



TELEGENETICS TRAINING APPLICATION

CONTACT INFORMATION

Name: _____

Current School/Program/Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

EDUCATION

- Geneticists in training? Expected month and year of graduation: _____
- Genetic counselor in training? Expected month and year of graduation: _____
- A new geneticist? Graduation year: _____
- A new genetic counselor? Graduation year: _____
- A geneticist in practice longer than 5 years? Graduation year: _____
- A genetic counselor longer than 5 years? Graduation year: _____
- Other _____

TELEGENETICS

Have you ever used telegenetics before?

- Yes
- No

What do you need from this training?

Will you be able to travel to a hands-on session May 18, 2017 in Little Rock, AR?

- Yes
- No
- Not Sure

PLEASE ATTACH YOUR CV TO THIS APPLICATION FORM AND SEND IT TO ANAYELI@UAMS.EDU BY MONDAY, APRIL 24, 2017. THANK YOU!!!