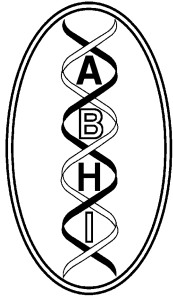


AMERICAN BOARD OF HISTOCOMPATIBILITY AND IMMUNOGENETICS
1120 Rte 73, Ste 200
Mt Laurel, NJ 08054
Phone: 856-380-6814
Fax: 856-439-0525

**CONTINUING EDUCATION PROGRAM
PROCESS FOR BECOMING AN APPROVED PROVIDER**

1. The provider must submit to ABHI a description of the program detailing the content, the presenter(s) and the target group of attendees on the CE Activity Form, see page 4.
2. This description must be submitted 30 days prior to the meeting or start of annual program
3. Complete page 2 and submit appropriate fee, see page 3 for fee schedule.
4. The program must fulfill the following requirements of a Program of Continuing Education (PCE):
 - A. The program should be a planned learning experience designed to promote the continual development of knowledge, skills, and attitudes
 - B. The program must be a minimum of one (1) hour
 - C. The program should have qualified instruction and direction to assure that the educational objectives will be fulfilled
 - D. The program content, format and methodology must be conducive to achieving the program objectives
 - E. Program objectives should be stated in terms of what the participant will be able to do at the end of the program that he/she could not be expected to do prior to the program
 - F. The time schedule should be set up in an orderly and systematic fashion
 - G. The faculty members should have the background and experience necessary to teach the course, (abbreviated CVs required for each presenter)
 - H. Program content must cover at least one of the major fields of the current ABHI "Statements of Competence for Histocompatibility Personnel" and will be a formal scientific/career-related continuing education program
5. Program approval and the number of CEC's and contact hours earned will be determined by ABHI and reported to the provider.
6. The provider should advertise that the program has been submitted or approved for ABHI Continuing Education credit.
7. The provider must provide to each participant, as appropriate documentation, a "Certificate of Attendance" which includes the following (may be completed after the program):
 - A. The number of contact hours and CEC's earned
 - B. The name and address of the accrediting agency, ABHI
 - C. The course number issued by ABHI
 - D. A selection of categories and/or topics for the continuing education activity, e.g. include a check box for applicable topics, e.g. histocompatibility, serology, immunology, immunohematology, molecular genetics and/or supervision/administration
8. A list of all participants must be sent to ABHI, see page 6 (may be submitted after the program)
9. If approved program content is revised, an updated CE activity form must be submitted to ABHI prior to issuing certificates of attendance

For additional information, please contact the Chair of the Continuing Certification Committee or refer to <http://www.ashi-hla.org/abhi>.



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**Application for Provider Status
For Continuing Education Credits**

Name and Address of Provider: _____

Contact Person: _____

Telephone Number: _____

Email Address: _____

I will fulfill all of the requirements as a provider of continuing education program as defined by the American Board of Histocompatibility and Immunogenetics for CE providers. If approved, I understand that if any of the information listed on this form has been determined to be false or if I fail to complete any of the continuing education program requirements, this privilege may be withdrawn at any time. I agree to notify ABHI in writing of any changes in approved CE activity offerings prior to issuing certificates to attendees.

Name (print)	Signature	Date
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Category _____ Number of hours requesting approval _____
(See page 3 to determine category)

Amount of Payment: _____

Method of Payment: Check (payable to ABHI)
 VISA MasterCard American Express

Card Number: _____

Expiration Date: _____ Signature on Card: _____

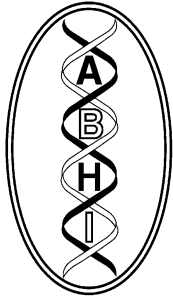
For ABHI Office Use Only

Date Received: _____
Approved: Yes _____ Number of CEC's: _____; Course Number: _____; No _____;
Explanation _____

ABHI Fee Schedule for Approved Providers

PLEASE NOTE NEW FEES FOR 2017

Category	Provider	Fees or Corporate/Vendor Sponsorships	Program Hours	Fee
A	Laboratory Organization Society	No attendee registration fees, membership fees, or sponsorships collected	15 or fewer hrs per year	\$50
B			More than 15 hrs per year	\$100
C	Laboratory Organization Society	Program collects registration fees, membership fees, or sponsorships	15 or fewer hrs per event	\$200
D			More than 15 hrs per event	\$400
E	Corporate Commercial Vendor	Sponsorship	10 or fewer hrs per program	\$500
F			More than 10 hrs per program	\$600
G	Laboratory, Organization, Society, Corporate, Commercial or Vendor	Not applicable	Offering same program at multiple venues	\$1000



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CE Activity Form

Title of Course: _____

Target Group of Attendance: _____

Topic(s) covered: serology histocompatibility immunology immunohematology
 molecular genetics supervision/administration other _____

Provider Category (refer to previous page) _____

Attach copy of abbreviated CV for each instructor

Name	Title	Date of Presentation	Length of Presentation

(additional space on next page)

Brief Description of Program:

Five (5) Program Objectives (at the completion of the program the participants will know the following):

1. _____
2. _____
3. _____
4. _____
5. _____

CE Activity Form Continued

Instructors (attach copy of abbreviated CV)

Name	Title	Date of Presentation	Length of Presentation

Sample Signature of Participation Form

**The American Board of Histocompatibility and Immunogenetics
(ABHI)**

Signature of Participants
You may copy this page for additional attendees

Moderator:		Program Date:	
------------	--	---------------	--

Topic(s) Covered

Printed Name	Personnel Attending	Signature

Note: Any changes in approved CE activities must be re-submitted for ABHI approval prior to issuing certificates of attendance.