

**Professional  
Enrichment  
Education  
Renewal**

**APPLICATION FOR PROGRAM APPROVAL  
for Continuing Education Units (CEUs)**

**906 OLIVE STREET • SUITE 1200 • ST. LOUIS, MISSOURI 63101-1448  
PHONE (314) 241-1445 • FAX (314) 241-1449 • EMAIL [ABB@ABBCERT.ORG](mailto:ABB@ABBCERT.ORG)**

**Part 1.** This application in PDF format can be filled in online, or you can print the application and clearly print the information. If you fill it in online, you will need to print the application and sign it before forwarding it to the PEER office. Attach any additional information you feel necessary. This application must be accompanied by a **\$350 processing fee**. See “Payment Method” on the following page. You can click on the link, “Guidelines and Instructions” for assistance in completing this application.

**1. Program Sponsor** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**2. Sponsor Category** (check one)

AAB Region or Section

Educational Institution

Public Health Laboratory

Clinical Laboratory Supplier

Other Professional Organization: \_\_\_\_\_

**3. Sponsor Contact** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**4. Title of Program** \_\_\_\_\_

**Date of Program** \_\_\_\_\_ **Program Location** \_\_\_\_\_

**5. Time Schedule** – Please provide a schedule of the program.

**6. Total Contact Hours** \_\_\_\_\_

Total contact hours, excluding time for coffee breaks, luncheon or business meeting, for the entire technical session

**7. Fee/Tuition Charged to the Attendees for this Program** \_\_\_\_\_

**8. Anticipated Number of Participants** \_\_\_\_\_

**9. Attachments:** If available, please provide a copy of the printed program and promotional materials for the program.

## Part 2 - Session Information

If the program is comprised of more than one technical session, questions 10-16 in addition to the instructor's vitae, should be submitted for each session. You may photocopy this page and print clearly or fill in online and save/print a copy for each session.

10. **Title of Technical Session** \_\_\_\_\_

11. **Instructor/Title** \_\_\_\_\_

12. **Session Format** (check one)

**Seminar/Conference**

**Workshop**

**Lecture**

**Multi-Media**

**Home Study**

**Other** \_\_\_\_\_

13. **Session Content** - Briefly describe the content of the session.

**14. Instructional Methods** - Describe all instructional methods to be used in this session.

**15. Performance Objectives** - State specifically what skills, ability, and/or knowledge the participant will gain by attending this session.

**16. Instructor Qualifications** - Please attach a curriculum vitae for each instructor/speaker.

**AFFIDAVIT**

I/we understand that if the program or portions of the program described herein, is/are approved by the American Board of Bioanalysis for continuing education credit, I/we am/are responsible for:

- a) Assuring that the program is conducted as described;
- b) Distributing a signed Certificate of Attendance to each participant;
- c) Distributing PEER CEU verification of attendance following the program (stickers); and
- d) Forwarding a copy of all program evaluations to the PEER office.

\_\_\_\_\_ Date

\_\_\_\_\_ Signed

\_\_\_\_\_ Program Director(s) or Sponsor(s) Contact

If you filled the applicant in online, you will still need to print the application and sign it before forwarding it to the PEER office.

Forward the application – Part 1 and Part 2, payment and any other required information to **PEER, 906 Olive Street, Suite 1200, Saint Louis, MO 63101-1448** or by email to **abb@abbcert.org**.

<b>Payment Method</b> (U.S. Dollars ONLY)					
Check	Money Order	AMEX	MC	VISA	Discover
Credit Card #	_____	Expiration Date	_____	Card Verification Code	_____
Cardholder's Name	_____				

<b>Program Approval Verification</b>	
<b>To Be Completed By Office</b>	
Date Received _____	Fee _____
Reviewed By _____	_____
<b>To Be Completed By Reviewer</b>	
Approved CEUs _____	Date _____
Not Approved - Reasons:	
_____	
_____	
_____	