



Application For Continuing Certification CUMULATIVE CONTINUING EDUCATION RECORD

Due: December 31

Name: _____ Certification # (CHA): _____ Year Received: _____
Certification # (CHT): _____ Year Received: _____
Certification # (CHS): _____ Year Received: _____

Check preferred mailing address:

home work

Street Address	Name of Institution
City, State, Zip	Street Address
Phone and Fax	City, State, Zip
E-mail Address	Phone and Fax

Check here if address has changed.

A **\$55** annual fee must accompany this form.
A **\$20** fee will be assessed for incomplete applications

Payment Method:

Check # _____, made payable to ABHI
Credit Card: MasterCard VISA
 American Express

Card Number

Expiration Date QV Code (back of card)

Cardholder Signature

Cardholder Name

If you are not continuing your certification, please select an explanation among those listed below and return this application.

- No longer in Histocompatibility Testing
- Do not receive financial assistance from employer for annual dues and/or support to attend conferences or regional meetings
- Continuing certification is not required for employment
- Retired
- Furthering my education
- Other

Billing Address **ABHI**
1120 Rte 73 S, Ste 200
Mt. Laurel, NJ 08054
Please send to:

IMPORTANT:
SEND ORIGINAL APPLICATION – INCLUDE SUPPORT DOCUMENTS (1 COPY)
RETAIN A COPY FOR YOUR FILES

Each category for continuing education is provided a table to list your continuing education activity. You must list each activity and label appropriate documentation according to instruction outlined in the enclosed memorandum. If activity is not listed within the respective category, credit will not be awarded and the application will be returned and a \$20 additional fee will be required to complete the review process and credit awarded.

A minimum of 6.0 CEC's (60 contact hours) for *Certified Histocompatibility Technologists* (CHT) and *Certified Histocompatibility Associate* (CHA), and 8 CEC's (80 contact hours) for *Certified Histocompatibility Specialists* (CHS) is required each three (3) year period for recertification. The following are acceptable as CE activities:

- a. Programs approved by the American Board of Histocompatibility and Immunogenetics (ABHI). This includes ASHI national and regional programs or any other programs sponsored by other organizations that have applied to ABHI for approval. These programs must be at least one (1) hour in duration and be a formally organized scientific or career-related education, plenary or poster session, workshop, round-table, symposia or colloquia whose content covers at least one of the major fields of competence of the ABHI "Statements of Competency for Histocompatibility Personnel." Credit will be calculated at the rate of 0.15 CEC per contact hour. Documentation of attendance must be submitted to ABHI for credit. All documentation must include the amount of continuing education credit achieved.

	Name and Location of Approved Sponsor	Program: Name and Location	ABHI Number	Inclusive Dates	Total (CEC's)
1					
2					
3					
4					

ABHI use only
Total CEC's Approved _____

- b. Programs which meet the above criteria but are not ABHI approved may be submitted for CE credit. However, credit will be calculated at the rate of 0.1 CEC per contact hour. Documentation of attendance must be submitted to ABHI for credit. All documentation must include the amount of continuing education credit achieved. All documentation must include the amount of continuing education credit achieved.

	Name and Location of Approved Sponsor	Program: Name and Location	Inclusive Dates	Total (CEC's)
1				
2				
3				
4				
5				
6				
7				
8				

ABHI use only
Total CEC's Approved _____

c. Earned academic credit in career-related college or university course work calculated at the rate of 1 semester hour = 1.5 CEC's and 1 quarter hour = 1.2 CEC's. Course descriptions and official transcripts of successful completion of academic course work are required for credit. A maximum of 4.5 CEC's may be claimed per three (3) year period.

	Course	College or University	Inclusive Dates	Total (CEC's)
1				
2				
3				

ABHI use only
Total CEC's Approved _____

d. Presentation of a paper, poster or workshop at any meeting or workshop pertaining to the field of histocompatibility and immunogenetics. Maximum credit for each presentation is 0.3 CEC. Additionally, a maximum of 1 CEC may be claimed for the time spent on the preparation of the presentation. A copy of the program or other appropriate documentation is required for credit.

	Name of Meeting or Workshop	Title of Presentation	Inclusive Dates	Total (CEC's)
1				
2				
3				

ABHI use only
Total CEC's Approved _____

e. Performance of laboratory work or analysis for, but not actual attendance or presentation of, data at any national or international histocompatibility workshop. Signature of the laboratory director, supervisor or sponsor will be required as verification of participation to receive credit. Credit will be calculated at the rate of 0.1 CEC per contact hour. A maximum of 1 CEC may be claimed per three (3) year period.

	Name of Meeting or Workshop	Title Presentation	Inclusive Dates	Total (CEC's)

ABHI use only
Total CEC's Approved _____

(Signature of Laboratory Director, Supervisor or Sponsor*)
I certify that the information provided in Section e is true and accurate to the best of my knowledge.

*Sponsor: CHS with working knowledge of the applicant

f. Be listed as an author, within your three (3) year cycle, of a paper or chapter in a recognized journal or book pertaining to histocompatibility and/or immunogenetics. A maximum of 1 CEC may be claimed for each chapter or publication and appropriate documentation (e.g., copy of abstract, etc.) is required for credit.

	Name of Journal or Book	Title of Presentation	Inclusive Dates	Total (CEC's)
1				
2				
3				

ABHI use only
Total CEC's Approved _____

g. Teaching of histocompatibility and immunogenetics or career-related subjects to allied health professionals, quality control managers, histocompatibility and immunogenetics students, medical students and residents, nurses, and other health professionals. Credit is awarded at the rate of 0.1 CEC per contact hour with a maximum of 1.5 CEC per three (3) year period. Signature of the laboratory director, supervisor or sponsor will be required as verification of participation to receive credit.

	Description	Scientific Field	Inclusive Dates	Total (CEC's)

ABHI use only
Total CEC's Approved _____

(Signature of Laboratory Director, Supervisor or Sponsor*)
I certify that the information provided in Section g is true and accurate to the best of my knowledge.

h. The performance of an on-site laboratory inspection for the ASHI and CAP laboratory inspections program. A maximum of 0.8 CEC may be claimed per inspection with a maximum of eight (8) inspections per three (3) year period. Documentation from ASHI and CAP is required for credit.

	Name of Laboratory Inspected	Location of Laboratory Inspected	Inclusive Dates	Total (CEC's)
1				
2				
3				

ABHI use only
Total CEC's Approved _____

*Sponsor: CHS with working knowledge of the applicant

i. The time spent serving in ASHI, ABHI or other professional organizations or associations (e.g. AFDT, UNOS) relating to histocompatibility and immunogenetics. A maximum of 1 CEC per year may be claimed for each committee membership, or a maximum of two CEC's per year may be claimed for each committee chaired. A maximum of two CEC's per year may be claimed for each position held on the Board of Directors that is independent of committee chairmanship. Documentation is required for credit.

Committee Name	Description of Duties	Inclusive Dates	Total (CEC's)

 (Signature of Laboratory Director, Supervisor or Sponsor*)
 I certify that the information provided in Section i is true and accurate to the best of my knowledge.

ABHI use only
 Total CEC's Approved _____

j. Attendance at an ABHI approved audio/visual recorded presentation of any ASHI scientific meeting or other symposia of career-related material. Signature of the laboratory director, supervisor or sponsor will be required as verification of participation to receive credit. Credit will be awarded at the rate of 0.15 CEC per contact hour with a maximum of 1 CEC per three (3) year period.

Sponsor	Description of Presentation	Inclusive Dates	Total (CEC's)

 (Signature of Laboratory Director, Supervisor or Sponsor*)
 I certify that the information provided in Section j is true and accurate to the best of my knowledge.

ABHI use only
 Total CEC's Approved _____

*Sponsor: CHS with working knowledge of the applicant

k. Self-instruction of career related topics can be claimed at the rate of 0.1 CEC per contact hour for the following:

1. Any audio/visual materials.
2. Open or closed circuit television and radio broadcasts and instruction using telephone networks (i.e., teleconferences).
3. Reading of publications on histocompatibility and immunogenetics and other related medical literature.

Signature of the laboratory director, supervisor or sponsor will be required as verification of participation to receive credit. A maximum of 1.5 CEC may be claimed per three (3) year period.

Description of Activity	Scientific Field	Inclusive Dates	Total (CEC's)

(Signature of Laboratory Director, Supervisor or Sponsor)*
 I certify that the information provided in Section k is true and accurate to the best of my knowledge.

ABHI use only
 Total CEC's Approved _____

l. Programs which include the areas of safety, management, computer technology and quality assurance may be submitted for CE credit. Credit will be calculated at the rate of 0.1 CEC per contact hour. Signature of the laboratory director, supervisor or sponsor will be required as verification of participation to receive credit. A maximum of 1.5 CEC may be claimed per three (3) year period.

Name and Location of Sponsor	Program: Name and Location	Inclusive Dates	Total (CEC's)
1			
2			
3			
4			

(Signature of Laboratory Director, Supervisor or Sponsor)*
 I certify that the information provided in Section l is true and accurate to the best of my knowledge.

ABHI use only
 Total CEC's Approved _____

*Sponsor: CHS with working knowledge of the applicant