Application for Inclusion in NCI Cancer Genetics Services Directory (PDQ®)

Application

OMB No. 0925-xxxx Expiry Date xx-xx-20xx

1. Please provide your full name, including middle initial, and the complete address, telephone number, fax number, and email address where you can be contacted for annual verification of your information:

Name:

Institution:

Address:

Telephone Number:

Fax Number:

* Email Address:

Publish your email address in the NCI Cancer Genetics Services Directory? ○ Yes ○ No

Web site URL:

Do you provide services at this location? ○ Yes ○ No

If no, please provide information for service location:

Institution:

Address:

Telephone Number:

If you want additional locations, please enter them below (maximum of four):

2. What type of health care professional are you?

- ☐ Physician (M.D., D.O., or foreign equivalent)
- ☐ Geneticist (Ph.D.)
- ☐ Genetic Counselor (M.S., M.Sc., M.A.)
- ☐ Nurse (R.N., B.S.N., M.S.N., Ph.D.)

- [ ] Clinical Social Worker (M.S.W., D.S.W.)
- [ ] Clinical Psychologist (Ph.D.)
- [ ] Other

Please specify degree(s):

Provide professional license and/or national certification number and state:

3a. What is/are your specialties?

3b. Are you board certified in your specialty? ○ Yes ○ No

If yes, please specify specialty board:

If no, are you board eligible? ○ Yes ○ No
If yes, please provide the year you became eligible:

4. What specific training or professional experience do you have in cancer genetics? Please include information about all of the following that apply:

Citations for relevant publications:

Examples of relevant continuing education or graduate courses:

Clinical preceptorships taken:

Investigator (or other research professional) on genetics clinical trials:

Number of patients counseled per year about genetic susceptibility to cancer:

Number of years of experience:

5. Are you a member of or affiliated with an interdisciplinary team with substantial expertise in cancer genetics? ○ Yes ○ No

6. For which of the following do you or members of your team provide expertise in relation to cancer genetics:

- [ ] Patient genetics education
- [ ] Patient cancer risk assessment
- [ ] Appropriate pre- and post-test counseling and informed consent (including ethical, legal, social issues related to testing and disclosure of test results)
- [ ] Genetic susceptibility testing (including information on limitations, specific tests available, and regulations concerning testing procedures such as CLIA and CAP/ACMG)
- [ ] Follow-up plan of care (including medical care, psychological support, and counseling about options for prevention or early detection guidelines)

7. Do you currently provide professional services to individuals or families seeking familial cancer risk counseling or genetic susceptibility testing?

○ Yes ○ No

8. Are you willing to accept calls or email from individuals seeking familial cancer risk counseling and/or genetic susceptibility testing?

○ Yes ○ No

9. Are there restrictions or limitations to services provided (i.e., a person must be eligible for a clinical trial in order to receive services)?

○ Yes, Explain: _____

○ No

10. Please verify the familial cancer predisposing syndromes for which you provide services. A list of cancer sites and types associated with each syndrome will also be provided for searching in the directory.

- [ ] Adenomatous polyposis, familial
- [ ] Ataxia-telangiectasia
- [ ] Basal cell nevus syndrome
- [ ] Bloom syndrome
- [ ] Breast/other (BRCA2)
- [ ] Breast/ovarian (BRCA1)
- [ ] Carcinoid syndrome, familial
- [ ] Carney syndrome
- [ ] Chordoma, familial
- [ ] Colon (HNPCC)
- [ ] Cowden syndrome
- [ ] Esophagus, with tylosis
- [ ] Fanconi anemia
- [ ] Gastric cancer, familial
- [ ] Hodgkin lymphoma, hereditary
- [ ] Li-Fraumeni syndrome
- [ ] Melanoma, hereditary
- [ ] Multiple endocrine neoplasia 1
- [ ] Multiple endocrine neoplasia 2
- [ ] Neurofibromatosis 1
- [ ] Neurofibromatosis 2
- [ ] Osteochondromatosis
- [ ] Pancreatic cancer, familial
- [ ] Paraganglioma, familial
- [ ] Peutz-Jeghers syndrome
- [ ] Prostate cancer, familial
- [ ] Renal cancer, familial
- [ ] Retinoblastoma, hereditary
- [ ] Rothmund-Thomson syndrome
- [ ] Testicular carcinoma, familial
- [ ] Tuberous sclerosis complex
- [ ] Von Hippel-Lindau syndrome
- [ ] Werner syndrome
- [ ] Wilms tumor, hereditary
- [ ] Xeroderma pigmentosum

- [ ] Select All

11. Please note your membership in any of the following national societies or special interest groups:

- [ ] American College of Medical Genetics (ACMG)
- [ ] American Psychological Association
- [ ] American Society of Clinical Oncology (ASCO)

- ☐ American Society of Human Genetics (ASHG)
- ☐ International Society of Nurses in Genetics (ISONG)
- ☐ National Society of Genetic Counselors (NSGC)
- ☐ NSGC Special Interest Group in Cancer
- ☐ Oncology Nursing Society (ONS)
- ☐ ONS Cancer Genetics Special Interest Group

12. Please click the Submit button to complete your application.

We will process your application within a week and send you an email with a link to your listing on the Cancer.gov Web site. Please review the listing and let us know if any changes need to be made. You will also receive a verification request by email once a year.

For more information about the directory or help with the application, please contact the Directory Coordinator at GeneticsDirectory@cancer.gov.