

This form may be duplicated as necessary. This form is to be submitted for offerings of 1.5 or more CEPTCs for review by ABTC. This is the only documentation that must be submitted with the brochure/agenda. Please email or fax this form and the meeting agenda/brochure to ABTC at the fax number or email to info@ABTC.net

Offering Title: _____

Approval Number: _____

Approved Provider: _____

Please provide at least 2 learning objectives: _____

Course Directors: _____
Name/Title

Planning Committee Members: _____
Name /Title

Location(s) of Offering: _____
Facility/City

Date(s) of Offering: _____

Delivery method of offering, e.g., multiple dates, single offering, virtual or web delivery: _____

Category I II III Number of CEPTCs requested: _____

Affidavit of Submitting Individual

Individual Submitting Form: _____

Title: _____

Telephone Number: _____ Email: _____

I certify that the above offering was conducted according to the specifications of the original application, which was approved by the ABTC.

Signature

Date

Send this form to:

American Board for Transplant Certification
1120 Route 73, Suite 200
Mount Laurel, NJ 08054
Phone: 856-437-4662

Web Site: www.abtc.net E-mail: info@ABTC.net

Attach a copy of the offering brochure or agenda.