



Logbook of Clinical Experience

Candidate full name (first/second and last): _____

Date of Birth (DD/MM/YYYY): _____

Clinic type (4th column)

1. Reproductive risk
2. Prenatal screening
3. Pediatric
4. Adult
5. Cancer

Codes for management roles (Columns A to J)

- | | |
|-----------------------------|--|
| A – Case preparation | F – Inheritance risk counselling |
| B – Medical history | G – Testing options/Results discussion |
| C – Pedigree | H – Supportive counselling |
| D – Risk assessment | I – Resource identification |
| E – Psychosocial assessment | J – Follow up |

Entry #	Date (DD/MM/YYYY)	Case ID#	Clinic type	A	B	C	D	E	F	G	H	I	J	Reason for referral
Ex #1	22/01/2018	04765	2	X	X	X	X	X		X			X	CPC, Echogenic bowel

I have reviewed this logbook page and can verify that the candidate did perform the above indicated roles in each case.

Supervisor's full name (first/second and last)
(at the time of certification)

Supervisor's signature

Date (DD-MM-YYYY)

Supervisor's credentials
(at the time of supervision)



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 (at the time of certification)

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 (at the time of supervision)