



Site Designation Form for LGG Alternative Certification Pathway

Instructions: A completed form must be submitted by the Trainee with his/her application. Application status will be communicated via email to both the Trainee and the Site Director.

Trainee Name: _____

Site Name: _____

Address: _____

Site Director Name: _____ **Email:** _____

Site Director Certification: Indicate all certifications held.

- Clinical Cytogenetics and Genomics
- Clinical Molecular Genetics and Genomics
- Laboratory Genetics and Genomics

Proposed Training Period:

Start date: _____ End Date: _____

Training plan/Block Diagram: A training plan discussed with you and your site director(s) must be sent along with your application. Applicant are responsible for ensuring the plan is developed and discussed with each site.

Case report: If the Training Site is NOT an ABMGG accredited laboratory, the Site Director must submit a laboratory case report with this form. Please click [here](#) to access the Case Report forms.

I agree that the above trainee will be training under my supervision at the designated site.

Site Director name: _____

Site Director signature: _____ **Date:** _____