ABTC® has provided the screenshots below to familiarize those who will be submitting the Approved Provider application. Please contact ABTC if you have any questions or need assistance.

If you are the primary contact for the Approved Provider process, you will have the option below in your Certemy account. If you don't know your contact person, please contact ABTC at info@abtc.net

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

Questions? Please contact ABTC at info@abtc.net

Application

⚡ Incomplete Ⓢ Dynamic form 🗓 12/07/2024

CLOSE **COMPLETE NOW**

Application

⚡ Incomplete   Ⓢ Dynamic form   🗓 12/07/2024

Applying Organization/Agency *

test

Address (P.O. Box or Street Address) *

test

City *

test

Country *

United States ▾

State *

Alabama ▾

Zip *

test

Telephone *

(333) 333-3333

Administrative Contact Name *

test

Administrative Contact Email *

d@email.com

Questions? Please contact ABTC at <u>info@abtc.net</u>

Administrative Contact Address (if different from above)

[   ]

Telephone (if different from above)

[   ]

Description of applying agency *

[*Please select*   ▾]

Is sponsoring agency a department, division, or subsidiary of another organization? *

○ No
○ Yes

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

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

☐ Case presentation
☐ Enduring Material
☐ Hands on workshop
☐ Lecture
☐ Other
☐ Panel discussion
☐ Question and answer
☐ Round Table
☐ Virtual

If Other, enter teaching method

In the following section, you will upload a sample of an evaluation tool, agenda or brochure, participant roster, and a certificate of attendance.

Development of Content: What method(s) are used to determine need for content? (Mark all that apply) *

- [ ] Evaluations from previous CEPTC activities
- [ ] Federal/state mandate
- [ ] Identified new skills
- [ ] Literature review
- [ ] Needed health outcomes
- [ ] Other
- [ ] Quality improvement data
- [ ] Survey of potential learners

If Other, enter Content Development method

[   ]

Development of evaluation tool: Which sample tool will you be providing? *

- ( ) Document Attachment
- ( ) Other (ex. link to survey)

Attach a copy of one program brochure or agenda for an educational offering what was conducted within the last 12 months *

Drop files to attach, or Browse

Participant Attendance: A participant Roster must be maintained for each offering. Please attach sample *

Drop files to attach, or Browse

Target Audience *

[   ]

Certificate of Attendance: Provide a sample *

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

Program Planning Individuals or Committee Members

⚡ Incomplete Ⓢ Dynamic form 🗓 12/07/2024

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

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I certify that I have reviewed the contents of these application forms and its contents are true and correct and adhering to ABTC's requirements. *

○ Yes

BACK   **CONTINUE**

The annual fee includes unlimited course offerings througout the year.

Questions? Please contact ABTC at info@abtc.net

Upon approval, new Approved Providers will be issued a provider number. Renewing Approved providers will matain their existing number.

Application Fee

⚡ Incomplete   Ⓢ Fees   📅 12/07/2024

Please submit non-refundable application fee of $2500. Annual fee includes the submission of unlimited offerings during the year.

3rd Party Payment: If you are planning to send a check , please click on "3rd Party Payment" and provide the check number and payer name.
Make check payable to ABTC.
1120 Route 73, Suite 200
Mount Laurel, NJ 08054

Fees	$2,500.00

CLOSE   3RD PARTY PAYMENT   UPLOAD EVIDENCE OF PAYMENT   **PAY FEE**

Questions? Please contact ABTC at info@abtc.net