New diplomates who are training full-time in a second specialty may request a one-time waiver for their first year of Continuing Certification Fees, if they meet the following criteria:

- In full-time fellowship training in an additional ABMGG specialty
- In continuous, sequential training, with a gap of no more than 2 months in full-time training

Diplomate Name __________________________________________________________
Phone __________________
Email _________________

**ABMGG Current Certification:**
Clinical Genetics and Genomics
Clinical Biochemical Genetics
Clinical Cytogenetics and Genomics
Clinical Molecular Genetics and Genomics
Laboratory Genetics and Genomics
Medical Biochemical Genetics

**Year Certified:**

By signing below, I attest that information above is correct.

_____________________________   ___________________
Signature      Date

Please send the completed form to MOC@abmgg.org or via mail to: 6120 Executive Blvd, Suite 525 Rockville, MD 20852.

**ABMGG Office Use Only:**
Waiver approved: Y ☑ N □
Explanation _______________________
Year Fee Waiver applied: _______________________
Fees Amount Waived: _______________________
ABMGG Approval _______________________