**Form D**

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**European Board of Medical Genetics**

**Portfolio for Application for Registration**

**Front page of portfolio (Form D)**

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| --- | --- |
| **Name of applicant**  |  |
| **Country of work**  |  |
| **Type of application** | **Genetic counsellor****Genetic nurse**  |
| **Please confirm under which system you are applying** | **Usual route****Grandfather Clause A****Grandfather Clause B****Grandfather Clause C****National registration** |
|  **I confirm that the contents of this portfolio are my own work and that all information included is true and correct.****Print name below in next space to confirm the above the statement.** **Name:**  |