



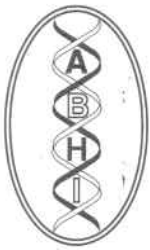
**American Board of
Histocompatibility
and Immunogenetics**

P.O. Box 19173
Lenexa, KS 66285-9173
913/895-4602
Fax: 913/895-4652

**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**

P.O. Box 19173
Lenexa, KS 66285-9173
913/895-4602
Fax: 913/895-4652

ABHI Fee Schedule for Approved Providers

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	\$175
D			More than 15 hrs per event	\$350
E	Corporate Commercial Vendor	Sponsorship	10 or fewer hrs per program	\$290
F			More than 10 hrs per program	\$400
G	Laboratory, Organization, Society, Corporate, Commercial or Vendor	Not applicable	Offering same program at multiple venues	\$600



**American Board of
Histocompatibility
and Immunogenetics**

P.O. Box 19173
Lenexa, KS 66285-9173
913/895-4602
Fax: 913/895-4652

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. _____



**American Board of
Histocompatibility
and Immunogenetics**

P.O. Box 19173
Lenexa, KS 66285-9173
913/895-4602
Fax: 913/895-4652

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.