

**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**

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 separate "Payment Form" to submit the processing fee. 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**.

Program Approval Verification

To Be Completed By Office

Date Received _____ Fee _____

Reviewed By _____

To Be Completed By Reviewer

Approved CEUs _____ Date _____

Not Approved - Reasons:

