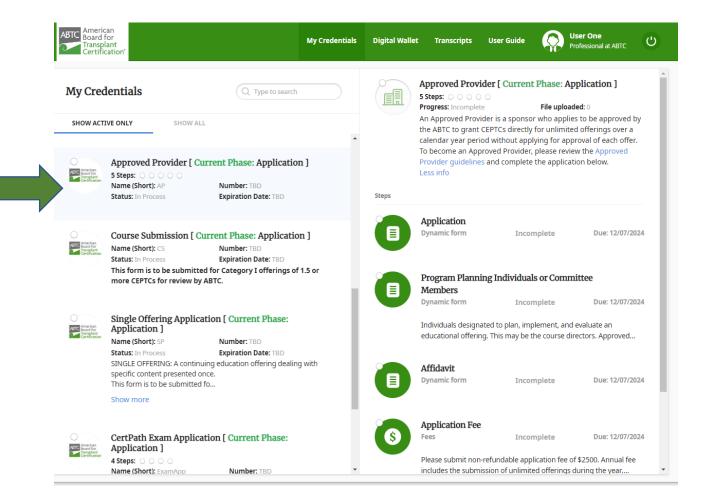


ABTC<sup>®</sup> has provided the screenshots below to familiarize those who will be submitting the Approved Provider application. Please contact ABTC if you have any questions or need assistance.

If you are the primary contact for the Approved Provider process, you will have the option below in your Certemy account. If you don't know your contact person, please contact ABTC at <a href="mailto:info@abtc.net">info@abtc.net</a>



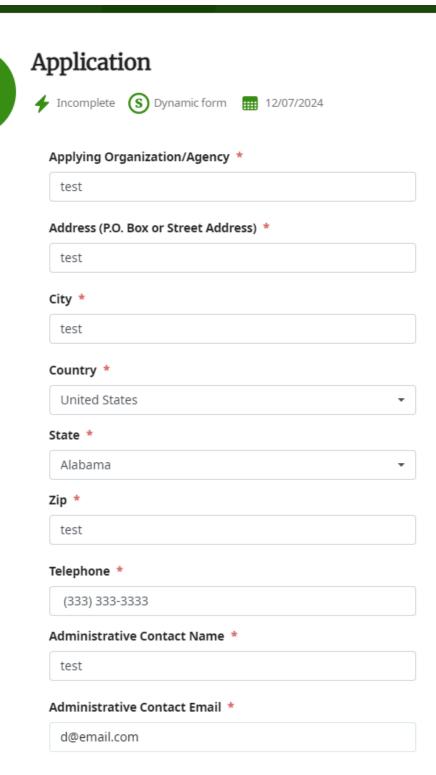
You will complete the steps to the right beginning with the application.

Questions? Please contact ABTC at <a href="mailto:info@abtc.net">info@abtc.net</a>



CLOSE

COMPLETE NOW



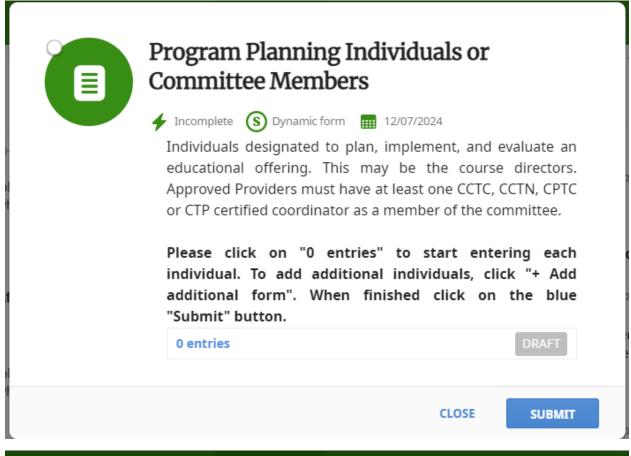
Administrative Contact Address (if different from above)
Telephone (if different from above)
Description of applying agency *
Please select *
Is sponsoring agency a department, division, or subsidiary of another organization? *
No Yes
The learning objectives will address the following (Check all that apply) *
Applicability to safe, effective, efficient quality care Clinical relevance to donation and transplantation Disease management New therapies of technologies Other transplant related education Patient and family education Process improvement for timely care Quality outcomes
Selection of teaching methods: What method(s) will be used? (Mark all that apply) *
Case presentation Enduring Material Hands on workshop Lecture Other Panel discussion Question and answer Round Table Virtual
TO the second of the second of

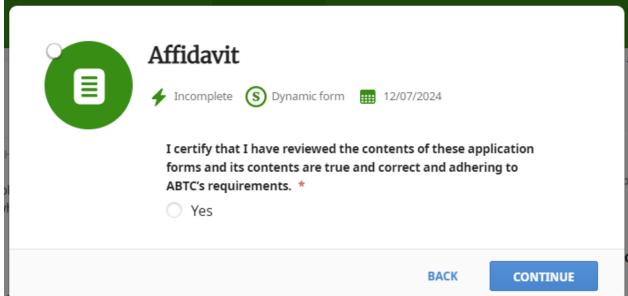
Questions? Please contact ABTC at <a href="mailto:info@abtc.net">info@abtc.net</a>



determine need for content? (Mark all that apply) *	
Evalu	uations from previous CEPTC activities
Fede	eral/state mandate
Iden	tified new skills
	ature review
	ded health outcomes
Othe	
_ `	lity improvement data ey of potential learners
Surv	ey or potential learners
If Other,	enter Content Development method
Developr	ment of evaluation tool: Which sample tool will you be
Doci	ument Attachment
Othe	er (ex. link to survey)
	copy of one program brochure or agenda for an nal offering what was conducted within the last 12 *
	Drop files to attach, or <u>Browse</u>
	nt Attendance: A participant Roster must be ned for each offering. Please attach sample *
	Drop files to attach, or <u>Browse</u>
Target Au	udience *
Certificat	te of Attendance: Provide a sample *
	Questions: Flease contact ADTC at info@abtc.net

At least one member of the planning committee has to be ABTC certified.





The annual fee includes unlimited course offerings througout the year.

Questions? Please contact ABTC at <a href="mailto:info@abtc.net">info@abtc.net</a>

Upon approval, new Approved Providers will be issued a provider number. Renewing Approved providers will matain their existing number.

