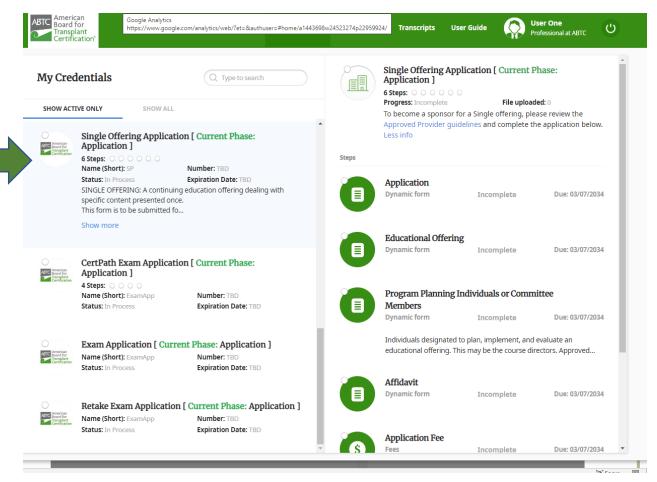


ABTC[®] has provided the screenshots below to familiarize those who will be submitting a Single Offering application. These courses are limited to once annually. For more information on how to offer unlimited courses annually, please contact ABTC at <u>info@abtc.net</u>



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

Application function Solution	03/07/2034	,
	CLOSE	COMPLETE NOW

Questions? Please contact ABTC at info@abtc.net

Applying Organization/Agency * <pre>test Address (P.O. Box or Street Address) * test City * test</pre>
test Address (P.O. Box or Street Address) * test City *
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United States
State *
Alabama
Zip *
test
Telephone *
(333) 333-3333
Administrative Contact Name *
test
Administrative Contact Email *
d@email.com

Administrative Contact Address (if different from above)

Telephone (if different from above)

Course Director *

Course Director Title *

Course Director Telephone *

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

Please describe your course content *

- Attach brochure or agenda
- Complete Summary of Professional Education Content

Selection of teaching methods: What method(s) will be used? (Mark all that apply) *

- Case presentation
- Hands on workshop

	_ecture
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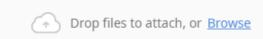
Other

In the following Educational Offering section, you will upload a certificate of attendance, agenda, or brochure, and list the course objectives and presenters.

Questions? Please contact ABTC at info@abtc.net

Title *
Start Date *
mm-dd-yyyy
End Date *
mm-dd-yyyy
 Recorded content with quiz Remote Offering Facility *
Offering City *
Number of CEPTCs requested *
Target Audience *
Target Audience *

Certificate of Attendance: Provide a sample *



List course objectives in operational/behavioral terms. *

List each topic area to be covered and provide a description or outline of content *

List presenter(s) for the topic. *

Describe the teaching method(s) used for each session. *

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

Program Planning Individuals or Committee Members

Incomplete S Dynamic form 03/07/2034
Individuals designated to plan, implement, and evaluate an educational offering. This may be the course directors. Approved Providers must have at least one CCTC, CCTN, CPTC or CTP certified coordinator as a member of the committee.

Please click on "0 entries" to start entering each individual. To add additional individuals, click "+ Add additional form". When finished click on the blue "Submit" button.

0 entries	DRAFT
CLOSE	SUBMIT
Affidavit Incomplete S Dynamic form O3/07/2034 I certify that I have reviewed the contents of these ap forms and its contents are true and correct and adhe ABTC's requirements. * Yes	-
BACK	CONTINUE

Upon approval, the offering will be issued a provider number. Please note there is a rush fee for applications submitted 15 days or less prior to the offering. Single Offering applications submitted 10 days or less prior to the offering may not be approved.

S A	Incomplete S Fees	e 3/07/203	4	
fee applies 15 day	n-refundable applicat /s prior to the offering mitted 10 days or les	g)		
2 2	iite 200			"3rd Party
Fees				\$250.00
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To expedite appr Description \$200 Rush Fee (enter "1" on the box on the right	Please e quantity	Price	Quantity	Subtotal \$0.00