



ABTC® has provided the screenshots below to familiarize those who will be submitting a Single Offering application. These courses are limited to once annually. For more information on how to offer unlimited courses annually, please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

The screenshot shows the ABTC web application interface. At the top, there is a navigation bar with the ABTC logo, Google Analytics tracking information, and user information for 'User One Professional at ABTC'. Below the navigation bar, the main content area is divided into two sections. On the left, the 'My Credentials' section displays a list of applications. A green arrow points to the first application, 'Single Offering Application [ Current Phase: Application ]'. This application is in progress, with 6 steps, and its status is 'In Process'. Below this, there are three other application cards: 'CertPath Exam Application', 'Exam Application', and 'Retake Exam Application'. On the right, the 'Single Offering Application' section provides a detailed view of the application. It shows a progress indicator for 6 steps, with the first step, 'Application', being the current phase. Below this, a table lists the steps: 'Application', 'Educational Offering', 'Program Planning Individuals or Committee Members', 'Affidavit', and 'Application Fee'. Each step is marked as 'Incomplete' and has a due date of 03/07/2034.

Step	Status	Due Date
Application	Incomplete	03/07/2034
Educational Offering	Incomplete	03/07/2034
Program Planning Individuals or Committee Members	Incomplete	03/07/2034
Affidavit	Incomplete	03/07/2034
Application Fee	Incomplete	03/07/2034

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

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)



# Application



Incomplete



Dynamic form



03/07/2034




CLOSE

COMPLETE NOW

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)



# Application

 Incomplete  Dynamic form  03/07/2034

**Applying Organization/Agency \***

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

**City \***

**Country \***

**State \***

**Zip \***

**Telephone \***

**Administrative Contact Name \***

**Administrative Contact Email \***

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**Administrative Contact Address (if different from above)**

**Telephone (if different from above)**

**Course Director \***

**Course Director Title \***

**Course Director Telephone \***

**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

**Please describe your course content \***

- Attach brochure or agenda
- Complete Summary of Professional Education Content

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

- Case presentation
- Hands on workshop
- Lecture
- Other

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

**In the following Educational Offering section, you will upload a certificate of attendance, agenda, or brochure, and list the course objectives and presenters.**

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)



# Educational Offering



Incomplete



Dynamic form



03/07/2034

**Title \***

**Start Date \***

**End Date \***

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

- In-Person
- Recorded content with quiz
- Remote

**Offering Facility \***

**Offering City \***

**Offering State \***

**Number of CEPTCs requested \***

**Target Audience \***

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)

**Certificate of Attendance: Provide a sample \***



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

**List course 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. \***

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



## Program Planning Individuals or Committee Members

Incomplete Dynamic form 03/07/2034

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

Questions? Please contact ABTC at [info@abtc.net](mailto:info@abtc.net)



Upon approval, the offering will be issued a provider number. Please note there is a rush fee for applications submitted 15 days or less prior to the offering. Single Offering applications submitted 10 days or less prior to the offering may not be approved.



## Application Fee



Incomplete



Fees



03/07/2034

Please submit non-refundable application fee of \$250, plus a \$200 rush fee (Rush fee applies 15 days prior to the offering)

\*Applications submitted 10 days or less prior to offering may not be approved.

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

**\$250.00**

**To expedite approval please submit additional \$200**

Description	Price	Quantity	Subtotal
<b>\$200 Rush Fee (Please enter "1" on the quantity box on the right.</b>	\$200.00	<input type="text" value="0"/>	\$0.00
<b>Total:</b>			<b>\$0.00</b>

**Grand total:**

**\$250.00**

[CLOSE](#)

[3RD PARTY PAYMENT](#)

[UPLOAD EVIDENCE OF PAYMENT](#)

[PAY FEE](#)

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