



The CertPath application is only available for candidates whose organization is registered with the CertPath program.

My Credentials

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more CEPTCs for review by ABTC.

Single Offering Application [Current Phase: Application]
Name (Short): SP Number: TBD
Status: In Process Expiration Date: TBD
SINGLE OFFERING: A continuing education offering dealing with specific content presented once.
This form is to be submitted fo...
[Show more](#)

CertPath Exam Application [Current Phase: Application]
4 Steps: ○ ○ ○ ○
Name (Short): ExamApp Number: TBD
Status: In Process Expiration Date: TBD

Exam Application [Current Phase: Application]
Name (Short): ExamApp Number: TBD
Status: In Process Expiration Date: TBD

Retake Exam Application [Current Phase: Application]
Name (Short): ExamApp Number: TBD
Status: In Process Expiration Date: TBD

CertPath Exam Application [Current Phase: Application]
4 Steps: ○ ○ ○ ○ File uploaded: 0
Progress: Incomplete
Complete this application to sit for an exam for the following certifications:

- Certified Clinical Transplant Coordinator
- Certified Procurement Transplant Coordinator
- Certified Transplant Preservationist
- Certified Clinical Transplant Nurse
- Certified Transplant Financial Coordinators

To complete this application, you will need to retrieve a form located on the [ABTC website](#). Your current employer will need to complete and sign. You will then upload the document in the application where it is indicated. Please be prepared to provide your supervisor's work email address.
[Less info](#)

Steps

	Personal Information Dynamic form	Incomplete	Due: 09/08/2024
	Demographics Dynamic form	Incomplete	Due: 09/08/2024
	Applicant Signature Dynamic form	Incomplete	Due: 09/08/2024

Questions? Please contact ABTC at info@abtc.net

First, click on the Personal Information section and hit "Complete Now" when ready to complete the application.



Personal Information



Incomplete



Dynamic form



09/08/2024

Prefix

Last Name *

Test One

Middle Initial

First Name *

Test 2

Suffix

Please select

If you selected, "Other" for Suffix, enter information.

Date of Birth *

10-30-1971



Home Address Line 1 *

5555 Street Ave.

Home Address Line 2

Home City *

New York

Questions? Please contact ABTC at info@abtc.net

Home State *

Home Zip code *

Home Phone

Mobile Phone Number

Primary Email *

Business Phone Number

Which race/ethnicity best describes you? *

- Asian, Native Hawaiian, or Pacific Islander
- Black, African, or African American
- Caucasian or White
- Hispanic or Latino/a/x
- Multi-Ethnic or Multi-Racial
- Native American or other Indigenous People
- Prefer not to answer
- Prefer to self-describe

Exam Application Information

I am applying for: *

If you previously have taken the exam, indicate the date you took the exam. For exam accommodations provide a completed Special Accommodation form and a signed letter from your medical provider.


Questions? Please contact ABTC at info@abtc.net

Previous Exam Information

I have previously taken the CCTC, CPTC, CTP, CCTN or TFCFA examination. *

- No
 Yes

CCTC Date


CPTC Date

CTP Date

CCTN Date

TFCFA

Accommodations

The ABTC is committed to ensuring access to the ABTC exam for all qualified individuals with disabilities and supports the intention of the Americans with Disabilities Act as Amended (ADAAA). Please upload the Special Accommodations form located on the ABTC website and documentation from a licensed professional indicating the accommodations you require. *

- No
 Yes

Upload special accommodations documentation.

The demographics section is to provide education, license (CCTN exam), and employment information.



Demographics



Incomplete



Dynamic form



09/08/2024

[Link](#) to the attestation form to be completed by your **current** employer.

Highest Level of Education

Highest level of education (select one) *

Bachelor`s degree

If you selected "Other" for Highest Level of Education, enter additional information.

Primary Place of Employment

Primary place of employment (select one) *

hospital based OPO

If you selected "Other" for Primary Place of Employment, enter additional information.

Professional License or Registration

Professional license or registration (select one) *

RN

If you selected "Other" for Professional license or registration, enter additional information.

Questions? Please contact ABTC at info@abtc.net

If applying for the CCTN credential, please upload a copy of your current RN license.



Drop files to attach, or [Browse](#)

If applying for the TFCA exam, please upload confirmation of current membership.



Drop files to attach, or [Browse](#)

Job Duties

Job Duties (check all that apply) *

Please select

If you selected "Other" for Job Duties, enter additional information.

Years of Clinical/Surgery/Transplant Nurse/Procurement/Preservationist Experience

Years of clinical/surgery/transplant nurse/procurement/preservationist experience (select one)

*

4-5 years

Current Employer

Current Title *

test

Questions? Please contact ABTC at info@abtc.net

Please list your current employer in the employee section. If you have been with your employer for less than 12 months, provide your previous employment. The Employee Attestation form is located on our website under the examination tab. This form must be completed and signed by your supervisor within the last 90 days of submission.

Current Employer

Current Title *

test

Name of Employer *

test

Employer City

test

Employer State *

AK

Start Date of Employment *

11-01-2020



Supervisor`s Name *

testy test

Supervisor`s Work Email *

martine71@comcast.net

Supervisor`s Phone *

8562666994

Upload attestation form found on the ABTC website completed by your current employer. The form must be signed within the last 90 days. *



Drop files to attach, or [Browse](#)

Previous Employer *If you have worked for your Current Employer less than 12 months, please




Questions? Please contact ABTC at info@abtc.net

Confirm that the information entered is correct.

*Please note that applications are reviewed once a week.



Applicant Signature

 Incomplete  Dynamic form  09/08/2024

- I certify that I have read all portions of this application and believe that I comply with all admission policies for the Certification Examination for Clinical Transplant Coordinators, Certified Clinical Transplant Nurse, Certified Transplant Preservationist, Certification Examination for Procurement Transplant Coordinators and/or Transplant Financial Coordinators Association.
- The information I have submitted in this application 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, my application may be rejected or my examination results may be delayed, not released, or invalidated by the ABTC.
- I also understand that the ABTC may request confirmation of my eligibility for this examination by contacting my employers listed in this application.
- I UNDERSTAND THAT I FORFEIT ALL EXAMINATION REGISTRATION FEES IF I DO NOT SCHEDULE MY EXAMINATION WITHIN 90 DAYS OF ELIGIBILITY.

I agree to all of the above statements. *

Please select 

BACK

CONTINUE

Questions? Please contact ABTC at info@abtc.net