



ABMG Credentials Review Request Form

NEW as of August 1, 2010

Instructions: Complete this form and return it together with the required documents and payment to ABMG Credentials Committee, 9650 Rockville Pike, Bethesda, MD 20814-3998. Requests postmarked August 1, 2010 and later must include a processing fee of **\$100**. Incomplete requests or requests received without payment will not be reviewed. The fee will be applied toward your application review fee when you apply for the ABMG certification examination. Credentials reviews take between six to eight weeks. A response will be mailed to the address provided below.

ADVISORY NOTE: The American Board of Medical Genetics (ABMG) Credentials Committee reviews applications based on the requirements for ABMG **certification** only, not eligibility to enter a training program. Training program requirements are set by the programs themselves. You must contact individual programs for their requirements. The ABMG does not limit or influence which trainees the programs accept; ABMG only comments on a trainee's *eligibility to sit for the ABMG certification examination*.

Full Name [First Middle Last]: _____

Mailing Address: _____

Email Address: _____

Telephone [office]: _____

Indicate below in which area(s) you are interested in training, have been trained, or are currently being trained [check all that apply]:

Clinical Genetics [MDs only]

Clinical Genetics

Laboratory Genetics [MDs and PhDs]

Clinical Biochemical Genetics

Clinical Cytogenetics

Clinical Molecular Genetics

Checklist of Documents to Send

For Laboratory Genetics:

- Course-by-course transcript review from organization such as WES or AACRAO or the equivalent OR ECFMG certificate
- Copy of your doctoral diploma (translated) and a transcript of your doctoral degree
- Curriculum vitae with bibliography, including dates and location of undergraduate education, doctoral education, post-doctoral training, and professional employment
- \$100 processing fee payable by US check or money order [to be applied toward application review fee for certification examination]
- TOEFL-iBT examination scores, which must be current within two years of your entering an ABMG-accredited training program or applying for ABMG certification. The total *minimum* passing score for the four-part exam is 85. You must also achieve a minimum score of 23 on the speaking portion. It is acceptable for you to have the official TOEFL-iBT examination scores sent directly to the ABMG Administrative Office. If this is the case, be sure to check the box below:
 - I am having my TOEFL-iBT examination scores sent directly to ABMG.

For Clinical Genetics:

- Copy of ECFMG certificate
- Copy of your doctoral diploma (translated) and a transcript of your doctoral degree
- Curriculum vitae with bibliography, including dates and location of undergraduate education, doctoral education, post-doctoral training and professional employment
- \$100 processing fee payable by US check or money order [to be applied toward application review fee for certification examination]
- Verification of graduate medical training* [check one]:
 - Copy of certificate of graduate medical training
 - Letter from the director of the graduate medical training program stating the inclusive dates and the amount of time spent in the training program
 - Verification of board certification from the country in which graduate medical training was received

* If the Credentials Committee grants you one year of graduate medical training equivalency, you must then complete 12 months of full-time training in an ACGME-accredited residency program in an area *other than clinical* genetics. If no graduate medical training equivalency is granted, you must complete 24 months of full-time training in an ACGME-accredited residency program in an area *other than clinical* genetics OR 48 months of full-time training in an ACGME-accredited four-year clinical genetics residency OR 60 months of training in a combined Clinical Genetics/Pediatrics, combined Clinical Genetics/Internal Medicine, or combined Clinical Genetics/OBGYN residency program.

Signature: _____

Date: _____