

Site Director: \_\_\_\_\_ Email: \_\_\_\_\_

Training site: \_\_\_\_\_

Site Director: \_\_\_\_\_ Email: \_\_\_\_\_ **CV:**

Attach current CV.

**Training Plan:** Submit full training plan using the template posted on the [ABMGG website](#).

**Fees:** Submit the application fee of \$150 by credit card [here](#).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_