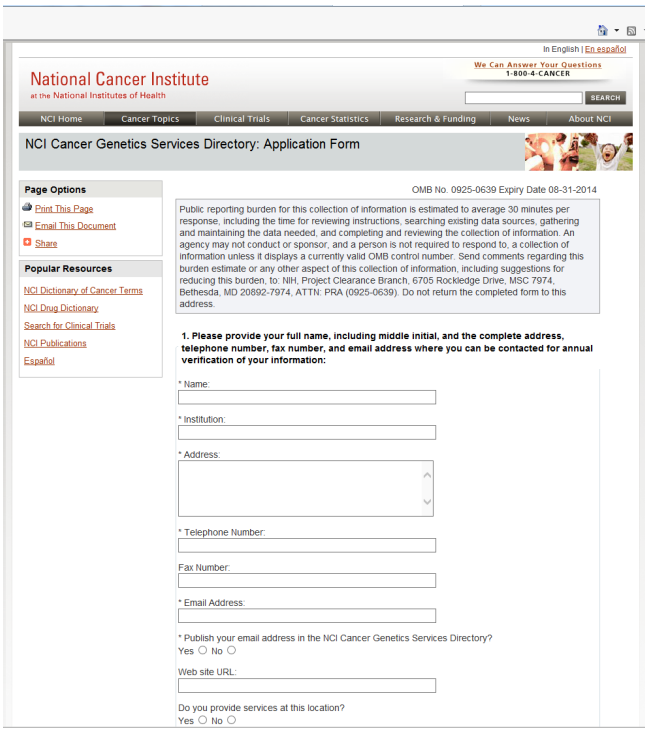

In English | En español

National Cancer Institute
at the National Institutes of Health

We Can Answer Your Questions
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NCI Cancer Genetics Services Directory: Application Form

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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:

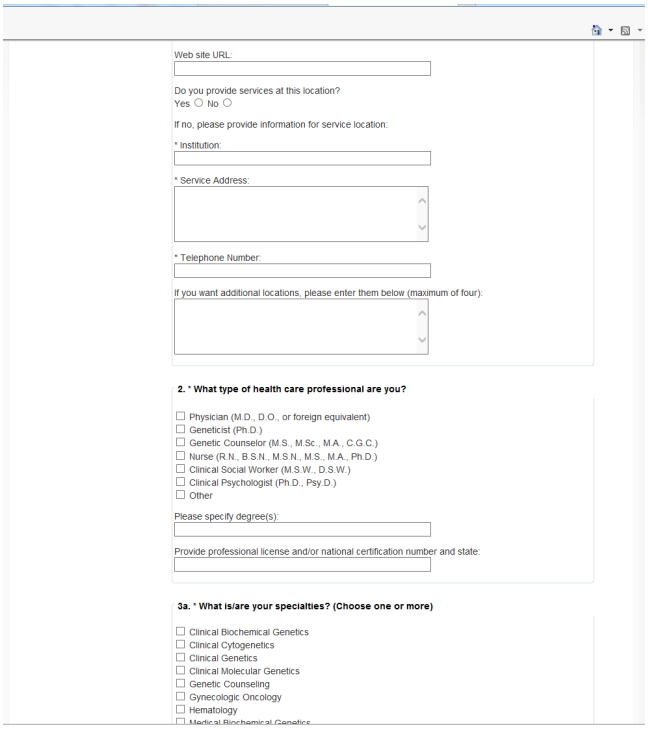
Fax Number:

* 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 ○



Web site URL:

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

If no, please provide information for service location:

* Institution:

* Service Address:

* Telephone Number:

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

2. * What type of health care professional are you?

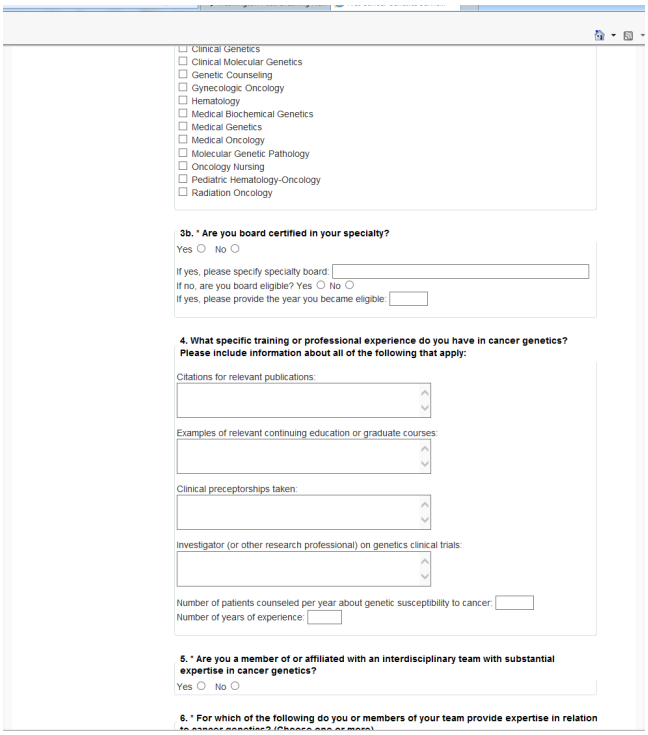
☐ Physician (M.D., D.O., or foreign equivalent)
☐ Geneticist (Ph.D.)
☐ Genetic Counselor (M.S., M.Sc., M.A., C.G.C.)
☐ Nurse (R.N., B.S.N., M.S.N., M.S., M.A., Ph.D.)
☐ Clinical Social Worker (M.S.W., D.S.W.)
☐ Clinical Psychologist (Ph.D., Psy.D.)
☐ Other

Please specify degree(s):

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

3a. * What is/are your specialties? (Choose one or more)

☐ Clinical Biochemical Genetics
☐ Clinical Cytogenetics
☐ Clinical Genetics
☐ Clinical Molecular Genetics
☐ Genetic Counseling
☐ Gynecologic Oncology
☐ Hematology
☐ Medical Biochemical Genetics



- ☐ Clinical Genetics
- ☐ Clinical Molecular Genetics
- ☐ Genetic Counseling
- ☐ Gynecologic Oncology
- ☐ Hematology
- ☐ Medical Biochemical Genetics
- ☐ Medical Genetics
- ☐ Medical Oncology
- ☐ Molecular Genetic Pathology
- ☐ Oncology Nursing
- ☐ Pediatric Hematology-Oncology
- ☐ Radiation Oncology

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:

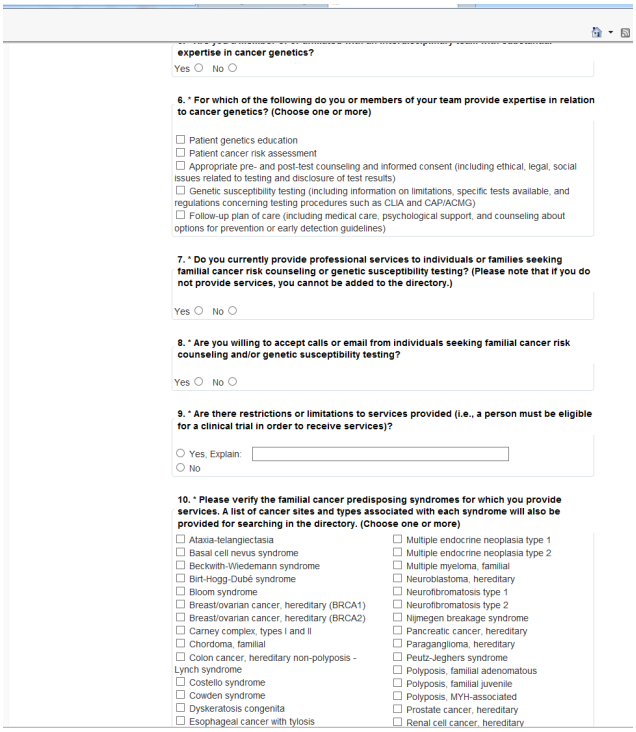
Number of patients counseled per year about genetic susceptibility to cancer:

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? (Choose one or more)



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? (Choose one or more)

- ☐ 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? (Please note that if you do not provide services, you cannot be added to the directory.)

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 ○

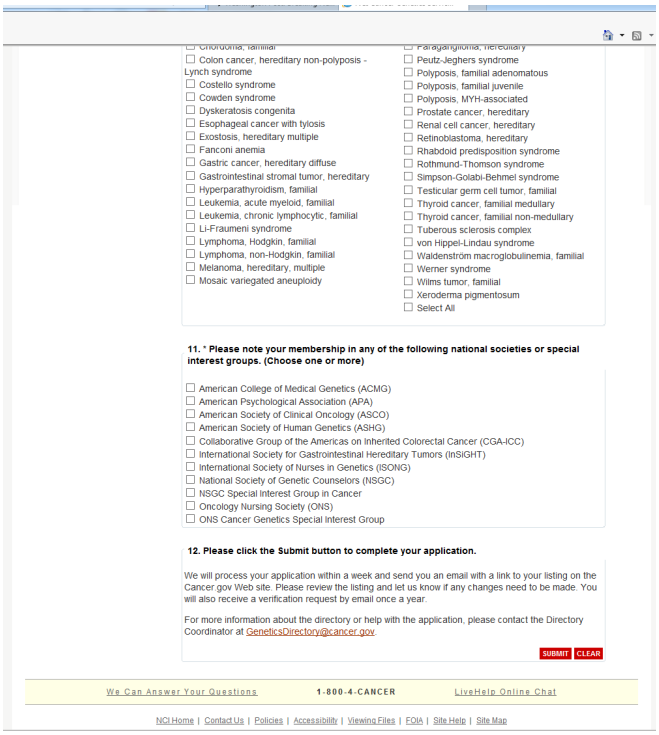
9. * Are there restrictions or limitations to services provided (i.e., a person must be eligible for a clinical trial in order to receive services)?

○ 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. (Choose one or more)

- ☐ Ataxia-telangiectasia
- ☐ Basal cell nevus syndrome
- ☐ Beckwith-Wiedemann syndrome
- ☐ Birt-Hogg-Dubé syndrome
- ☐ Bloom syndrome
- ☐ Breast/ovarian cancer, hereditary (BRCA1)
- ☐ Breast/ovarian cancer, hereditary (BRCA2)
- ☐ Carney complex, types I and II
- ☐ Chordoma, familial
- ☐ Colon cancer, hereditary non-polyposis - Lynch syndrome
- ☐ Costello syndrome
- ☐ Cowden syndrome
- ☐ Dyskeratosis congenita
- ☐ Esophageal cancer with tylosis
- ☐ Multiple endocrine neoplasia type 1
- ☐ Multiple endocrine neoplasia type 2
- ☐ Multiple myeloma, familial
- ☐ Neuroblastoma, hereditary
- ☐ Neurofibromatosis type 1
- ☐ Neurofibromatosis type 2
- ☐ Nijmegen breakage syndrome
- ☐ Pancreatic cancer, hereditary
- ☐ Paraganglioma, hereditary
- ☐ Peutz-Jeghers syndrome
- ☐ Polyposis, familial adenomatous
- ☐ Polyposis, familial juvenile
- ☐ Polyposis, MYH-associated
- ☐ Prostate cancer, hereditary
- ☐ Renal cell cancer, hereditary



- [ ] Chordoma, familial
- [ ] Colon cancer, hereditary non-polyposis - Lynch syndrome
- [ ] Costello syndrome
- [ ] Cowden syndrome
- [ ] Dyskeratosis congenita
- [ ] Esophageal cancer with tylosis
- [ ] Exostosis, hereditary multiple
- [ ] Fanconi anemia
- [ ] Gastric cancer, hereditary diffuse
- [ ] Gastrointestinal stromal tumor, hereditary
- [ ] Hyperparathyroidism, familial
- [ ] Leukemia, acute myeloid, familial
- [ ] Leukemia, chronic lymphocytic, familial
- [ ] Li-Fraumeni syndrome
- [ ] Lymphoma, Hodgkin, familial
- [ ] Lymphoma, non-Hodgkin, familial
- [ ] Melanoma, hereditary, multiple
- [ ] Mosaic variegated aneuploidy
- [ ] Paraganglioma, hereditary
- [ ] Peutz-Jeghers syndrome
- [ ] Polyposis, familial adenomatous
- [ ] Polyposis, familial juvenile
- [ ] Polyposis, MYH-associated
- [ ] Prostate cancer, hereditary
- [ ] Renal cell cancer, hereditary
- [ ] Retinoblastoma, hereditary
- [ ] Rhabdoid predisposition syndrome
- [ ] Rothmund-Thomson syndrome
- [ ] Simpson-Golabi-Behmel syndrome
- [ ] Testicular germ cell tumor, familial
- [ ] Thyroid cancer, familial medullary
- [ ] Thyroid cancer, familial non-medullary
- [ ] Tuberous sclerosis complex
- [ ] von Hippel-Lindau syndrome
- [ ] Waldenström macroglobulinemia, familial
- [ ] Werner syndrome
- [ ] Wilms tumor, familial
- [ ] Xeroderma pigmentosum
- [ ] Select All

11. * Please note your membership in any of the following national societies or special interest groups. (Choose one or more)

- [ ] American College of Medical Genetics (ACMG)
- [ ] American Psychological Association (APA)
- [ ] American Society of Clinical Oncology (ASCO)
- [ ] American Society of Human Genetics (ASHG)
- [ ] Collaborative Group of the Americas on Inherited Colorectal Cancer (CGA-ICC)
- [ ] International Society for Gastrointestinal Hereditary Tumors (InSiGHT)
- [ ] 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.

SUBMIT CLEAR