



Applicant Name _____

has applied to take an American Board for Transplant Certification examination and has identified you as a reference to verify years of clinical/surgery/transplant nurse/ procurement/preservationist experience. A minimum of twelve (12) months of experience in transplantation is required. You will be asked to verify that you have personal knowledge of the Applicant's clinical experience for a minimum of twelve (12) months. Please indicate if the experience includes transplant coordinator, preservationist and/or nurse.

Applicant's current employer _____

Name of supervisor completing this form _____

Supervisor's email _____

Years of supervised experience _____

Experience includes:

- Transplant coordinator
- Transplant preservationist
- Transplant nurse

I certify that the above information is complete and correct to the best of my knowledge and belief. I understand that if the information I have submitted is found to be incomplete or inaccurate, the application may be rejected or the examination results may be delayed, not released, or invalidated by the ABTC. I also understand that the ABTC may request confirmation by contacting the employer(s) listed in this application.

Signature _____

Date _____

American Board for Transplant Certification

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