

American Society For Histocompatibility and Immunogenetics

ASHI
AMERICAN SOCIETY FOR
HISTOCOMPATIBILITY &
IMMUNOGENETICS



Local Meeting Start Up Guide



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The ASHI Board of Directors Membership Engagement Task Force is promoting the development and support of local HLA meetings. The main goal of this effort is to engage technologists in inter-laboratory learning activities. To be eligible for funding, there must be two or more laboratories participating in the meeting. Vendors are not eligible. ASHI will facilitate this activity by providing guidance on the process to develop a local meeting as well as by providing limited funding to assist in development and meeting conduct.

Local meeting planning guide:

1. Identify nearby laboratories (within driving range) and inquire about their interest.
2. Plan the meeting for 4 to 6 hours with a start time to allow driving to meeting site and returning home the same day.
3. Identify a planning committee member from each participating laboratory to develop a meeting agenda.
4. Develop meeting agenda, location, date and time.
5. Recruit presenters from each participating laboratory to address a specific topic or to present a case study.
6. Submit ABHI CE application.
7. Identify room of sufficient size and reserve as far in advance as possible.
8. Make arrangements for a lunch or snack.
9. Submit request to ASHI for support (include a detailed budget).
10. Enjoy the meeting and encourage attendees to post photos to ASHI social media.

You may solicit, on your own behalf, support from vendors. The ASHI BOD neither encourages nor discourages this action.

Upon completion of your meeting, ask participants to submit a survey which evaluates their satisfaction with the agenda, location, facility and items for next year's meeting.

Make sure you have a meeting roster and sign in sheet to document attendance for ABHI credit.

Local HLA Educational Meeting Funding Application*

If you are interested in coordinating a local HLA meeting for your lab, please submit your completed form to info@ashi-hla.org. This application can also be completed on the ASHI website using the [online form](#).

**Please note that vendors are not eligible to apply for funding.*



Coordinating Center Information	
Lab Name:	Contact Name:
Lab Address:	City:
State:	Zip Code:
Contact Email:	Contact Phone:
Meeting Details	
Meeting Date:	Location:
Meeting Time:	Participating Laboratories:
Proposed Meeting Agenda:	
Topic 1 Title: Presenter: Objectives: Time:	
Topic 2 Title: Presenter: Objectives: Time:	
Topic 3 Title: Presenter: Objectives: Time:	

Topic 4 Title:

Presenter:

Objectives:

Time:

Topic 5 Title:

Presenter:

Objectives:

Time:

Topic 6 Title:

Presenter:

Objectives:

Time:

Funding Request Justification

Justify the significance/impact of the proposed agenda:

Why is funding needed?

What would be the impact of not receiving funding?

Has funding been received in the last 2 years?

Amount requested (\$1,000 maximum)?

Sample Meeting Agenda

Month/Day/Year

- 9:30 – 10:00** **Registration, Meet & Greet**
- 10:00 – 10:05** **Welcome**
- 10:05 – 10:45** **“ASHI Laboratory Accreditation and Inspections”**
- 10:45 – 11:30** **“APOLI Typing in the HLA Lab or: How I learned to
Stop Worrying & Love Chromosomes Besides Number 6”**
- 11:30 – 12:00** **“Flex Star Validation”**
- 12:00 – 1:00** **LUNCH**
- 1:00 – 1:30** **“A Lupus Patient Case Study”**
- 1:30 – 2:00** **“Antibody Case Studies from a Transfusion Perspective”**
- 2:30 – 3:00** **AFTERNOON BREAK**
- 3:00 – 3:30** **“National Kidney Registry”**
- 3:30 – 4:00** **“Round Table Discussion”**
- 4:00 – ?** **Closing Remarks**



American Society For Histocompatibility and Immunogenetics Post Event—Local Meeting Grant Reporting Requirements

ITEM	FORMAT	INFORMATION NEEDED	NOTE
List of registrants/attendees	Excel	Names & email addresses, affiliation, mailing address, title/rank (eg., Technologist or Doctoral, etc.) <i>Please use one column for each category</i> (eg. First name, last name, title, institution, email, street, city, state). Do not combine entire name or address into one column. <i>(Note: none of this information will be made public; it is for use of the Membership Committee only)</i>	Required
Report on Event	Word	Information should include but is not restricted to: <ul style="list-style-type: none"> • Purpose of the event • Event highlights • Number of attendees • Names of sponsors (if any) • Name <u>and contact information</u> of organizers • List of speakers • Names of any awardees, if any 	Required
“Success Story”	Word	At least one brief “success tagline” illustrating how the event increased interest in ASHI, or any other positive result that could be used in future publicity.	Required
Financial Report	Excel	Information should include but is not restricted to: <ul style="list-style-type: none"> • Cost of speakers, if they were paid • Travel expenses for speakers, if paid • Cost for ABHI credit • Cost of food & beverage, if any • Cost for venue, if applicable • Cost of advertising flyers, program and/or other support materials • Cost of audiovisual, if any • Revenue from sponsors, if any • Revenue from registrations, if charged 	Required
Abstracts	PDF	All abstracts used in program <i>Please make sure text is in black type on white background.</i>	Required

Event Program	PDF	Copy of program for the event	If one was created
Advertising Flyer	PDF	Copy of flyers made to advertise event	If any were created
Photos	JPG	Any photos of interest	Optional
Feedback	any	If any surveys were conducted, or feedback on the event received, that are deemed of value to future local meeting event hosts, please provide them.	Optional

All items should be sent electronically to
info@ashi-hla.org within 90 days of your event.
Please let us know if you have any questions.



American Society For Histocompatibility and Immunogenetics

1120 Route 73, Suite 200
Mount Laurel, NJ 08054
(856) 638-0428



Photo Release Form

American Society For Histocompatibility and Immunogenetics
1120 Route 73, Suite 200
Mount Laurel, NJ, 08054

Permission to Use Photograph

Subject: _____

Location: _____

I grant to the American Society For Histocompatibility and Immunogenetics (ASHI), its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize ASHI, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that ASHI may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable) _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)

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>.

AMERICAN BOARD OF HISTOCOMPATIBILITY AND IMMUNOGENETICS (ABHI)

1120 Route 73, Suite 200

Mt. Laurel, NJ 08054

T: 856.380.6814

F: 856.439.0525

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

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

Accepted CE Activities

The following are acceptable as CE activities:

1. 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, roundtable, 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. Be listed as an author, within your 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.
7. 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.

8. The performance of an on-site laboratory inspection for the **ASHI** laboratory inspection 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** is required for credit.

9. The time spent serving as a committee member of **ASHI** , **ABHI** or other professional organizations or associations (e.g., **SEOPF** , **UNOS**) relating to histocompatibility and immunogenetics. A maximum of 1 CEC per year may be claimed for each committee membership in addition to 2 CEC's per year for committee chairs. Documentation is required for credit.

10. 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.

11. 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 is required for credit. A maximum of 1 CEC may be claimed per three (3) year period.

12. 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**. Documentation of attendance must be submitted to **ABHI** for credit. A maximum of 1.5 CEC may be claimed per three (3) year period.

In-house Continuing Education Program

An excellent way for histocompatibility labs to provide continuing education credits for their technologists is to plan and execute an in-house continuing education program. The process and application are fully described below. Labs can hold monthly journal clubs or invite speakers to talk about one of the many areas that fall within the "Statements of Competence for Histocompatibility Personnel". Preferably, the program is planned at the beginning of the year and the application is completed for the entire year or an application may be filled out for each session to be held. The session must be at least 1 hour in length and attendance must be taken.

The program must be sponsored by the lab that is submitting the application.

ABHI Fee Schedule for Approved Providers

****PLEASE NOTE NEW FEES EFFECTIVE AS OF 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

The American Society for Histocompatibility and Immunogenetics (ASHI) is a not-for-profit association of clinical and research professionals including immunologists, geneticists, molecular biologists, transplant physicians and surgeons, pathologists and technologists. As a professional society involved in histocompatibility, immunogenetics and transplantation, ASHI is dedicated to advancing the science and application of histocompatibility and immunogenetics; providing a forum for the exchange of information; and advocating the highest standards of laboratory testing in the interest of optimal patient care.



MISSION AND VISION

OUR MISSION

The American Society for Histocompatibility and Immunogenetics is an international society of professionals dedicated to advancing the science, education and application of immunogenetics and transplant immunology.

OUR VISION

ASHI is the foremost authority and leading educational resource in immunogenetics and histocompatibility. Our vision is to improve the quality of human life and health through the translation and implementation of scientific innovations to clinical practice.

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