



Applicant Name \_\_\_\_\_

has applied to take an American Board for Transplant Certification examination and has identified you as a reference to verify years of clinical/surgery/transplant nurse/ procurement/preservationist/financial coordinator experience. A minimum of twelve (12) months of experience in transplantation is required for the clinical/surgery/transplant nurse/ procurement/preservationist. You will be asked to verify that you have personal knowledge of the Applicant's clinical experience for a minimum of twelve (12) months for these areas. Please indicate if the experience includes a transplant coordinator, preservationist, nurse, and/or financial coordinator.

Applicant's current employer \_\_\_\_\_

Name of supervisor completing this form \_\_\_\_\_

Supervisor's email \_\_\_\_\_

Years of supervised experience \_\_\_\_\_

Experience includes:

- Transplant coordinator
- Transplant preservationist
- Transplant nurse
- Transplant financial coordinator

I certify that the above information is complete and correct to the best of my knowledge and belief. I understand that if the information I have submitted is found to be incomplete or inaccurate, the application may be rejected or the examination results may be delayed, not released, or invalidated by the ABTC. I also understand that the ABTC may request confirmation by contacting the employer(s) listed in this application.

Supervisor's Print Name \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

*(Clear and Legible Signature)*

Date \_\_\_\_\_