

CANDIDATE HANDBOOK

CCTC
Clinical Transplant Coordinators

CPTC
Procurement Transplant Coordinators

CCTN
Clinical Transplant Nurses



American Board for
Transplant Certification

TABLE OF CONTENTS

SECTION I – ADMINISTRATIVE POLICIES AND RULES FOR THE EXAMINATION

Introduction and Purpose	1
Benefits of Certification	1
Testing Agency.	1
Statement of Nondiscrimination.	1
Statement of Confidentiality/Privacy.	1
Qualifications for the Examinations	1
Scheduling an Examination Appointment	2
Special Arrangements for Candidates with Disabilities	2
Credential Designation	3
Change of Address	3
Assessment Center Locations	3
Examination Fees	3
Forfeiture of Fee	3
Application Refusal.	3
Appeals.	3
Examination Appointment Changes	3
On the Day of Your Examination.	4
Acceptable Forms of Identification.	4
Inclement Weather or Emergency	4
Security	4
Practice Test.	4
Rules for the Examination	5
Scores Canceled by ABTC	6
Receiving Your Score Report	6
Duplicate Score Report.	6
If You Pass the Examination	6
If You Do Not Pass the Examination	6
Recertification with ABTC	6
Release of Information	6

SECTION II – PREPARING FOR THE EXAMINATION

Examination Structure and Content	7
Who Writes the Examination Items?	7
About the Examination	7
Score of the Examinations.	7
What is On the Examination?	8
How to Utilize the Content Outline	8
Test Specifications	8
Detailed Content Outline	9
Clinical Transplant Coordinators Examination	10
Procurement Transplant Coordinators Certification Examination	13
Clinical Transplant Nurse Certification Examination	16
Sample Questions	21
Best Way to Prepare for the Examination	22
References for Study	22
Suggested Study Tips	22
Suggested References.	23
EXAMINATION APPLICATION	25
REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS FORM	27
DOCUMENTATION OF DISABILITY-RELATED NEEDS	28
CHANGE OF ADDRESS FORM	29

SECTION I – ADMINISTRATIVE POLICIES AND RULES FOR THE EXAMINATION

Introduction and Purpose

The Candidate Handbook was developed to assist you in preparing for the ABTC Certification Examinations for Transplant Professionals. Our examinations are designed to assess the knowledge and skills of transplant professionals.

The American Board for Transplant Certification is an independent, not for profit organization that was founded in 1988. ABTC is the certifying agency offering voluntary credentialing examinations in the field of organ transplantation. ABTC is incorporated as an independent corporation and performs the following services:

- Establishing educational and competency standards for the transplant professional.
- Defining transplant coordination as a profession.
- Credentialing transplant professionals.
- Maintaining a list of credentialed practitioners.
- Promoting continued professional growth of practitioners through education and recertification.

Benefits of Certification

You are probably already aware of how much a person must learn to work in this field. ABTC certification is important to your career. Certification offers you a variety of benefits:

- Professional and intellectual growth. In studying for the certification examination, you learn about a wide variety of topics and improve your knowledge of the profession.
- Personal satisfaction. Certified individuals indicate that they feel a sense of pride and satisfaction when they attain certification. Certification is a personal achievement that can boost your self-esteem.
- Patients' confidence. Your knowledge increases the comfort and confidence of the patients you serve. Certification attests to the transplant community and the public that you have met a standard of competency and possess the necessary knowledge and skills needed to provide quality care for transplant donors and recipients.
- Increased salary. Many transplant centers encourage certification by offering higher salaries to certified employees.
- More job opportunities. Many transplant centers prefer to hire only certified transplant professionals. In these situations, your certification may give you an advantage over applicants who are not certified. Additionally, certified staff in all specialty fields is required for hospitals wishing to obtain magnet status.

This Handbook is designed to help you identify what you have already learned, where you may need to learn more and provide guidance on how to study effectively. While this Handbook cannot give you the answers for the examination, it will tell you about the topics on the examination, describe study tips and strategies to decrease stress and give you sample questions so you will have a better understanding of how the actual examination was developed.

Every year approximately 75 percent of people who take the examination pass it. This statistic does not imply that the test is easy. People who succeed at this examination are well prepared. This Handbook is designed to help you prepare, so you, too, will succeed at your professional career goal.

Testing Agency

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency contracted by ABTC to assist in the development, administration, scoring, and analysis of ABTC examinations. AMP is a corporation that provides research, development and measurement services primarily to healthcare related professions and credentialing programs as well as test administration services. AMP processes all ABTC examination applications and reports scores to candidates upon completion of the examination.

Statement of Nondiscrimination

ABTC and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

Statement of Confidentiality/ Privacy

Candidate application information provided to ABTC and/or AMP for the purposes of application for the examination remain confidential and may not be released for any purpose without express written consent from the individual applicant.

Qualifications for the Examinations

Certified Clinical Transplant Coordinator (CCTC) and Certified Procurement Transplant Coordinator (CPTC) Examinations

The CCTC and the CPTC examination may be taken after you have worked a minimum of twelve months as a transplant coordinator and have learned the basics about

your field through independent study and formal training programs. A candidate is expected to complete the full 12 months of work experience required by the date of application.

Certified Clinical Transplant Nurse (CCTN) Examination

Qualifications for the CCTN examination include being a Registered Nurse (RN) with 12 months of experience as a Transplant Nurse in vascular organ transplantation and at least 12 months of general nursing experience (general experience may be obtained in any area).

Scheduling an Examination Appointment

If your application is approved and you qualify for an examination, you will receive an official confirmation notice. ABTC examinations are administered via computer at over 170 AMP Assessment Centers geographically distributed throughout the United States. The following steps outline the application process:

You may complete and submit a paper (included in this handbook) or online electronic application form (located at www.goAMP.com).

1. An application is considered complete and approved only if all information requested is complete, legible, and accurate; if the candidate is eligible for the examination; and if the appropriate fee accompanies the application. Applications that are incomplete will be returned to the candidate, along with any fee submitted minus a \$75 processing fee.
2. The application is processed within four weeks of receipt by AMP, and a confirmation notice of eligibility is sent to the candidate within approximately six weeks. **If you have not received a confirmation notice within seven weeks of mailing the application, please contact AMP's Candidate Support Center at (913) 895-4600.**
3. If the applicant has applied online, confirmation of eligibility will be received via email shortly upon application and a testing appointment may be scheduled thereafter.
4. Confirmation of a candidate's eligibility and the application acceptance is valid for 90 days (as specified in the confirmation notice). A candidate who fails to schedule an appointment for examination within the 90-day period forfeits the application and all fees paid to take the examination. The candidate will be required to reapply for a future examination.

The confirmation notice includes a toll free telephone number and website address directing candidates to contact AMP to schedule an examination appointment. When contacting AMP, please be prepared to confirm a date and location for testing and to provide your social

security number as your unique identification number. Examinations are administered **by appointment only** Monday through Saturday at 9:00am and 1:30pm. Individuals are scheduled on a first-come, first-served basis. Refer to the following chart:

If you contact AMP by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled as early as...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

When you schedule an appointment for your examination, you will be notified of the time to report to the center. Please make a note of the examination time and location of the Assessment Center because you will NOT receive written confirmation. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED TO THE ASSESSMENT CENTER.** Please call a minimum of four business days prior to the end of your 90-day period to secure an appointment.

Note: Examinations will not be offered on the following holidays:

- New Year's Day
- Martin Luther King Day
- Presidents' Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans' Day
- Thanksgiving (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year's Eve Day

Special Arrangements for Candidates with Disabilities

The ABTC and AMP comply with the Americans with Disabilities Act (ADA) and strive to ensure that individuals with disabilities are not prevented from taking the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call AMP to schedule their examination appointment.

Wheelchair access is available at all established Assessment Centers. Candidates with visual, sensory or physical disabilities that would prevent them from taking

the examination under standard conditions may request special accommodations and arrangements. **Verification of the disability and a statement of the specific type of assistance needed must be made in writing and included with the completed application using the Request for Special Examination Accommodations Form included in this handbook on page 27.** Please inform AMP of your need for special accommodations when scheduling your examination.

Credential Designation

Your certification will be conferred when you pass the examination and receive an official certificate and wallet card from ABTC. These documents provide visible evidence that you have achieved a level of competence in the field of transplantation. Passing the examination allows you to display the credential designation, CCTC, CPTC or CCTN after your name.

Change of Address

The address provided on your application will be used for mailing your confirmation notice of eligibility, certificate and wallet card, unless you indicate a change of address. If you move, you must leave a forwarding address at the post office so that your scheduling information and certification materials reach you at your new address. As a candidate, it is your responsibility to report any changes of address to AMP and/or ABTC.

Assessment Center Locations

AMP Assessment Centers are typically located in H&R Block offices. Testing center locations will be provided when a candidate schedules an examination appointment. Detailed maps and directions are available on AMP’s website at www.goamp.com.

Examination Fees

Candidates must submit the \$425 fee made payable to ABTC with a complete examination application. Payment may be made by credit card (American Express, Visa or Mastercard), personal check, cashier’s check or money order. A \$25 fee will be charged for any payment returned unpaid by the bank for any reason. Credit card payment must accompany all online applications.

Forfeiture of Fee

A candidate who:

1. does not schedule an examination appointment within the 90-day eligibility period;
2. fails to reschedule an examination within two business days prior to the scheduled testing session;
3. fails to report for an examination appointment;

4. arrives more than 15 minutes late for the examination appointment; or
5. fails to provide proper ID at the Assessment Center

Will forfeit the examination fee and must reapply for the examination by submitting a new application, documentation and full examination fee.

If the candidate experiences a medical emergency that requires immediate attention and does not allow the individual to appear for the examination appointment he/she may submit documentation of such in writing to ABTC for consideration of re-scheduling an appointment prior to forfeiting the entire fee.

Application Refusal

Application for ABTC examinations may be refused if ABTC receives evidence to indicate that an applicant may have committed one of the following violations:

1. obtaining or attempting to obtain Certification or Recertification by fraud, deception or artifice;
2. knowingly assisting another person or persons in obtaining or attempting to obtain Certification or Recertification by fraud, deception or artifice;
3. illegal use of a certificate of credential or falsification of credentials –either ABTC credentials or credentials used in qualifying for the examination
4. unauthorized possession and/or distribution of any official ABTC testing or examination materials; or
5. conviction in a court of law or revocation of a license to practice for an offense directly related to the practice of vascular organ transplantation, which gives cause to question an individual’s ability to practice in a safe and competent manner.

Appeals

All appeals regarding admission decisions must be submitted in writing by certified mail to ABTC within 30 days after receipt of written notification of admission ineligibility. These appeals should be mailed to the following address:

ABTC Executive Office
 PO Box 15384
 Lenexa, KS 66285-5384

Examination Appointment Changes

Prior to testing, a candidate may reschedule his/her examination appointment only ONCE at no charge by calling AMP at 888-519-9901 (toll-free) at least two (2) business days prior to the original scheduled testing appointment and within the 90-day eligibility period. (See following table).

If the examination is scheduled on...	AMP must be contacted by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

A candidate who wishes to reschedule an examination but fails to contact AMP at least two (2) business days prior to the scheduled testing session forfeits the application and all fees paid. A complete application and examination fee are required to reapply for a future examination.

A candidate who attempts to withdraw from his/her examination after confirmation of eligibility, forfeits the application and all fees paid to take the examination.

On the Day of Your Examination

On the day of your examination appointment, report to the Assessment Center no later than your scheduled examination time. Once you enter the office, look for the sign indicating AMP Assessment Center Check-In. A Candidate who arrives more than 15 minutes after the scheduled testing time will not be admitted.

To gain admission to the Assessment Center, a candidate must present two forms of identification, one containing a current photograph such as a state identification card or driver’s license. A student ID or employment identification badge will not be accepted as a photo ID. Both forms of identification must be valid and include the candidate’s current name and signature. The candidate also will be required to sign a roster for verification of identity.

Acceptable Forms of Identification

Acceptable forms of photo identification include: a valid driver’s license with photograph, a valid state identification card with photograph, a valid passport, or valid military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable.

Candidates are prohibited from misrepresenting their identities or falsifying information to obtain admission to the Assessment Center. Candidates who misrepresent or falsify identification will be removed from the testing center and from the examination process and prohibited from applying for future examinations.

YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER. After you identification has been confirmed, you will be directed to a testing carrel. The screen will prompt you to enter your social security number. Your photograph will be taken and will remain on the screen throughout your testing session. This photograph also will be printed on your score report.

Inclement Weather or Emergency

In the event of inclement weather or unforeseen emergencies on the day of the examination AMP and ABTC will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

Candidates may contact AMP’s Weather Hotline at 800-380-5416 (24 hours a day) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examinations as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding a rescheduled examination date, or reapplication procedures.

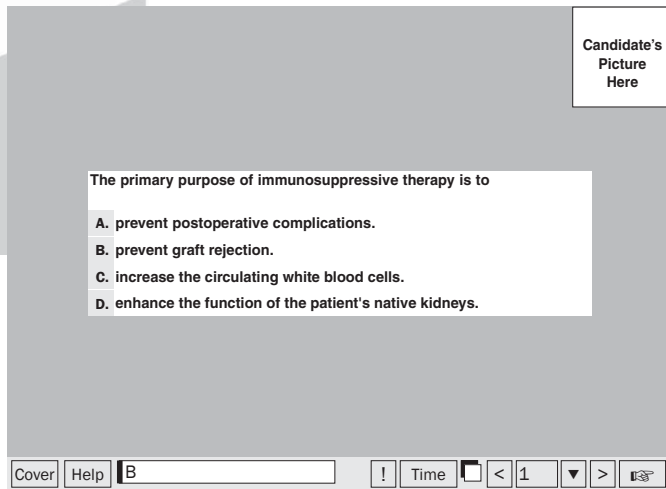
Security

ABTC and AMP maintain test administration and examination security standards intended to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

Practice Test

Prior to the examination, you will have the opportunity to practice the computerized examination taking procedure. The time you use for this practice examination is NOT counted as part of your examination time. When you are comfortable with the computer testing process, you may “quit” the practice session and begin the timed examination. You will have three (3) hours to complete the 175 question examination of which only 150 items are scored items. (See About the Examination Section for more information on scored and pre-test items).

Following the practice examination, you will begin the actual examination. Before you begin, instructions on taking the examination will be provided on-screen. Following is a sample of what the computer screen will look like during the examination.



Examination questions are presented one at a time. The question number appears in the lower right hand portion of the screen. The entire examination question appears on the screen (i.e., stem and four options labeled – A, B, C, and D). Indicate your response by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse.

You may leave an examination question unanswered and return to it later. Items also may be bookmarked for later return by clicking in the blank square to the right of the Time button. Clicking on the double arrow (>>) or selecting the NEXT key advances to the next unanswered or bookmarked questions, repeatedly click on the double arrow (>>) or press the NEXT key. When you have completed the examination, the computer reports the number of examination questions you answered. If you have not answered all questions and you have time remaining, return to the examination and answer those questions. Be sure to answer each examination question before ending the examination. There is no penalty for guessing.

Online comments may be provided for any item by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments regarding the question may be entered. Comments will be reviewed, but individual responses will not be provided.

Rules for the Examination

1. Report to your designated Assessment Center location on the day of the examination at the time you were given for your appointment. Candidates arriving more than 15 minutes late will not be admitted, will forfeit their examination fee, and must reapply for the examination by contacting AMP.
2. No books, programmable calculators, papers, dictionaries, palm pilots, other reference materials or personal items (purse, briefcases, cell phones, coats, hats, etc.) may be taken into the Assessment Center.

You must leave all personal items in your automobile or at home. AMP will not be responsible for the loss of or damage to personal items.

3. No personal pens, pencils or other writing instruments will be allowed in the testing room. Pencils will be provided during check-in.
4. You will be provided with scratch paper to use during your examination, which must be returned to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the examination room. All computer screens, questions, paper and written materials are the property of ABTC and AMP and may not be reproduced in any form.
5. No questions concerning the content of the examination may be asked during the examination.
6. Eating, drinking or smoking is not permitted in the Assessment Center.
7. You may take a break whenever you wish, but you will not be allowed additional time to make up for the time lost during breaks.
8. The supervisor may dismiss a candidate from the examination for any of the following reasons:
 - The candidate's admission to the examination is unauthorized;
 - The candidate creates a disturbance, is abusive or otherwise uncooperative;
 - The candidate gives or receives help or is suspected of doing so;
 - The candidate attempts to record examination questions or make notes;
 - The candidate attempts to take the examination for someone else; or
 - The candidate is observed with notes.
9. No electronic devices are permitted in the Assessment Center, including cell phones or signaling devices such as pagers and alarms.
10. The examination will be limited to three (3) hours. The computer will indicate the time remaining on the screen. If you find it distracting, the time feature may be turned off during the examination. The time limit is intended to allow candidates to complete the entire examination by working quickly and efficiently.

Violation of any of the above provisions results in dismissal from the testing session. The candidate's score on the examination is voided and examination fees are not refunded. Evidence of misconduct is reviewed by ABTC to determine whether a candidate will be allowed to reapply for future examination. After review, further action may be taken by ABTC's Judiciary Committee. However, if re-examination is granted, a complete application, documentation and examination fee are required. For a complete copy of ABTC's Judiciary Polices please visit ABTC's website at www.abtc.net and download the organizational bylaws.

Scores Canceled by ABTC

AMP is obligated to ABTC to report scores that accurately reflect the performance of the candidates. For this reason, AMP maintains test administration and security standards that are designed to assure all candidates are provided the same opportunity to demonstrate their competencies and to prevent some candidates from gaining an unfair advantage over others due to examination irregularities or misconduct. AMP routinely reviews irregularities and examination scores suspected of or resulting from unusual or non-standard circumstances and reports these to ABTC.

ABTC reserves the right to withhold certification or cancel examination scores if, in its sole opinion, there is reason to question their validity. Scores considered for cancellation by ABTC may be grouped into two categories:

1. Suspected candidate misconduct. In such cases, ABTC may initially withhold examination scores and notify the candidate to inform them they have the opportunity to provide additional information. ABTC may also undertake a confidential review of the circumstances giving rise to the questionable score validity. If it is determined that there is sufficient cause to question score validity, ABTC may cancel the score(s), withhold certification and inform the involved parties.
2. Irregularities. Scores may be withheld and/or canceled because of circumstances beyond the candidate's control, such as faulty examination materials or improper timing. In such cases, candidates will be informed and offered an opportunity to retake the examination if ABTC determines that scores must be canceled.

Receiving Your Score Report

After you finish the examination, you are asked to complete a short evaluation of your testing experience. You will then be instructed to report to the Assessment Center Supervisor to receive your score report in written format only.

Scores are not reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a "pass" or "fail". Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly. Examination scores are reported as raw scores and scaled scores. A RAW SCORE is the number of correctly answered questions. A SCALED SCORE is statistically derived from the raw score. Because different test forms may vary slightly in difficulty, it is desirable to report examination scores as SCALED scores to ensure that all candidates have demonstrated the same level of competence regardless of which form of the test they took.

Duplicate Score Reports

Candidates may purchase additional copies of their score reports at a cost of \$25 per copy. Requests must be submitted to AMP, in writing, within 12 months following the examination. The request must include the candidate's name, social security number, address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP. Duplicate score reports will be mailed within approximately two weeks after receipt of the request.

If You Pass the Examination

When you pass an ABTC examination for the first time, you will be awarded the appropriate credential from ABTC within 30 to 45 days of passing the examination. Your certification is valid for a period of three years as indicated on your certificate and wallet card.

If You Do Not Pass the Examination

If you do not pass the examination, a reapplication form is provided at the bottom of your score report. To schedule another examination, submit this reapplication form and the full examination fee or apply online at www.goAMP.com. You may reapply at any time, but cannot be scheduled for an examination appointment until 90 days after your last attempt of the examination. A candidate may only attempt an examination once every 90 days.

Recertification with ABTC

Certification is a method of assuring the public that an individual is competent to practice one's profession. The credential symbolizes the ability to meet the profession's established standards of practice. For ABTC, assuring competence of a practitioner upon entry into the transplant profession is not enough. Rapid changes in methodology and technology may render a professional incompetent if he or she fails to keep current with new developments in the field.

In 1988, ABTC established a recertification policy as a mechanism for certificants to demonstrate their continued competence to their peers, employers and patients. The policy requires recertification every three years and provides a choice between two routes for recertification: submission of continuing education documentation that meets specified requirements or re-examination. For more details, please visit the ABTC website at www.ABTC.net.

Release of Information

While a listing of credentialed individuals will be maintained and distributed by ABTC, your individual examination results will not be released to any third party, by either ABTC or AMP, without your written consent.

SECTION II – PREPARING FOR THE EXAMINATION

Examination Structure and Content

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content areas and performance levels tested. An independent job analysis study was conducted by ABTC to determine the appropriate content of each of its examinations, in accordance with the “Standards for Educational and Psychological Testing” (American Educational Research Association, American Psychological Association, and National Council on Measurement in Education, 1999) as well as the “Uniform Guidelines on Employee Selection Procedures” (Equal Employment Opportunity Commission, 1978).

Participants in the job analysis study constituted a representative group of practitioners involved in the practice of vascular organ transplantation. The CCTN examination included international practitioners on both the committee and in the survey respondents. Task ratings these practitioners provided were objectively analyzed to determine the subset of tasks listed on the job analysis survey that were (1) at least very important to practice, and (2) extensively performed by practitioners. Analyses resulted in the determination of criterion-referenced specifications for ABTC certification examinations.

Who Writes the Examination Items?

Once the examination topics have been identified, any certified transplant professional can write and submit test questions/items to the representative examination committee (e.g. those certified as CPTC may submit test questions to the Procurement examination committee). All examination committee members must be certified in that particular category in order to qualify for appointment to the specific committee. All committee members are trained to write test questions that are designed to find out what you know, rather than trick you.

Once the questions are written and submitted the committee reviews them several times and ensures that the items are referenced properly, including accounting for any international differences in measurement reporting for the CCTN examination. The questions are then tested by including them as sample items in actual examinations given to candidates. These sample items are not part of the candidates’ final score. The performance statistics for the new questions are reviewed by a psychometrician (a specialist in mathematics of examinations). Any sample question that is too hard

(too many candidates fail the question), too easy (all candidates pass the question), or appears to be tricky is removed from the examination and rewritten. A large bank of questions has been developed over many years by this method, and this bank of questions is used to create the examination. Multiple versions of the examination exist, which means that the test you take may not be identical to the one taken by another person.

About the Examinations

The examinations include questions on topics that a minimally competent first year transplant professional should be knowledgeable about in order to fulfill the job requirements. The examination consists of a total of 175 multiple-choice items, of which 150 have equal weight for scoring. The examination includes 25 pre-test or sample questions, which will be used for testing question validity but NOT scored. The sample questions are interspersed throughout the examination and therefore the candidate will give the sample questions the same amount of consideration as other test questions allowing ABTC to analyze their reliability and validity. The examination will be limited to three (3) hours. The time limit is intended to allow candidates to complete the entire examination by working quickly and efficiently. Testing is computer based and Testing Centers are typically located in H&R Block offices. Testing center locations will be provided when a candidate schedules an examination appointment. Detailed maps and directions are available on AMP’s Website, www.goAMP.com.

Scope of the Examinations

CCTC Examination

The scope of the examination will include all aspects of transplant coordination and/or care as it relates to the care of the following vascular organs: kidney, pancreas, liver, lung and heart. Clinical candidates may have experience with only one organ, but are expected to be aware of the other organ transplantation practices and should have a basic understanding of principles related to both adult and pediatric recipients.

Overall the examination questions represent standard practices and are not center-specific. Approximately 60 percent of the examination questions on any one examination form are written such that they are general in nature (i.e., nonspecific to any one solid organ), while the remainder of the examination includes representative items relating to specific organs.

CPTC Examination

The scope of the CPTC examination includes all aspects of the organ donation process and/or procurement as it relates to the areas of consent, management, organ allocation as well as the actual procurement. Candidates should be aware of all aspects of organ donation, procurement and practices in both the pediatric and adult organ donor population.

Overall, the examination questions represent standard practices and are not OPO specific. The exam content ranges from general areas of the donor process or procurement as well as more specific questions. (i.e. policies).

CCTN Examination

The CCTN examination includes questions on topics that allow for an individual to demonstrate an achieved level of competence in the field of transplant nursing. The scope of the examination will include all aspects of transplant nursing. Transplant nurse candidates may have experience with only one organ, but are expected to be aware of other organ transplantation practices and should have basic understanding of principles related to both adult and pediatric recipients. Approximately 75 percent of examination questions on a CCTN examination form are written so they are general in nature (i.e., not specific to any one vascular organ), while the remainder of the examination includes representative questions relating to specific vascular organs as identified by tasks in the detailed content outline.

What is On the Examination?

The CCTC/CPTC examinations include items on topics that a minimally competent first year transplant coordinator should be knowledgeable about in order to fulfill the job requirements. Independent national job task analysis studies are conducted by ABTC on a regular basis to determine the appropriate content for these examinations. Participants in the job analysis study consisted of nationally representative groups of practitioners involved in the clinical practice of solid organ transplantation or the procurement practice of solid organ transplantation. The results of these job analysis studies were used to determine the examinations' topics and content. Candidates should note that the test specifications for the CCTC examination were revised based on the job analysis completed in 1998. The CPTC test specifications were revised based on the job analysis completed in 1996.

ABTC completed a practice analysis in 2006. The data set analyzed will result in new content outlines and specifications for CCTC and CPTC in mid-2008. Please watch the ABTC website for more specific details and the most up-to-date information on examination content specifications.

How to Utilize the Content Outline

The examination content is based on an analysis of the tasks that the transplant professionals perform on a daily basis. The format of the test follows the detailed content outline that begins on the following pages. Use this outline as a guide for studying because it is an excellent way to learn about the exam before you actually take it.

Test Specifications

Test specifications for the examination consist of two parts. The first part is the "Detailed Content Outline". It is a two-way table that indicates the content areas and the number of questions by the "Performance Level" or level of difficulty for each content area, in an outline form. The Performance Level describes the three types of questions posed on the examination: recall, application, and analysis. See below:

1. Recall: the ability to recall or recognize specific information.
2. Application: the ability to comprehend, relate or apply knowledge to new or changing situations.
3. Analysis: the ability to analyze information, to put information together to arrive at solutions, and/or to evaluate the usefulness of the solutions.

All items are of the "one best response" type, where you are to select the one response that BEST answers the question (or completes the sentence). However, there are three distinct item formats, as described below.

1. Positively Worded – One best response
Most items are presented in this format. The stem is positively worded and four options (A, B, C, D) follow. You select the BEST response to your answer.
2. Negatively Worded – All of the following EXCEPT
A small portion of items is presented in this format. The stem is negatively worded, such as "All of the following are true EXCEPT", and four options (A, B, C, D) follow. You select the EXCEPTION as your answer.
3. Complex Multiple-Choice – Element/phrase combinations
A small portion of items is presented in this format. The stem is followed by three to five elements preceded by Roman numerals. These are followed by four options (A, B, C, D) containing combinations of the elements. You select the one best element COMBINATION as your answer.

Detailed Content Outline

The Detailed Content Outline lists each task that MAY be tested by content area and performance level. Each and every task listed for a given content area is not tested on any one form of the examination. Rather, these tasks are representatively sampled such that the test specifications for performance levels are met (i.e., appropriate number of recall, application and analysis performance level items). You also will note that many tasks and some entire content areas are designated not to be tested at the analysis level.

In addition, a setting is provided for each of the three major clinical performance areas on the Detailed Content Outline. It is important to note that this examination is specific to VASCULAR ORGAN transplantation, and as such, the tasks listed should be interpreted to apply to vascular organs as defined by ABTC. ABTC's definition of a "vascular organ" is as follows:

A part of the body having a special function; remains viable only when supported by adequate blood flow to and through intrinsic blood vessels. For purposes of these examinations, the following organs are included: heart, lung, liver, kidney, pancreas and intestine.

The following content outline for the Clinical Transplant Coordinators Certification Examination/Certified Procurement Transplant Certification Examination will be tested beginning July 1, 2008. This content outline is based on the recent job analysis survey conducted by ABTC.

Detailed Content Outline for the Clinical Transplant Coordinators Examination

Open cells show an examination could include items from indicated cognitive levels.
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	Items			Total
	Recall	Application	Analysis	
I. EVALUATION AND PREPARATION FOR TRANSPLANT	30	30	22	82
Setting: The Clinical Transplant Coordinator collects and evaluates existing data, and recommends obtaining additional data to determine the suitability of potential transplant recipients and donors. The Coordinator maintains the Wait List and prepares the transplant recipient candidate and/or live donor for organ transplantation by reinforcing previous instruction and assisting with medical preparation.				
A. Education	10	7	3	20
1. Instruct on risks, benefits, alternatives of transplantation and live donation				
2. Review indications and contraindications of transplantation and live donation				
3. Emphasize the importance of commitment for the				
a. candidate to long-term post-transplant follow-up				
b. live donor to long-term follow-up				
4. Discuss with the potential live donor and/or transplant candidate the				
a. evaluation/selection process (e.g., medical, psychosocial, financial)				
b. donor organ and recipient matching and distribution process				
c. expanded donor criteria				
d. expected emotional reactions				
e. transplant recipient and live donor surgical procedures				
f. potential transplant drug regimen and effects				
g. signs/symptoms of infection and organ rejection				
h. diagnostic surveillance of rejection and infection				
i. potential short-term and long-term complications				
j. roles of multi-disciplinary transplant team personnel				
k. patient and graft survival				
l. financial issues				
m. donor/recipient confidentiality				
5. Identify and respond to educational needs of the candidate, live donor, or support system				
B. Data Collection and Evaluation, and Recommendations	3	5	7	15
1. Review				
a. history and physical				
b. social and financial history				
2. Schedule, obtain, and review				
a. laboratory data (e.g., histocompatibility, serology)				
b. diagnostic studies (e.g., radiology, pathology)				
3. Recommend consultations (e.g., infectious disease, psychosocial, dietary)				
C. Suitability Assessment and Preparation of the Potential Transplant Candidate and Live Donor	7	7	1	15
1. Identify medical, psychosocial, and economic findings that determine donor and/or candidate suitability and adherence				
2. Present findings and make recommendations to the transplant team regarding donor and/or candidate suitability				
3. Communicate the team's recommendations to a candidate and/or live donor (e.g., behavior modification, social/financial issues)				
4. Facilitate				
a. additional procedures and tests based on the team's recommendations (e.g., CT scan, cholecystectomy, arteriogram)				
b. scheduling of a potential candidate for protocols as indicated (e.g., desensitization, incompatible ABO)				

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	Items			
	Recall	Application	Analysis	Total
D. Candidate/Deceased Donor Selection Criteria	2	4	6	12
1. Review, evaluate and present donor organ information (e.g., anatomy, preservation time and technique, organ condition, medical and social history) to the physician				
2. Participate in the decision regarding organ acceptance/rejection and assist with recipient selection according to OPTN regulations				
3. Follow transplant center protocol to exclude potential donor organs				
4. Review potential recipient's current medical and crossmatch status with physicians				
5. Verify candidate's acceptance of an expanded donor criteria organ				
E. Donor and Candidate Preoperative and Intraoperative Care	4	2	0	6
1. Notify staff in appropriate departments (e.g., pre-operative area, ICU, blood bank, admissions) of a potential transplant				
2. Arrange preoperative procedures (e.g., dialysis, x-rays, final crossmatch)				
3. Provide instruction to the live donor and/or candidate (e.g., timing/order of surgical procedures, surgical consent, back-up status)				
F. Wait List Management	4	5	5	14
1. List and maintain a candidate per OPTN policies				
2. Verify listing documentation for accuracy				
3. Maintain effective communication with patient and local care provider				
4. Ensure and review updated diagnostic and lab results				
5. Recognize potential problems and/or changes in eligibility criteria during the waiting period				
6. Amend candidate status as indicated				
7. Maintain current sera as indicated (e.g., PRA, HLA tissue typing)				
II. POST-TRANSPLANT CARE	18	32	18	68
Setting: The Clinical Transplant Coordinator monitors, evaluates, and reports postoperative organ function and complications for the live donor and transplant recipient. The Coordinator provides discharge instruction, coordinates post-transplant follow-up care, monitors patient status, and facilitates the physical, social, and emotional rehabilitation of the patient.				
A. Education	8	12	3	23
1. Identify and respond to educational needs of a recipient and support system				
2. Instruct a transplant recipient and support system about				
a. the transplant drug regimen and effects				
b. signs/symptoms of infection and organ rejection				
c. diagnostic surveillance of rejection and infection				
d. potential short-term and long-term complications				
e. transplant team personnel, roles, and available support services				
f. patient and graft survival				
g. available financial resources				
h. ongoing health maintenance (e.g., cancer screening, bone health, behavior modification, nutrition)				
i. recording data (e.g., temperature, BP, weight)				
j. the frequency of follow-up visits and laboratory studies				
k. reporting abnormalities to transplant center/primary care provider				
3. Instruct a live donor and support system about				
a. immediate post surgical care (e.g., wound care, activity limitations, pain management)				
b. follow-up recommendations				
c. reporting abnormalities to transplant center/primary care provider				

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	Items			Total
	Recall	Application	Analysis	
B. Postoperative Organ Function Monitoring, Evaluation, and Reporting	10	20	15	45
1. Interpret and report abnormalities in				
a. pertinent physical examination findings (e.g., vital signs, fluid balance)				
b. lab values (e.g., drug levels, electrolyte levels)				
c. diagnostic tests (e.g., PFTs, echocardiogram, radiology, endoscopy, pathology)				
2. Assess for complications				
a. surgical (e.g., thrombosis, stenosis, hemorrhage)				
b. medical (e.g., myocardial infarction, cardiovascular event)				
c. immunologic (e.g., rejection, infection)				
d. psycho-social issues (e.g., depression, anxiety)				
e. adverse effects of the drug regimen				
f. long-term (e.g., recurrent disease, chronic rejection, malignancy)				
3. Confer with the patient's health care provider to determine interventions for complications				
4. Assess need and arrange for				
a. additional laboratory and/or diagnostic studies				
b. follow-up clinic visits				
c. home health care				
d. consultation (e.g., social work, psychologist)				
e. outpatient therapies				
f. hospital admission				
g. medication renewal (e.g., PA forms, medicine change for insurance reasons)				
5. Refer recipient for emergency evaluation and treatment				
6. Report required data to the OPTN/UNET				
7. Facilitate appropriate sharing of information regarding the recipient (e.g., primary care provider, case managers)				
8. Respond to recipient or family inquiries regarding the donor				
9. Evaluate recipient's adherence with the treatment regimen				
10. Reinforce and facilitate health maintenance (e.g., cancer screening, behavior modification)				
11. Facilitate a return to optimal health status				
Totals	48	62	40	150

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	Items			
	Recall	Application	Analysis	Total
I. PLAN, CONDUCT, AND EVALUATE	2	8	11	21
Setting: The Procurement Coordinator performs an assessment to determine barriers to, and opportunities for, increasing donation. The Coordinator determines information needs of target populations and programs to increase donation awareness. The Coordinator conducts and evaluates specific activities to develop and improve donation rates.				
A. Public Education Activities	0	1	1	2
1. Increase public awareness of organ donation				
2. Evaluate donor awareness activities by reviewing trends in consent rates				
B. Hospital Services	2	7	10	19
1. Determine hospital donor potential				
a. conduct medical record review or use a proxy				
b. review referral activity				
2. Establish and analyze hospital performance goals (e.g., timely referral, referral rate, conversion rate, consent rate, organs transplanted per donor)				
3. Establish with hospital staff clinical triggers for timely referrals of all potential donors				
• Brain Dead • Donation after Cardiac Death				
4. Survey key hospital staff to determine attitudes and knowledge regarding donation				
5. Create, implement, and modify specific hospital action plans				
6. Maintain hospital profiles with key information (e.g., organizational chart, number of beds, critical care beds, services, policies)				
7. Identify and support organ donation champions at various levels including leaders who are willing to be called on to overcome barriers to organ donation in real time				
8. Compare hospital performance to other hospitals in the region and national benchmarks				
9. Build and maintain the necessary collaborative relationships with key hospital staff/physicians at all levels that impact the donation process				
10. Create and maintain a consistent visual hospital presence				
11. Plan and conduct improvement activities (e.g., grand rounds, inservices, policy and procedures, hospital orientations and hospital medical staff meetings, donation councils)				
12. Provide hospital based education, and target core curriculum/education to staff (e.g., donor advocacy, bereavement care, certified requester, critical care)				
13. Determine the impact of other recovery agencies on the donation process (e.g., eye/tissue bank, other OPOs)				
14. Maintain a formal process for comprehensive immediate follow-up communication (e.g., post-donor case conference, written follow-up, unit visits, evaluation forms) between OPO and hospital on activity (e.g., donors, referrals, approaches)				
15. Provide regular reports of hospital donation outcomes to all key hospital staff (e.g., dashboards, compliance reports, annual reports)				
16. Encourage a strong culture of accountability for donor outcomes				
II. EVALUATE AND MANAGE A POTENTIAL DONOR	20	34	38	92
Setting: The Procurement Coordinator conducts screening to determine suitability for donation. The Coordinator ensures effective communication with appropriate individuals (e.g., families and professional staff) involved in the donation process. The Coordinator recommends, performs, and documents appropriate intervention to optimize organ function in a critical care setting.				
A. Determination of the Highest Priority for Legal Consent	4	7	4	15
1. Determine registry donor status (e.g., first person consent, donor registry, donor card)				

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	Items			Total
	Recall	Application	Analysis	
2. Inform family and hospital staff of donor designation and subsequent donation process				
3. Identify				
a. the legal next of kin in the absence of a donor designation to obtain consent				
b. key individuals (e.g., family, friends, clergy, physician) involved in consent and end-of-life decisions				
4. Assess family dynamics, availability of hospital support system and determine family needs (e.g., cultural, religious, physical, emotional)				
5. Plan and coordinate the consent approach in collaboration with hospital and medical staff according to hospital and/or OPO protocol (i.e., determine effective requestor)				
6. Confirm a family's				
a. understanding of brain death				
b. decision to withdraw support (e.g., DCD)				
7. Coordinate the donation request by providing information for an informed decision (e.g., disfigurement, time factors, autopsy, cost)				
8. Support				
a. the family decision and document outcome				
b. hospital personnel as needed				
9. Offer family follow-up information (e.g., bereavement support, communications, contact numbers)				
B. Required Documentation	8	9	0	17
1. Record the outcome of donor referral				
• donor • no consent • medically unsuitable				
2. Confirm				
a. legal and hospital requirements for death declaration are present (e.g., declaring physician's signature, confirmatory examinations, date, time)				
b. a properly executed consent form (e.g., next of kin, highest priority of consent, directed donation) or donor disclosure form (e.g., donor registry card, signed donor card)				
3. Complete the				
a. history questionnaire (e.g., medical, social, behavioral, admission)				
b. confidential donor chart (e.g., ABO verifications per OPTN, lab data, serologies, hemodynamics, hemodilution status)				
c. billing and expense information				
C. Data Evaluation Pertinent to Potential Organ Donation	4	8	14	26
1. Determine suitability for DCD based on OPO policy				
2. Obtain and disclose current and past medical and behavioral history (e.g., medications, risk factors, surgeries)				
3. Document pre-hospital and hospital course (e.g., down-time, injuries, hemodynamics, infection status)				
4. Perform bedside assessment (e.g., ventilator settings, vital signs, physical findings, neurologic examination)				
5. Obtain				
a. tissue typing samples (e.g., lymph node excision, peripheral blood)				
b. laboratory values (e.g., CBC, serologies, electrolytes, organ function tests, culture results)				
6. Review diagnostic procedure results (e.g., cardiac, pulmonary, pathology)				
7. Determine organ suitability (e.g., OPO administrator/medical director, transplant physician)				

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	Items			
	Recall	Application	Analysis	Total
D. Evaluation, Recommendation, and Implementation of Interventions	4	10	20	34
1. Optimize donor status				
a. hemodynamic (e.g., I/O, lab values, CVP, CO, vasopressor support, hormone therapy)				
b. pulmonary (e.g., ABGs, chest x-ray, ventilatory modes and settings)				
2. Assess infection status (e.g., CBC, cultures, Gram stain, body temperature, antibiotics, positive serologies)				
3. Identify and treat syndromes and disorders (e.g., diabetes insipidus, coagulopathy)				
III. FACILITATE ORGAN ALLOCATION, RECOVERY, AND PRESERVATION	10	17	10	37
Setting: The Procurement Coordinator facilitates and documents organ allocation in compliance with OPTN requirements. The Coordinator ensures optimal organ recovery and preservation, and completes required documentation.	10	17	10	37
A. Organ Allocation Process	5	8	0	13
1. Register all donors with OPTN				
2. Adhere to established local, regional, and national sharing policies				
3. Complete required documentation (e.g., match-run list, Deceased Donor Registration)				
4. Arrange for transportation (e.g., personnel, organs)				
5. Provide required documentation to agencies (e.g., transplant centers, OPTN, tissue recovery, medical examiners)				
B. Organ Recovery and Preservation	5	9	10	24
1. Ensure				
a. donor stability during transport to the OR (e.g., IV line patency, oxygenation, vital signs)				
b. necessary surgical personnel and supplies are present				
c. aseptic technique is utilized (e.g., donor prep, organ packaging, preservation)				
2. Support OR and anesthesia staff (e.g., management and documentation guidelines, scrub and assist during recovery)				
3. Coordinate the activity and interaction of the recovery team(s)				
4. Facilitate organ preservation (e.g., solutions, equipment, ice, pulsatile preservation)				
5. Document data associated with organ recovery (e.g., anatomy, flush, cross-clamp, warm time, biopsies, operative note)				
6. Ensure all organs and specimens are obtained, packaged, and labeled in accordance with current OPTN requirements (e.g., lymph nodes, spleen, blood, vessels)				
7. Complete post-mortem care				
8. Notify agencies and individuals of case completion (e.g., tissue agency, family, funeral home, Medical Examiner)				
Totals	32	59	59	150

Detailed Content Outline for the Clinical Transplant Nurse Certification Examination

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	Items			Total
	Recall	Application	Analysis	
I. PRETRANSPLANTATION CARE	6	12	6	24
A. Evaluate Objective Measures of End-Stage Organ Failure Secondary Specifications – Do not exceed 1 item for any one organ listed in this section.	1	2	1	4
1. Vital signs and/or hemodynamic parameters				
2. Lab values				
3. Radiology tests				
4. Physical assessment				
B. Monitor Subjective Complaints of a Patient Awaiting Transplantation for Signs of Worsening Failure Including	1	3	2	6
1. Kidney (e.g., edema, nausea, fatigue, mental status changes, pruritis)				
2. Liver (e.g., ascites, bruising, jaundice, confusion)				
3. Pancreas (e.g., nausea, vision changes, numbness/tingling in extremities)				
4. Heart (e.g., shortness of breath, decreased appetite, fatigue, difficulty sleeping, edema)				
5. Lung (e.g., shortness of breath, decreased appetite, increased anxiety)				
6. Intestine (e.g., weight loss, diarrhea, abdominal pain)				
C. Provide Education to a Patient Awaiting Transplantation Including	2	4	2	8
1. Post-operative course (e.g., length of stay, incentive spirometer use)				
2. Lines that will be inserted (e.g., IV, urinary catheter, arterial line, chest tube, pacing wires, endotracheal tube, nasogastric tubes)				
3. Incision care				
4. Pain management plan				
5. Activity limitations, lifestyle and body image changes				
6. Medications and side effects				
7. Importance of patient compliance with post-operative care plan				
8. Explanation of pre-operative tests/procedures (e.g., echocardiogram, pulmonary function test, radiology procedures)				
D. Prepare Pre-Transplant Patient for Surgery by	2	3	1	6
1. Answering questions from the patient/family regarding the transplant procedure				
2. Addressing cultural and psychosocial concerns (e.g., blood products, religious practices related to transplant/medical care/diet, anxiety)				
3. Providing emotional support				
4. Obtaining preoperative tests/procedures (e.g., CXR, lab work, cultures, and ECG)				
5. Administering medications and surgery preparations as ordered				
6. Ordering and administering blood products as ordered				
II. POSTTRANSPLANTATION MONITORING AND MAINTENANCE	17	34	29	80
A. Evaluate Objective Criteria Including	2	5	4	11
1. Vital signs				
2. CVP measurements				
3. Telemetry and epicardial pacemaker				
4. Pulmonary artery catheter measurement (e.g., CO, CI, SVR, PVR, PA wedge)				
5. Drainage output (e.g., surgical drains, ostomy, chest tube, incision dressing, NG)				
6. Intake and output				
7. Daily weights				
8. Pain management				
9. Neurological status assessment				
10. Hypovolemia/graft hypoperfusion (e.g., excessive drainage or bleeding, hypotension, tachycardia, pallor, hypoxia, oliguria)				
11. Bleeding and hematoma				
B. Monitor Laboratory Results Secondary Specifications- Do not exceed 2 items for any one organ listed in this section.	2	4	2	8
1. Observe for evidence of primary graft nonfunction				
a. kidney (e.g., BUN, creatinine, sodium, potassium, magnesium, phosphorus)				
b. liver (e.g., liver enzymes, coagulation studies, lactate, glucose, bilirubin)				

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	Recall	Items		Total
		Application	Analysis	
c. pancreas (e.g., glucose, amylase, lipase, bicarbonate)				
d. heart (e.g., sodium, potassium, magnesium, natriuretic peptide levels)				
e. lung (e.g., blood gases, coagulation studies)				
f. intestine (e.g., albumin)				
2. Observe for evidence of other postoperative complications				
a. bleeding (e.g., Hgb, Hct)				
b. infection (e.g., CBC with differential, sedimentation rate, CRP cultures)				
C. Monitor Graft Function for Complications Secondary Specifications – Do not exceed 3 items for any one organ listed in this section.	3	7	5	15
1. Hyperacute rejection				
2. Kidney recipients				
a. urinary output				
1) ensure catheter patency while monitoring for bleeding, clots, bladder distension, and urine output				
2) irrigate bladder as needed and directed by a physician				
b. urine leaks				
c. ATN				
d. lymphoceles				
3. Liver recipients				
a. vascular thrombosis				
b. bile duct complications (e.g., leaks, stricture, stenosis)				
c. ascites and pleural effusion				
d. intestinal perforation				
4. Pancreas recipients				
a. pancreatitis				
b. vascular thrombosis				
c. cystitis				
5. Heart recipients				
a. arrhythmias				
b. low cardiac output				
c. ventricular failure				
d. pericardial or pleural effusion				
6. Lung recipients				
a. pneumothorax				
b. bronchial anastomosis complications (e.g., stenosis, leak)				
c. pleural effusion				
D. Identify Potential Complications and Appropriate Interventions	3	7	5	15
1. Impaired wound healing				
a. report signs (e.g., purulent drainage, edge separation, redness, necrosis, dehiscence)				
b. intervene as ordered by a physician (e.g., wound care, enzymatic debridement, antibiotics)				
c. collaborate with multidisciplinary team (e.g., physical therapist, wound-care nurse, nutritionist, home-health nurse)				
2. Fluid and electrolyte imbalance				
a. report signs (e.g., poor skin turgor, daily weight and vital sign changes, dry mucous membranes, decreased urine output, weakness, mental status changes, muscle aches, dyspnea, rales, edema, distended neck veins, ascites, abnormal lab values)				
b. intervene as ordered by a physician (e.g., daily weights, replace urine output with IV fluids, replace electrolytes PO or IV)				
c. collaborate with multidisciplinary team (e.g., nutritionist, physical therapist)				
3. Hypo- and hyperglycemia				
a. report signs (e.g., cool and clammy skin, diaphoresis, mental status changes, palpitations, polyuria, polydipsia, fatigue, blurred vision)				

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	Items			Total
	Recall	Application	Analysis	
b. intervene as ordered by a physician (e.g., perform capillary blood glucose measurements, administer glucose or insulin, offer carbohydrates)				
c. collaborate with multidisciplinary team (e.g., diabetes educator, nutritionist, home-health nurse)				
4. Hypo- and hypertension				
a. report signs (e.g., vital sign changes, level of consciousness, dizziness)				
b. intervene as ordered by a physician (e.g., administer PO / IV vasoactive drugs, fluid boluses, blood products, limit activities)				
c. evaluate response to interventions (e.g., increased VS monitoring frequency)				
5. Altered bowel function				
a. report signs (e.g., abdominal distension and pain, frequency and consistency of bowel movements, stoma condition)				
b. intervene as ordered by a physician (e.g., increase activity, encourage adequate fluid and fiber intake)				
c. evaluate response to laxative of choice, GI stimulants, suppositories, stool softeners, and/or enemas				
d. assess for causes of altered bowel function (e.g., review medications, patient activity)				
6. Altered nutrition				
a. report signs (e.g., low serum albumin, appetite and weight changes)				
b. intervene as ordered by a physician (e.g., calorie counts, enteral and parenteral nutritional supplements)				
c. collaborate with the multidisciplinary team (e.g., nutritionist, ancillary nursing staff)				
7. Altered mobility / self-care deficit				
a. report signs (e.g., incentive spirometer volumes, level of independence with ADL and ambulation)				
b. intervene as ordered by a physician (e.g., activity restrictions, encourage/assist with mobility, involve family)				
c. collaborate with the multidisciplinary team (e.g., Physical, Occupational, Speech, and Respiratory Therapy)				
E. Evaluate Graft Rejection Secondary Specifications – Do not exceed 3 items for any one organ listed in this section.	2	5	7	14
1. Post-Biopsy Monitoring				
a. monitor the recipient in the immediate post-biopsy period for				
1) vital signs changes				
2) bleeding externally from the site or internally (e.g., hematoma, hematuria)				
3) pain				
4) activity limitations instructions and enforcement				
b. monitor for organ-specific biopsy complications				
1) kidney (e.g., hematuria)				
2) liver (e.g., abdominal pain, fever, blood in bile drainage)				
3) heart (e.g., dysrhythmia)				
4) lungs (e.g., pneumothorax, decreased pulse oximetry)				
c. educate a patient about possible interventions based on biopsy grades (e.g., hospitalization, alteration of immunosuppression regimen)				
2. Identify or recognize signs and symptoms of graft rejection for				
a. kidney recipients				
1) fever, edema, or ascites				
2) gross hematuria, abdominal pain, or tenderness over graft site				
3) increased BUN and creatinine				
4) decreased urine output				
5) increased weight				
6) increased blood pressure				

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	Items			Total
	Recall	Application	Analysis	
b. liver recipients				
1) increased liver enzymes, coagulation studies, and bilirubin				
2) change in T-tube bile drainage from golden brown to lighter color or presence of sludge				
3) increased abdominal girth/ascites				
4) light colored stools/dark colored urine				
5) jaundice				
6) fever				
7) right upper quadrant pain				
8) fatigue and malaise				
9) pruritis				
c. pancreas recipients				
1) glucose intolerance				
2) right upper quadrant pain				
3) increased serum amylase				
d. heart recipients				
1) dyspnea, orthopnea, and rales				
2) irregular, diminished or absent pulse, hypotension				
3) atrial- or brady-dysrhythmias				
4) S3, S4 auscultated heart sounds				
5) fatigue, restlessness, confusion				
6) cool, pale, or mottled skin				
7) oliguria, peripheral edema, weight gain				
8) fever				
9) distended neck veins				
e. lung recipients				
1) shortness of breath				
2) fatigue				
3) cough				
4) fever				
5) hypoxemia				
6) decreased exercise tolerance (e.g., 6-minute walk)				
7) decreased incentive spirometry volumes				
8) 20% decreased pulmonary function tests (e.g., FEV1)				
F. Recognize Signs and Symptoms of Infections	1	2	4	7
1. Ears-nose-throat (e.g., sinus drainage, rhinitis, cough, sneeze, ear ache, pruritis, fever, thrush, mouth sores, lesions, dental caries, erythema, swollen lymph glands)				
2. Pulmonary (e.g., cough, wheezing, change in color and quantity of sputum, shortness of breath)				
3. GI (e.g., diarrhea, nausea, vomiting, abdominal pain, bleeding, appetite loss)				
4. Urinary (e.g., frequency, burning, urgency, cloudy, foul odor, dysuria, flank pain)				
5. Integumentary (e.g., lesions, rash, pruritis, wound drainage, foot ulcers)				
6. Neurological (e.g., mental status changes, neck pain, headache)				
7. Musculoskeletal (e.g., joint pain, muscle aches, fever)				
G. Maintain Patient Safety and Prevent Infections	4	3	1	8
1. Implement				
a. neutropenic protocol per a physician's order				
b. thrombocytopenic protocol per a physician's order				
2. Limit room traffic and place a visitor restriction sign on the door for a neutropenic patient				
3. Maintain protective isolation status for an immunosuppressed patient per center policy				
4. Anticipate a physician's order for cultures (e.g., blood, urine, stool, sputum) for evidence of infection in response to fever				

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	Items			
	Recall	Application	Analysis	Total
5. Administer appropriate blood products based on CMV status as ordered by physician				
6. Implement effective hand washing				
7. Prevent central line catheter/peripheral intravenous line infections by site care and changes according to hospital protocol				
8. Administer antimicrobials as ordered				
9. Obtain ordered samples for culture (e.g., blood, urine, stool, sputum)				
H. Evaluate psycho-social response	0	1	1	2
1. Allow patient to ventilate feelings regarding transplant/donor				
2. Monitor for mood changes				
3. Monitor support systems				
III. PHARMACOLOGICAL THERAPEUTICS	6	8	15	29
A. Administer immunosuppressive drugs, anticipate side effects and drug interactions, and monitor therapeutic levels and other lab values	3	4	7	14
1. Corticosteroids (e.g., Prednisone, Methylprednisolone)				
2. Calcineurin inhibitors (e.g., Tacrolimus, Cyclosporine)				
3. Antimetabolites (e.g., Mycophenolate mofetil, Azathioprine, Cyclophosphamide)				
4. Mono- and polyclonal antibody products (e.g., Muromonab CD3, Antithymocyte globulin, Daclizumab, Basilixmab)				
5. Others (e.g., Sirolimus)				
B. Administer non-immunosuppressive drugs, anticipate side effects and drug interactions, and monitor therapeutic levels and other lab values	3	4	8	15
1. Antimicrobials (e.g., antibiotics, antifungals, antivirals, antiprotozoals)				
2. Analgesics (e.g., Narcotics, Non-narcotics, muscle relaxants)				
3. Cardiovascular (e.g., beta blockers, ACE inhibitors, calcium channel blockers, cholesterol lowering agents, diuretics, inotropes)				
4. Anti-ulcers (e.g., H2 blockers, PPI, antacids)				
5. Prostaglandins (e.g., Alprostadil/PGE1)				
6. Insulin and Anti-hyperglycemics				
IV. EDUCATION AND DISCHARGE	4	5	3	12
A. Educate Transplant Recipient/Family	3	3	1	7
1. Prepare for possible dialysis				
2. Instruct regarding infection control measures (e.g., hand washing, incision site care, avoid touching tubes and drains, dietary restrictions, visitor and pet restrictions, vaccines, dental procedure precautions)				
3. Reinforce medication regimen (e.g., drug name, dose, administration schedule, purpose, side-effects, food/drug/herb interactions, therapeutic drug levels)				
4. Reinforce discharge instructions including				
a. signs and symptoms of graft rejection				
b. follow-up care				
c. need for biopsy				
d. compliance to care				
e. diet and fluid intake or restrictions				
f. wound care				
g. activity limitations				
h. pregnancy and birth control				
i. travel preparation / precautions and emergency resources				
j. patient transplant log (e.g., vital signs, weight, medications, capillary blood glucose)				
B. Initiate Patient Self-Care Teaching	1	2	2	5
1. Validate return-demonstration and recording of				
a. vital signs				
b. intake/output, weight, capillary blood glucose,				

Detailed Content Outline for the Clinical Transplant Nurse Certification Examination

Open cells show an examination could include items from indicated cognitive levels.
Shaded cells prevent appearance of items on examinations.

	Items			
	Recall	Application	Analysis	Total
c. self-administration of medications at the scheduled time				
d. catheter and drain care				
e. ostomy care				
f. incision care				
2. Identify potential barriers to postoperative follow up				
3. Collaborate with the transplant team regarding psychosocial support (e.g., family and community support, support groups, financial concerns)				
V. PROFESSIONAL RESPONSIBILITIES	2	2	1	5
A. Support Transplantation Research and Education	2	1	0	3
1. Verify consent was obtained before initiating a protocol				
2. Obtain research data per protocol (e.g., draw laboratory samples, document vital signs, administer medications)				
3. Educate new staff and nursing students regarding transplantation and organ donation				
B. Follow Ethical/Legal Guidelines	0	1	1	2
1. Maintain confidentiality of donor and recipient identities				
2. Transcend own values and emotional response regarding ethical conflicts (e.g., HIV+, substance abuse, pregnancy, non-compliance)				
Totals	35	61	54	150

Sample Questions

Three sample questions follow to provide you a sample of each of the different types of questions that are presented. These sample questions include one example of each item format described, one example of each of the three performance levels (recall, application, and analysis) and one example of an item from each of the three major performance areas on the examination. These sample questions are not intended to be difficult or necessarily reflect the difficulty of the examination. The correct answer is noted by an asterisk.

Sample 1: One best response item format

Content Outline Code: I.A.7
Performance Level: Recall

The primary purpose of immunosuppressive therapy is to

- A. prevent postoperative complications.
- *B. prevent graft rejection.
- C. increase the circulating white blood cells.
- D. enhance the function of the patient's native kidneys.

Sample 2: One best response item format

Content Outline Code: III.B.1c
Performance Level: Application

Four weeks following heart transplant, a recipient undergoes an endomyocardial biopsy that shows endothelial thickening, interstitial inflammation, and intravascular coagulation. This biopsy result indicates

- A. acute cellular rejection.
- *B. humoral rejection.
- C. normal postoperative changes.
- D. cytomegalovirus infection.

Sample 3: Complex Multiple-Choice – Element/phrase combination item format

Content Outline Code: II.A.1b
Performance Level: Analysis

A kidney transplant candidate has congenital uropathy with an ileal conduit. Which of the following would be required pre-transplantation to determine the ureteral implantation site?

- IVP
 - Loopogram
 - KUB
 - Cytometrics
- A. I and III only
 - B. I and II only
 - *C. II and IV only
 - D. III and IV only

Best Way to Prepare for the Examination

Know what is to be tested.

The examination questions reflect standard transplant practices of a minimally competent first year transplant professional, within the scope of legally licensed practice. The examinations include topics covering Kidney, Liver, Pancreas, Heart, and Lung transplantation. The examinations are not center-specific and do not reflect advanced practice professionals, i.e.: Nurse Practitioners or Physician Assistants.

Use the learning style that is best for you.

Everyone has his or her own style of learning. Your time will be most effectively spent if you are aware of your own personal learning style. Your learning style may be verbal, so you may want colleagues to quiz you, or consider organizing a study group with others who are taking the exam. Your learning style may be more logic based, so you may choose to make outlines to go along with the content outline. Visual learners may want to make flash cards of the textbooks reviewed. Kinesthetic learners learn best by touch and feel, so highlighting or marking your books or taking notes as you study may be your best method of learning. Often test-takers use a combination of styles to learn, so plan ahead to give yourself plenty of time, because whichever style you prefer, studying is necessary before you sit for this exam. Use the detailed content outline to plan your exam preparation. Spend plenty of time studying each area, and allow extra time studying topics that seem unfamiliar or difficult to you.

References for Study

The reference lists provided here are not intended to be inclusive of all materials that may be useful to you in preparing for the examinations. Rather, it is intended to familiarize you with some representative references that relate to the field of vascular organ transplantation and to provide you with an abbreviated selection of resources from which you may select that are specific to your individual study needs. The references presented are provided only for guidance and do not represent all of the references that may be available for study.

The inclusion of any particular reference does not constitute an endorsement by ABTC or any of its officers or representatives. Additionally, ABTC does not support or endorse any preparatory courses for candidates who take an ABTC examination. Such preparatory courses may not offer or review essential information that may be covered on an ABTC examination.

Suggested Study Tips

- Use the Detailed Content Outline as your subject matter guide.
- Begin studying far enough in advance to avoid undue stress.
- Build up your confidence with practice exams, and quizzes.
- Practice answering multiple choice and complex multiple choice questions so that the format is familiar to you.
- Pace yourself studying, perhaps an hour or two each day, so that you are not overwhelmed at the last minute.
- Allow for extra time to be spent on areas that are not part of your daily practice or that are difficult for you.
- Set aside regular time and place for study, preferably in a quiet place, with good lighting, where you will have minimal distractions.
- Study with colleagues who are also preparing for the same exam.
- Don't be afraid to ask for help when you need it – seek out your best resources for assistance.
- Read, recite, and repeat the materials for the exam, over and over and over.
- The night before the exam briefly review your materials.
- Get a good night's sleep, eat before the exam, and dress comfortably for the testing site.
- Relax

Examination Detailed Content Outlines are enclosed with this Candidate Handbook. The outlines show content areas relevant to each major performance area and the number of questions by performance level for each content area. Cognitive levels describe the type of questions posed on the examinations: recall, application and analysis.

1. Recall: The ability to draw specified information from memory is required.
2. Application: The ability to comprehend, relate, compare, and interpret information in new or changing situations is required.
3. Analysis: The ability to synthesize information, arrive at solutions, and/or to evaluate the usefulness of the solutions is required.

Values presented in the three cognitive level columns indicate the number of questions that will be included on each form of the examinations, respective to content area/performance level. The sum of these numbers is 150 – the number of scored questions on the examination. A candidate can use the examination matrix to obtain a general impression of the examination and on closer inspection determine the relative importance of each category on the examination by comparing the number of questions in each category. The outline also

lists each task that MAY be presented by content area and cognitive level. Each and every task listed is not tested on every examination form. Rather, these tasks are representatively sampled such that specifications are met (i.e., appropriate number of recall, application and analysis level questions). You should also note some tasks are blocked out at certain cognitive levels.

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Certified Clinical Transplant Coordinator
Certified Procurement Transplant Coordinator
Certified Clinical Transplant Nurse

EXAMINATION APPLICATION

IMPORTANT: You must mail this application and payment to:

ABTC Examination
P.O. Box 15384
Lenexa, KS 66285-5384
(913) 895-4603

For Overnight Mail Delivery:
18000 W. 105th Street
Olathe, KS 66061-7543
(913) 895-4603

You may download this application from the ABTC website: www.ABTC.net

SECTION 1: PERSONAL INFORMATION

Social Security Number: _____ - _____ - _____

(Print your name as you wish it to appear on your certificate of competency)

Name: [] Mrs. [] Mr. [] Ms. Last First MI Former Name

Home Address: Street Apt # City State Zip

Business Phone: () Area Code Home Phone: () Area Code

E-mail Address: _____

[] I have previously taken the CCTC, CPTC or CCTN examination. Please indicate the date and examination: Examination Date

Form with four sections: Highest level of education, Professional license or registration, Job Duties, and Years of clinical/surgery/transplant nurse/procurement experience.

REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

Candidate Information

Social Security Number _____ - _____ - _____

Name (Last, First, Middle)

Street Address

City State Zip Code/Postal Code Country

Daytime Telephone Number Fax Number E-mail Address

Special Accommodations

I request special accommodations for the _____ examination.

Please provide (check all that apply):

- Accessible testing site
- Special seating
- Reader
- Extended testing time (time and a half)
- Distraction free room
- Other special accommodations (Please specify.)

Comments: _____

Signed: _____ Date: _____

Return this form with your examination application and fee to:
AMP, Candidate Support Center, 18000 W. 105th Street, Olathe, KS 66061-7543.

DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

Professional Documentation

I have known _____ since ____ / ____ / ____ in my capacity as a
Examination Candidate Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Describe disability below: _____

Signed: _____ Title: _____

Printed Name: _____

Address: _____

Telephone Number: _____

Date: _____ License # (if applicable): _____

Return this form with your examination application and fee to:
AMP, Candidate Support Center, 18000 W. 105th Street, Olathe, KS 66061-7543.

CHANGE OF ADDRESS FORM

Directions: Use this form to report a change of address. Please print or type all information. **Send to:** American Board for Transplant Certification, Candidate Services Department, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.

Print your new address below:

Name _____ Social Security Number _____

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____ E-mail Address _____

Please print previous address below:

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____ E-mail Address _____

I hereby authorize ABTC to change my address as indicated above.

Candidate's Signature _____ Date _____