



AMERICAN BOARD OF BIOANALYSIS

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## Guidelines

Review these guidelines and instructions before completing the Application for Program Approval. Any missing information will delay the processing of the application.

**THE APPLICATION FOR PROGRAM APPROVAL AND PROCESSING FEE OF \$460 MUST BE RECEIVED AT LEAST 45 DAYS PRIOR TO THE PROGRAM DATE, OR A LATE FEE OF \$150 WILL BE CHARGED. IT IS SUGGESTED THAT YOU SEND THE APPLICATION VIA EMAIL.**

The Continuing Education Credit (1 CEU) is defined as “ten contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction and qualified instruction.”

One-tenth (0.1) CEU will be awarded to each contact hour of an approved program. CEU credit will be awarded in 30 minute intervals for programs greater than one hour (i.e., a program that is 1 hour 45 minutes in length will be rounded down to 1 hour 30 minutes). In addition, time devoted to meal functions, coffee breaks, business items, or social hours are not included in the determination of contact hours. **AT LEAST ONE (1) CONTACT IS REQUIRED FOR PROGRAM APPROVAL.** Sessions of less than one contact hour will not be awarded PEER approval unless such sessions comprise part of a planned program, which has received PEER approval.

For advance publicity, sponsor may state that PEER approval has been applied for, **ONLY AFTER THE APPLICATION HAS BEEN RECEIVED AND ACKNOWLEDGED BY THE PEER OFFICE.** ABUSE OF THE FOREGOING WILL ELIMINATE THE PROGRAM APPLICATION FROM CONSIDERATION.

PEER has adopted the policy that a meeting being held one week prior to, during, or one week after the AAB Annual Meeting and Educational Conference will not be advertised by AAB. In addition, the program’s sponsor will not be permitted to advertise the program as “PEER approved for CEUs.” Such programs can be submitted for PEER approval, but there will be no free advertising permitted for PEER approved programs being held one week prior to, during, or one week after the AAB Annual Meeting and Educational Conference.

If the program is not approved, additional information may be requested. If the program is approved, the Sponsor Contact will be forwarded official notification including a unique program identification number, the number of CE awarded, and additional instructions. **The Program Sponsor will be responsible for returning to the American Board of Bioanalysis all CE information for those participants who request their CE be submitted to PEER. These forms must be submitted no later than thirty (30) days after the program.**

A sample Program Evaluation appears on page 3. Please distribute to each participant an evaluation form for each session.

The application (Part 1 and Part 2) in a PDF format can be filled in online, or you can print the application and clearly print the information. If you fill in the applicant online, you will need to print the application and sign it before forwarding it to the PEER office.

**A processing fee of \$460 must accompany your application.** Part 1 asks for your payment information. Make checks payable to the ABB. 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](mailto:abb@abbcert.org).

# Helpful Instructions for Filling the Application for Program Approval

## Part 1

### Questions 1-4

The Sponsor Contact (usually the Program Director) is responsible for the application, even though speakers or instructors complete Part 2 of the application.

### Question 5:

Example:

|                    |  |
|--------------------|--|
| 8 a.m. - 8:30 a.m. | Registration   |
| 8:30 a.m. – Noon   | Quality Control & Bacteriology                       |
| Noon - 1 p.m.      | Lunch Break  |
| 1 p.m. - 3 p.m.    | Automated Methods Available for the Bacteriology Lab |
| 3 p.m. - 3:15 p.m. | Break  |
| 3:15 p.m. - 5 p.m. | Continuation of Automated Methods                    |

## Part 2

### Questions 1-7:

If the program is comprised of more than one technical session, questions 1-7 (including the instructor's C.V.) must be completed FOR EACH SESSION. To facilitate completion of the application, it is recommended that questions 1-7 be completed by each speaker when the program is comprised of more than two technical sessions. The Sponsor Contact is responsible for submitting the entire application to the PEER office. You can make photocopies of Part 2 and print clearly or fill in online and save/print a copy for each session.

### Question 4:

Example: "The three-hour workshop in RIA will cover several areas of interest to clinical laboratory directors and supervisors. Included will be theory, methodology, and quality control interpretation."

### Question 5:

All workshops must provide opportunities for interaction between instructor and participant. A film must be supplemented with a lecturer who is able to respond to questions. Example: "The two-hour presentation on Urinary Sediment will consist of the variety and origin of formed elements present in the sediment. The discussion will be conducted by a Laboratory Director and will be supplemented by handout slides. A question and answer period will complete the session."

### Question 6:

Example: " Given the presentation on Intestinal Protozoa, the participant will be able to identify ten common intestinal protozoa from his or her own direct and trichome preparations."

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**Program Title**

On a scale of 1 to 10, with 1 being the worst and 10 the best, please rate this program.  
Darken the appropriate circle with pencil or pen:

|                                |       |
|--------------------------------|-------|
| <b>Program (Session) Date:</b> | _____ |
| <b>Session Title:</b>          | _____ |
| <b>Session Time:</b>           | _____ |

*Speaker's Name:* \_\_\_\_\_

|                    | <b>WORST</b> | ←—————→ |   |   |   |   |   |   |   | <b>BEST</b> |
|--------------------|--------------|---------|---|---|---|---|---|---|---|-------------|
| PRESENTATION ..... | 1            | 2       | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10          |
|                    | ○            | ○       | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○           |
| CONTENT .....      | 1            | 2       | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10          |
|                    | ○            | ○       | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○           |

DID THE PROGRAM MEET YOUR EXPECTATIONS?       YES       NO

SUGGESTIONS FOR IMPROVING THE PROGRAM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (optional) \_\_\_\_\_