

SINGLE EDUCATIONAL OFFERING APPLICATION

For Continuing Education Points for Transplant Certification

Title of Offering: _____

The following items are enclosed with this application:

- | | |
|---|--|
| <input type="checkbox"/> Program Goal | <input type="checkbox"/> Participant Roster |
| <input type="checkbox"/> Target Audience | <input type="checkbox"/> Evaluation Tool |
| <input type="checkbox"/> Learning Objectives | <input type="checkbox"/> Certificate of Attendance |
| <input type="checkbox"/> Teaching Methodology | <input type="checkbox"/> Faculty Credentials |

A Faculty Data Form or curriculum vitae must be included for each presenter

- Fee Enclosed-\$250 for all single offerings **plus \$200 rush fee (10 days or less prior to conference date)**

- Check Credit Card MasterCard Visa American Express

Credit Card Number: _____ Expiration Date: _____ Code _____

Name on Card: _____

Signature: _____

AFFIDAVIT OF SUBMITTING INDIVIDUAL

Individual Submitting Application: _____

Title: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

I CERTIFY THAT I HAVE REVIEWED THE CONTENTS OF THIS APPLICATION PACKET AND SAID CONTENTS ARE TRUE AND CORRECT.

Signature: _____ Date: _____

Send this form to:
info@abtcnet
856-439-0525

APPLICATION INSTRUCTIONS:

- a. Type or print all information
- b. Complete all sections of the application
- c. Number all pages sequentially
- d. Identify all attachments with applying organization/agency name
- e. Enclose **one single sided copy of all materials**
- f. Enclose payment

SINGLE EDUCATION OFFERING APPLICATION

SECTION I – General Information

- 1. Applying Organization/Agency _____
Address (to which the confirmation letter should be mailed) _____
Telephone Number _____
- 2. Course Director _____
Title _____
Telephone Number _____ Email Address: _____

SECTION II – EDUCATIONAL OFFERING DATA

- 1. Title of Offering _____
- 2. Date(s) of Offering _____
 Online Webinar Conference Call
- 3. Location of Offering _____
Facility/City/State
- 4. Category & Number of CEPTCs Requested _____
- 5. Target Audience _____

6. Learning Objectives:
- Clinical relevance to donation and transplantation
 - Applicability to safe, effective, efficient quality care
 - Process improvement for timely care
 - Quality outcomes
 - Patient and family education
 - New therapies or technologies
 - Disease management
 - Other transplant related education
7. Content: _____ See attached brochure
 _____ Complete Summary of Professional Education Content
8. Selection of Teaching Methods; (Mark all that may apply):
- Lecture
 - Panel discussion
 - Question and Answer
 - Hands on workshop
 - Round Table
 - Case presentation
 - Other: _____
9. Selection Criteria for Program Planning Individual(s) or Committee members:
 See Attached CV or resume for each person, (one committee member must be ABTC Certified)
 Please list below individual(s) serving as course directors or planning committee members for your organization's educational offerings:

Name/Title	Certification
Name/Title	Certification
Name/Title	Certification
Name/Title	Certification
Name/Title	Certification
Name/Title	Certification

AMERICAN BOARD FOR TRANSPLANT CERTIFICATION

1120 Route 73, Suite 200

Mount Laurel, NJ 08054

856-437-4662

Fax: 856-439-0525

OFFERING DATA CHART

OFFERING TITLE _____ **SPONSOR** _____

<i>OBJECTIVES</i>	<i>CONTENT</i>	<i>FACULTY</i>	<i>TEACHING METHODS</i>
List 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.

PARTICIPANT ROSTER

AMERICAN BOARD FOR TRANSPLANT CERTIFICATION
1120 Route 73, Suite 200
Mount Laurel, NJ 08054
856-437-4662
Fax: 856-439-0525

Title of Offering _____

Dates _____ Approval Number _____ Category _____ CEPTCs _____

Applying Organization/Agency _____

Address _____

Offering Site _____

Single Offering Web Other

Address _____

Brief description of offering: _____

Participant must either include at least the last 4 digits of SSN OR their entire certification #.

	Print Name	Signature	ABTC Certification #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____

THIS FORM MAY BE DUPLICATED AS NECESSARY.