



ABGC ITEM WRITER APPLICATION

Submit completed application to the
ABGC Administrative Office at info@abgc.net or fax to (913) 222-8606

1. NAME Last name (surname): _____ First Name _____ MI _____ Other last names(s) on official documents _____

2. ADDRESS at which you prefer to receive mail

Street _____
City _____ State/Country _____ Zip Code _____

3. CONTACT INFORMATION

Telephone _____ Fax number _____
E-mail address _____

4. GENETIC COUNSELING GRADUATE EDUCATION (must have at least 3 years' experience) Institution

Degree _____ Year of Graduation _____

5. BOARD CERTIFICATION

Year _____ ABGC/ABMG

6. SPECIALTY AREAS (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Prenatal/ Teratology | <input type="checkbox"/> Neurogenetics | <input type="checkbox"/> Predictive testing |
| <input type="checkbox"/> Pediatric | <input type="checkbox"/> Public Health/Newborn Screening | <input type="checkbox"/> ELSI |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Counseling theory | <input type="checkbox"/> Laboratory/Industry |
| <input type="checkbox"/> Adult Diseases | <input type="checkbox"/> Management of genetic disorders | <input type="checkbox"/> Research |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Variant curation and interpretation | <input type="checkbox"/> Other _____ |

7. PREVIOUS ITEM WRITING EXPERIENCE (Check all that apply)

____ ABGC Item Writer (year(s) _____)
____ ABMG Item Writer (year(s) _____)
____ Exam preparation for Medical Students, Genetic Counseling Students, etc.
____ Other Item Writer experience/training (Please specify) _____

8. Please review the examination detailed content outline, and indicate your TOP THREE choices of content areas (e.g., 1A or 3B or 4C etc.).

1. _____ 2. _____ 3. _____

9. PLEASE ATTACH A CURRENT RESUME OR CURRICULUM VITAE (CV)