



Registration Form

(Please print legibly)

Name of Institution: _____

Primary Contact Person: _____

Provider Address: _____

Billing Address if different from above: _____

Phone Number: _____

Email: _____

Signature of Responsible Agent of Institution: _____

Date: _____

Print Name: _____

Title of Agent Signing the Form: _____

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 four** 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 according to the candidate's specific exam type. 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 code by ABTC and will not be billed. All candidates who take the exam in the CertPath program are eligible to retake the exam one time at no additional cost to the organization. If at the end of the year an organization has not met the minimum of four eligible candidates, the organization will be billed up to four at the respective application fee for each one not met.

Provide the number of voucher codes initially you would like to receive (you may request a combination of 4 different certification examinations. i.e. CCTC 2, CCTCN 2, CPTC 2, CTP 2, a maximum of 8 is allowed): CCTC ____ CCTN ____ CPTC ____ CTP ____

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

Office Use:

Date Received: _____

Email Confirmation Sent: _____