



Registration Form

(Please print legibly)

Name of Organization: _____

Primary Contact : _____

Phone Number: _____

Email: _____

Provider Address: _____

Signature of Responsible Agent of Organization:

Date:

Print Name:

Title:

Name of Applicant(s):

Email address(es):

Exam, CCTC, CCTN, CPTC, CTP

The program begins once you receive a confirmation email from ABTC Executive Offices following submission of this form. The program runs for 12 months, during which time a **minimum of two** eligible transplant certificant candidates are required to take the exam for which they are qualified. Once the candidate takes the exam and ABTC is notified that they passed, the organization will be billed.. If a candidate takes the exam and does not pass, they will have the opportunity to retake the exam after 90 days of their last attempt. The organization will be given another voucher by ABTC and will not be billed. If at the end of the year an organization has not met the minimum of two eligible candidates, the organization will be billed up to two at the respective application fee for each one not met.

For questions regarding the CertPath program and to submit your completed registration form, direct them to us at info@abtc.net.

We look forward to your participation in CertPath and support of your practitioners' professional career path!