



# Candidate Handbook

May 2017

Clinical Transplant Coordinators **CCTC**  
Procurement Transplant Coordinators **CPTC**  
Transplant Preservationists **CTP**  
Clinical Transplant Nurses **CCTN**





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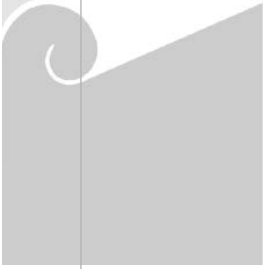
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# SECTION I – ADMINISTRATIVE POLICIES AND RULES FOR THE EXAMINATION

## 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, nursing and organ preservation 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 potential 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 are 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.

Each year more than half of the people who have taken the examination have passed. This statistic does not imply that the examination is easy. People who have succeeded at these examinations have been well prepared. This Handbook is designed to help you prepare, so you, too, will succeed at your professional career goal.

## Accreditation

The American Board for Transplant Certification, Certified Clinical Transplant Coordinator (CCTC), Certified Clinical Transplant Nurse (CCTN), and Certified Procurement Transplant Coordinator (CPTC) certification programs are fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence (ICE), Washington, D.C.

Accreditation by NCCA demonstrates the ABTC CCTC, CCTN and CPTC certification programs have been reviewed by highly qualified third-party panel of impartial experts, who have determined that the program has met the stringent standards of NCCA. In addition, the accreditation process provides an opportunity for ABTC to conduct a thorough self-analysis of the programs using the NCCA standards.

## Testing Agency

PSI Services is the professional testing agency contracted by ABTC to assist in the development, administration, scoring, and analysis of ABTC examinations. PSI provides research, development and measurement services to credentialing programs as well as test administration services. PSI processes all ABTC examination applications and reports scores to candidates upon completion of the examination.

**Statement of Nondiscrimination**

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

**Statement of Confidentiality/ Privacy**

Candidate information provided to ABTC and/or PSI 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), Certified Procurement Transplant Coordinator (CPTC), and Certified Transplant Preservationist (CTP) Examinations***

The CCTC, CPTC and the CTP examination may be taken after you have worked a minimum of 12 months as a transplant coordinator or preservationist and have learned the basics about your field through independent study or 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 12 months of general experience as a Registered Nurse (RN). An additional 12 months of experience while working as a transplant nurse is required.

**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 by computer at more than 190 PSI Test Centers geographically distributed throughout the United States.

You may complete and submit a paper application (included in this handbook) or an online electronic application form (located at [www.goAMP.com](http://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. Paper applications are processed within 10 business days of receipt by PSI and a confirmation notice of eligibility is sent to the candidate. **If you have not received a confirmation notice within three weeks of mailing the application, contact PSI Candidate Services at 888-519-9901.**
3. If you registered online, eligibility will be confirmed by email. An examination appointment may be scheduled thereafter.
4. Candidate eligibility and 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 website address and a toll-free telephone number directing candidates to contact PSI to schedule an examination appointment. When contacting PSI, 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 9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. Refer to the following chart:

| If you contact PSI 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 Test Center. **UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED TO THE TEST CENTER.** Please call a minimum of four business days prior to the end of your 90-day period to secure an appointment.

**Special Arrangements for Candidates with Disabilities**

The ABTC and PSI 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. PSI will provide reasonable accommodations for candidates with disabilities. Candidates requesting special

accommodations must call PSI at 888-519-9901 to schedule their examination appointment.

1. Wheelchair access is available at all established Test Centers. Candidates must advise PSI at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements and will be reviewed by PSI.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to PSI and included with the completed application at least 45 calendar days prior to your desired examination date by completing the two-page Request for Special Examination Accommodations form included in this handbook on page 28. PSI will review the submitted forms and will contact you regarding the decision for accommodations.

## 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, CTP 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 PSI and/or ABTC.

## Test Center Locations

Test Center locations will be provided when you schedule an examination appointment. Detailed maps and directions are available on [www.goAMP.com](http://www.goAMP.com).

## Request for International Test Center

Requests may be made for international test centers. Reservations for these special sites will require an additional test center fee of \$225. The ABTC examinations will be offered in computerized format.

International test centers may be arranged for candidates living outside of the United States. Candidates may elect to have the ABTC examination administered by computer at an international PSI Test Center. For a complete list of international PSI Test Centers please visit [www.goAMP.com](http://www.goAMP.com). PSI is working toward continued expansion of the Test Center Network and ABTC recommends that you continue to check the available list for additional sites.

## Examination Fees

You must submit the appropriate non-refundable fee made payable to ABTC with a complete examination application. Payment may be made by credit card (American Express, Discover, VISA or MasterCard), personal check, cashier's check or money order. A \$50 fee will be charged for any payment returned unpaid by the bank for any reason. Credit card payment must accompany all online applications.

## Missed Appointments and Forfeitures

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for the examination.

- You do not schedule an examination appointment within the 90-day eligibility period.
- You wish to reschedule an examination but fail to contact PSI at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

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

## Application Refusal

An 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 in order to be considered. These appeals should be mailed to the following address:

ABTC Examination  
 18000 W. 105th St.  
 Olathe, KS 66061-7543

**Examination Appointment Changes**

Prior to testing, you may reschedule your examination appointment only ONCE at no charge by calling PSI 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 your examination is scheduled on... | You must contact PSI by 3:00 p.m. Central Time to reschedule the examination by the previous... |
|--|---|
| Monday                                 | Wednesday   |
| Tuesday                                | Thursday  |
| Wednesday                              | Friday  |
| Thursday                               | Monday  |
| Friday                                 | Tuesday   |

**Inclement Weather, Power Failure or Emergency**

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

You may visit [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if PSI has been advised that any Test

Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to a Test Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

**Taking the Examination**

Your examination will be given via computer at a PSI Test Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Test Center no later than your scheduled testing time. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

You will have three (3) hours to complete the CCTC, CPTC or the CCTN examination. Each of these examinations contains 175 items. Responses to 150 of these items will contribute to your score. You will have two (2) hours to complete the CTP examination. This examination contains 110 items. Responses to 100 of those items will contribute to your score. (See About the Examination Section for more information on scored and pre-test items). 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 adequate time for a prepared candidate to read the items and submit responses.

**Identification**

To gain admission to the Test Center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).



## Security

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Candidates must have proper identification to gain admission to the Test Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.
- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- No calculators are allowed.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Candidates may be subjected to a metal detection scan upon entering the examination room.

## Personal Belongings

No personal items, valuables or weapons should be brought to the Test Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

## Examination Restrictions

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Test Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Test Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

## Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular/smart phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

Violation of any of the above provisions results in dismissal from the examination 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](http://www.ABTC.net) and download the organizational bylaws.

## Copyrighted Examination Questions

All examination questions are the copyrighted property of ABTC. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

## Computer Login

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your identification number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

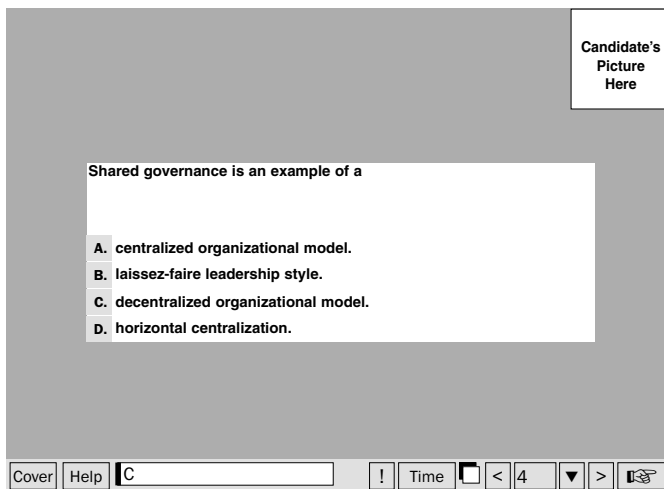
## Practice Examination

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

## Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower menu bar on the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Choices of answers to the examination question are identified as A, B, C or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by typing in the letter in the box or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

## Candidate Comments

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

## Scores Canceled by ABTC

PSI is obligated to ABTC to report scores that accurately reflect the performance of each candidate. For this reason, PSI maintains examination 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. PSI 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 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 be instructed to report to the Test Center Supervisor to receive your printed score report. 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 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 examination 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 examination they took.

The content category scores on the score report are not used to determine pass-fail decision outcomes. They are only provided to offer a general indication regarding your performance in each content category. The examination is designed to provide a consistent and precise determination of your overall performance and is not designed to provide complete information regarding your performance in each content category. You should remember that areas with a larger number of items (questions) will affect the overall score more than areas with a fewer number of items. The precision and consistency of scores diminishes with fewer items, and therefore, sub-scores should be interpreted with caution, especially those that correspond to content categories with very few items.

## Duplicate Score Reports

You may purchase additional copies of your score report at a cost of \$25 per copy. Requests must be submitted to PSI, in writing, within 12 months following the examination. The request must include your name, social security number, address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to PSI Services Inc. Duplicate score reports will be mailed within approximately five business days 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](http://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.

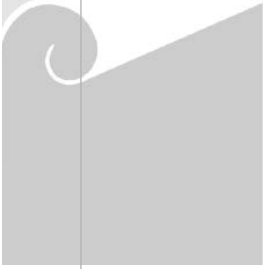
## Recertification with ABTC

Certification is a method of assuring the public that an individual remains 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, visit the ABTC website at [www.ABTC.net](http://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 PSI, 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. A 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 each 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 items for the 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. All committee members are trained to write examination questions that are designed to measure your competency, rather than trick you.

Once the questions are written and submitted, the committee reviews them several times and ensures that they 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 pretest items in actual examinations given to candidates. These pretest items do not count toward candidates’ final scores. The performance statistics for the pretest items are reviewed by specialist in the psychology and measurements associated with examination results. Any pretest item that is too hard (too many candidates fail the question), too easy (all candidates pass the question), or appears to be tricky is removed and rewritten. A large bank of questions has been developed over many years by this method, and

this bank is used to create each examination. Multiple versions of the examination exist, which means that the examination you take may not be identical to the one taken by another person.

### About the Examinations

The examinations include questions on competencies that a minimally competent first year transplant professional should be knowledgeable about in order to fulfill the job requirements. The CCTC, CPTC and CCTN examinations consists of a total of 175 multiple-choice items, of which 150 have equal weight for scoring. The CTP examination consists of a total of 110 multiple-choice items, of which 100 have equal weight for scoring. Each of the CCTC, CPTC, and CCTN examinations includes a 25-item pretest. The CTP examination includes a 10-item pretest. The validity of pretest items will be assessed later, but these items will not be scored. The pretest items are interspersed throughout the examination and therefore the candidate will give the pretest items the same amount of consideration as other test questions allowing ABTC to analyze them.

### Scope of the Examinations

#### *CCTC Examination*

The scope of the CCTC 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, intestine, heart, and transplants involving multiple organs at once. 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 50 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 examination content ranges from general areas of the donor process or procurement as well as more specific questions. (i.e. policies).

### **CTP Examination**

The scope of the CTP examination includes all aspects of the organ preservation process as it relates to the areas of professional practices, organ recovery, aseptic technique, organ preservation, specimen collection and packing, labeling and shipping. Candidates should be aware of all aspects of organ preservation practices in both the pediatric and adult organ donor population as well as organ anatomy. The examination will include UNOS/OPTN organ allocation policy. Candidates should be aware of organ procurement practices as it relates to consent.

### **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 including pre- and post-transplant care, living donation, pharmacology, patient/family education, and professional responsibilities of the transplant nurse. 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. Refer to specifications provided in the detailed content outline for the number of general items about no specific type of transplant and items about specific transplant types.

## **What Is On the Examination?**

Each examination covers topics and competencies that a minimally competent coordinator, nurse, or preservationist, should be knowledgeable about while fulfilling job requirements after a year of transplant experience. 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, the procurement practice of solid organ transplantation, practice of solid organ preservation for transplantation or transplant nursing. The results of these job analysis studies were used to determine the examinations' topics and content.

## **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 multiple 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. Every task listed for a given content area is not necessarily tested on each form of the examination. Rather, these tasks are representatively sampled such that the test specifications are met (i.e., appropriate number of recall, application and analysis items within each content domain).

These examinations are 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.

## Detailed Content Outline for the Certified Clinical Transplant Coordinator (CCTC) Examination

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

|  | Cognitive Level |             |          | Total |
|--|-----------------|-------------|----------|-------|
|  | Recall          | Application | Analysis |       |
| <b>I. EVALUATION AND PREPARATION FOR TRANSPLANT</b>  | 25              | 43          | 8        | 76    |
| <b>A. Education</b>  | 11              | 16          | 0        | 27    |
| 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 (for example, medical, psychosocial, financial)  |                 |             |          |       |
| b. donor organ and recipient matching and distribution process   |                 |             |          |       |
| c. donor selection criteria (for example, expanded, Center for Disease Control high risk, Donation after Circulatory Death)              |                 |             |          |       |
| 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. donor/recipient confidentiality   |                 |             |          |       |
| 5. Respond to educational needs of the candidate, live donor, or support system  |                 |             |          |       |
| <b>B. Data Collection and Evaluation, and Recommendations</b>  | 4               | 6           | 1        | 11    |
| 1. Obtain and review   |                 |             |          |       |
| a. medical and surgical history, and physical  |                 |             |          |       |
| b. social and financial history  |                 |             |          |       |
| c. laboratory data (for example, histocompatibility, serology)   |                 |             |          |       |
| d. diagnostic studies (for example, radiology, pathology)  |                 |             |          |       |
| 2. Recommend consultations (for example, infectious disease, psychosocial, dietary)  |                 |             |          |       |
| <b>C. Suitability Assessment and Determination of the Potential Transplant Candidate and Live Donor</b>                                  | 4               | 6           | 2        | 12    |
| 1. Identify multi-disciplinary recommendations (for example, psychosocial, social work, nutrition, pharmacology, financial)              |                 |             |          |       |
| 2. Assess donor and/or candidate suitability and adherence   |                 |             |          |       |
| 3. Present findings and make recommendations to the transplant team regarding donor and/or candidate suitability                         |                 |             |          |       |
| 4. Communicate the team's recommendations to a candidate and/or live donor (for example, behavior modification, social/financial issues) |                 |             |          |       |
| 5. Facilitate  |                 |             |          |       |
| a. additional procedures and tests based on the team's recommendations (for example, CT scan, cholecystectomy, arteriogram)              |                 |             |          |       |
| b. scheduling of a potential candidate for protocols as indicated (for example, PRA desensitization, incompatible ABO)                   |                 |             |          |       |
| c. recommended health maintenance (for example, colonoscopy, dental, PSA, pap smear, mammogram)  |                 |             |          |       |



## Detailed Content Outline for the Certified Clinical Transplant Coordinator (CCTC) Examination

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

|   | Cognitive Level |             |           | Total     |
|---|-----------------|-------------|-----------|-----------|
|   | Recall          | Application | Analysis  |           |
| <b>D. Wait List Management</b>  | <b>4</b>        | <b>6</b>    | <b>2</b>  | <b>12</b> |
| 1. List a candidate per OPTN policies   |                 |             |           |           |
| 2. Verify listing documentation for accuracy  |                 |             |           |           |
| 3. Maintain effective communication with candidate and local care provider  |                 |             |           |           |
| 4. Maintain listing status per OPTN policies  |                 |             |           |           |
| a. document updated diagnostic and lab results  |                 |             |           |           |
| b. record current sera as indicated (for example, PRA, HLA tissue typing)   |                 |             |           |           |
| c. recognize potential problems and/or changes in eligibility criteria during the waiting period  |                 |             |           |           |
| d. amend listing status as indicated  |                 |             |           |           |
| 5. Remove candidate or recipient from wait list per OPTN policies   |                 |             |           |           |
| <b>E. Candidate/Deceased Donor Selection Criteria</b>   | <b>1</b>        | <b>4</b>    | <b>3</b>  | <b>8</b>  |
| 1. Follow transplant center protocol to exclude potential donor organs and candidates   |                 |             |           |           |
| 2. Present donor information (for example, demographics, anatomy, organ condition, medical and social history) to the physician   |                 |             |           |           |
| 3. Participate in the decision regarding organ acceptance/rejection   |                 |             |           |           |
| 4. Review candidate's current medical and crossmatch status with physicians   |                 |             |           |           |
| 5. Verify candidate's acceptance of a donor, including a non-standard organ (for example, expanded, Center for Disease Control high risk, Donation after Circulatory Death) |                 |             |           |           |
| <b>F. Donor and Candidate Preoperative Care</b>   | <b>1</b>        | <b>5</b>    | <b>0</b>  | <b>6</b>  |
| 1. Notify staff in appropriate departments (for example, preoperative area, ICU, blood bank, admissions) of a potential transplant  |                 |             |           |           |
| 2. Facilitate preoperative procedures (for example, dialysis, x-rays, final crossmatch)   |                 |             |           |           |
| 3. Facilitate   |                 |             |           |           |
| a. instruction to the live donor and/or candidate (for example, timing/order of surgical procedures, surgical consent)  |                 |             |           |           |
| b. appropriate clinical and research protocols  |                 |             |           |           |
| <b>II. POST-TRANSPLANT CARE</b>   | <b>18</b>       | <b>33</b>   | <b>23</b> | <b>74</b> |
| <b>A. Education</b>   | <b>8</b>        | <b>20</b>   | <b>0</b>  | <b>28</b> |
| 1. Educate transplant recipient and support system about  |                 |             |           |           |
| a. the transplant drug regimen and effects  |                 |             |           |           |
| b. applicable self-monitoring data (for example, temperature, BP, weight)   |                 |             |           |           |
| c. signs and symptoms of infection and organ rejection  |                 |             |           |           |
| d. diagnostic surveillance of rejection and infection   |                 |             |           |           |
| e. potential short-term and long-term complications   |                 |             |           |           |
| f. transplant team personnel and roles  |                 |             |           |           |
| g. available support services   |                 |             |           |           |
| h. recipient and graft survival   |                 |             |           |           |
| i. long-term health maintenance (for example, cancer screening, bone health, behavior modification)   |                 |             |           |           |
| j. adherence to follow-up visits and laboratory studies   |                 |             |           |           |
| k. reporting abnormalities to transplant center/primary care provider   |                 |             |           |           |
| 2. Educate live donor and support system about  |                 |             |           |           |
| a. immediate postsurgical care (for example, wound care, activity limitations, pain management)   |                 |             |           |           |
| b. reporting abnormalities to transplant center/primary care provider   |                 |             |           |           |
| c. adherence to follow-up visits and laboratory studies   |                 |             |           |           |
| d. follow-up of required UNOS data (for example, vital signs, laboratory results, demographics, health status)  |                 |             |           |           |

## Detailed Content Outline for the Certified Clinical Transplant Coordinator (CCTC) Examination

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

|   | Cognitive Level |             |           | Total      |
|---|-----------------|-------------|-----------|------------|
|   | Recall          | Application | Analysis  |            |
| <b>B. Postoperative Monitoring, Evaluation, and Reporting</b>   | <b>10</b>       | <b>13</b>   | <b>23</b> | <b>46</b>  |
| 1. Evaluate abnormalities in  |                 |             |           |            |
| a. pertinent physical examination findings  |                 |             |           |            |
| b. laboratory values  |                 |             |           |            |
| c. diagnostic tests   |                 |             |           |            |
| 2. Assess for complications   |                 |             |           |            |
| a. surgical   |                 |             |           |            |
| b. medical  |                 |             |           |            |
| c. immunologic  |                 |             |           |            |
| d. psychosocial issues  |                 |             |           |            |
| e. adverse effects of the drug regimen  |                 |             |           |            |
| f. long-term  |                 |             |           |            |
| 3. Consult with the recipient's health care provider to determine interventions for complications     |                 |             |           |            |
| 4. Facilitate   |                 |             |           |            |
| a. additional laboratory and/or diagnostic studies  |                 |             |           |            |
| b. follow-up clinic visits  |                 |             |           |            |
| c. home health care   |                 |             |           |            |
| d. consultation (for example, social work, psychologist)  |                 |             |           |            |
| e. outpatient therapies   |                 |             |           |            |
| f. hospital admission   |                 |             |           |            |
| g. medication renewal (for example, prior authorization forms, medicine change for insurance reasons) |                 |             |           |            |
| h. sharing of information regarding the recipient (for example, primary care provider, case managers) |                 |             |           |            |
| 5. Refer recipient for emergency evaluation and treatment   |                 |             |           |            |
| 6. Report required data to the OPTN/UNET  |                 |             |           |            |
| 7. Respond to recipient or family inquiries regarding communication with the donor's family           |                 |             |           |            |
| 8. Evaluate recipient's adherence with the treatment regimen  |                 |             |           |            |
| 9. Reinforce need for health maintenance (for example, cancer screening, behavior modification)       |                 |             |           |            |
| 10. Facilitate a return to optimal health status (for example, work, school)                          |                 |             |           |            |
| <b>Totals</b>   | <b>43</b>       | <b>76</b>   | <b>31</b> | <b>150</b> |

In addition to the content and cognitive level specifications described above, each multiple-choice item will be associated with one of the following organ specifications:

| Organ Specifications | # of Items |
|----------------------|------------|
| General              | 75         |
| Kidney               | 28         |
| Liver                | 19         |
| Heart                | 10         |
| Lung                 | 9          |
| Kidney-pancreas      | 4          |
| Pancreas             | 2          |
| Intestine            | 2          |
| Heart-lung           | 1          |
| <b>Total</b>         | <b>150</b> |

\*Each new test form will include one 25-item pretest (e.g., 1A, 2A).

## Detailed Content Outline for the Certified Procurement Transplant Coordinator (CPTC) 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 |
| <b>I. DONATION PROCESS SUPPORT</b>  | 4      | 7           | 4        | 15    |
| <b>A. Predonation Activities</b>  | 2      | 3           | 3        | 8     |
| 1. Establish clinical triggers to encourage timely referrals of potential donors from each hospital   |        |             |          |       |
| 2. Develop collaborative relationships with key hospital staff and physicians at all levels that impact the donation process  |        |             |          |       |
| 3. Follow up routinely on each potential referral   |        |             |          |       |
| 4. Provide hospital-based education in collaboration with hospital development staff  |        |             |          |       |
| <b>B. Postauthorization Activities</b>  | 2      | 4           | 1        | 7     |
| 1. Refer to hospital profiles to identify key information in preparation for starting a case (for example, donation champions, policies)  |        |             |          |       |
| 2. Determine the impact of other agencies on the donation process (for example, eye/tissue bank, other OPOs, medical examiner/coroner)  |        |             |          |       |
| 3. Contribute to a formal process for timely follow-up communication (for example, post-donor case conference, unit visits, evaluation forms)   |        |             |          |       |
| <b>II. DONOR IDENTIFICATION</b>   | 11     | 17          | 8        | 36    |
| <b>A. Referral Management</b>   | 3      | 3           | 1        | 7     |
| 1. Determine donor registry status  |        |             |          |       |
| 2. Inform hospital staff of donor designation and subsequent donation process   |        |             |          |       |
| 3. Assess family dynamics, availability of hospital support system, and family needs (for example, cultural, religious, physical, emotional, informational)   |        |             |          |       |
| 4. Support hospital personnel throughout the donation process   |        |             |          |       |
| 5. Record the outcome of donor referral   |        |             |          |       |
| <b>B. Donor Determination</b>   | 2      | 3           | 4        | 9     |
| 1. Confirm a plan of care that includes a decision to withdraw support (for example, patient, family, physician)  |        |             |          |       |
| 2. Determine suitability for DCD  |        |             |          |       |
| 3. Support the family throughout the donation process   |        |             |          |       |
| 4. Confirm legal and hospital requirements for death declaration  |        |             |          |       |
| <b>C. Authorization</b>   | 6      | 11          | 3        | 20    |
| 1. Identify   |        |             |          |       |
| a. the legal next of kin in the absence of a donor designation to obtain authorization  |        |             |          |       |
| b. key individuals involved in authorization and end-of-life decisions (for example, family, friends, clergy, physician)  |        |             |          |       |
| 2. Coordinate the authorization process in collaboration with hospital staff  |        |             |          |       |
| 3. Assess a family's understanding of brain death   |        |             |          |       |
| 4. Inform a family of donor designation and subsequent donation process   |        |             |          |       |
| 5. Coordinate the donation request by facilitating an informed decision   |        |             |          |       |
| 6. Document the outcome of the authorization conversation   |        |             |          |       |
| 7. Confirm a properly executed authorization form (for example, next of kin, highest priority of authorization, directed donation) or donor disclosure form (for example, donor registry card, signed donor card) |        |             |          |       |
| 8. Complete the history questionnaire (for example, medical, social, behavioral, admission)   |        |             |          |       |
| 9. Complete billing and expense information   |        |             |          |       |
| <b>III. DONOR MANAGEMENT</b>  | 16     | 21          | 23       | 60    |
| <b>A. Assessment</b>  | 8      | 9           | 3        | 20    |
| 1. Initiate standing orders for baseline donor assessment   |        |             |          |       |
| 2. Initiate the confidential donor record (for example, ABO verifications, lab data, serologies, hemodynamics, hemodilution status)   |        |             |          |       |
| 3. Document the pre-hospital and hospital course (for example, down-time, injuries, hemodynamics, infection status)   |        |             |          |       |

## Detailed Content Outline for the Certified Procurement Transplant Coordinator (CPTC) 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      |
| 4. Perform a bedside assessment (for example, ventilator settings, vital signs, physical findings, neurologic examination)          |           |             |           |            |
| 5. Obtain samples for   |           |             |           |            |
| a. tissue-typing  |           |             |           |            |
| b. serology   |           |             |           |            |
| c. laboratory values (for example, CBC, electrolytes, culture results, organ function tests)  |           |             |           |            |
| 6. Evaluate diagnostic procedure results (for example, cardiac, pulmonary, pathology)   |           |             |           |            |
| 7. Assess suitability of organs for donation  |           |             |           |            |
| <b>B. Interventions</b>   | <b>8</b>  | <b>12</b>   | <b>20</b> | <b>40</b>  |
| 1. Initiate orders to optimize organ viability (for example, ventilator settings, infusions, pharmacological support)               |           |             |           |            |
| 2. Optimize ongoing donor hemodynamic and pulmonary stability   |           |             |           |            |
| 3. Treat acute and chronic clinical abnormalities   |           |             |           |            |
| <b>IV. ALLOCATION AND RECOVERY</b>  | <b>15</b> | <b>21</b>   | <b>3</b>  | <b>39</b>  |
| <b>A. Allocation</b>  | <b>7</b>  | <b>10</b>   | <b>0</b>  | <b>17</b>  |
| 1. Register a donor with OPTN   |           |             |           |            |
| 2. Determine donor type (for example, SCD, ECD, DCD)  |           |             |           |            |
| 3. Disclose current and past medical history and behavioral history   |           |             |           |            |
| 4. Adhere to OPTN allocation policies   |           |             |           |            |
| 5. Complete required documentation (for example, match-run list, Deceased Donor Registration)                                       |           |             |           |            |
| 6. Coordinate OR times  |           |             |           |            |
| 7. Arrange for transportation (for example, personnel, organs)  |           |             |           |            |
| 8. Provide required documentation to agencies (for example, transplant centers, OPTN, tissue recovery)                              |           |             |           |            |
| 9. Place organ(s) for research and education  |           |             |           |            |
| <b>B. Organ Recovery and Preservation</b>   | <b>8</b>  | <b>11</b>   | <b>3</b>  | <b>22</b>  |
| 1. Ensure necessary surgical personnel and supplies are present   |           |             |           |            |
| 2. Verify recovery surgeon credentials (for example, ACIN)  |           |             |           |            |
| 3. Maintain donor stability during transport to the OR (for example, IV line patency, oxygenation, vital signs)                     |           |             |           |            |
| 4. Support OR and anesthesia staff (for example, management and documentation guidelines, scrub and assist during recovery)         |           |             |           |            |
| 5. Coordinate the activity and interaction of the recovery team(s)  |           |             |           |            |
| 6. Ensure aseptic technique is used throughout the donor's time in the OR (for example, donor prep, organ packaging, preservation)  |           |             |           |            |
| 7. Facilitate organ preservation (for example, solutions, equipment, ice, pulsatile preservation)                                   |           |             |           |            |
| 8. Document data associated with organ recovery (for example, anatomy, flush, cross-clamp, warm time, biopsies, operative note)     |           |             |           |            |
| 9. Ensure all organs and specimens are obtained, packaged, and labeled in accordance with current OPTN policies                     |           |             |           |            |
| 10. Complete post-mortem care   |           |             |           |            |
| 11. Notify agencies and individuals of case completion (for example, tissue agency, family, funeral home, medical examiner/coroner) |           |             |           |            |
| <b>Totals</b>   | <b>46</b> | <b>66</b>   | <b>38</b> | <b>150</b> |

## Detailed Content Outline for the Transplant Preservationist 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 |
| <b>I. Professional Practice</b>  | 4      | 6           | 0        | 10    |
| <b>A. Responsibilities</b>   | 2      | 3           | 0        | 5     |
| 1. Identify roles and responsibilities of OPO, OPO staff, and transplant center staff in organ donation                          |        |             |          |       |
| 2. Adhere to all regulatory requirements   |        |             |          |       |
| <b>B. Professional Conduct</b>   | 2      | 3           | 0        | 5     |
| 1. Maintain donor/recipient confidentiality throughout the entire donation process   |        |             |          |       |
| 2. Maintain appropriate behavior in accordance with established codes of conduct   |        |             |          |       |
| <b>II. Organ Recovery</b>  | 6      | 15          | 4        | 25    |
| <b>A. Preoperative Phase</b>   | 3      | 6           | 1        | 10    |
| 1. Communicate with on-site OPO staff  |        |             |          |       |
| 2. Review the scope of the recovery process (i.e., consent, research, allocated organs)  |        |             |          |       |
| 3. Prepare supplies to bring to the donor hospital   |        |             |          |       |
| 4. Instruct hospital staff on their roles during the recovery process  |        |             |          |       |
| 5. Verify donor identification and documentation   |        |             |          |       |
| 6. Ensure that appropriate staff are on-site and readily available   |        |             |          |       |
| 7. Arrange for supplies at the recovery hospital   |        |             |          |       |
| 8. Ensure donor is properly positioned for the procedure   |        |             |          |       |
| 9. Obtain necessary blood samples  |        |             |          |       |
| <b>B. Intraoperative Phase</b>   | 3      | 9           | 3        | 15    |
| 1. Prepare preservation solution   |        |             |          |       |
| 2. Set up back table with supplies   |        |             |          |       |
| 3. Prepare flush lines   |        |             |          |       |
| 4. Communicate with recovery staff (e.g., venting, donor stability, perfusion systems, flush status)                             |        |             |          |       |
| 5. Ensure medications have been administered   |        |             |          |       |
| 6. Prepare for cannulation and cross-clamp   |        |             |          |       |
| 7. Establish control for flush   |        |             |          |       |
| 8. Ensure adequate suction is available  |        |             |          |       |
| 9. Document critical information (e.g., Heparin administration, cross-clamp, warm ischemic time, anatomy, flush characteristics) |        |             |          |       |
| 10. Identify abnormalities in the recovery process   |        |             |          |       |
| 11. Coordinate the recovery of biopsies  |        |             |          |       |
| 12. Coordinate lymph node, spleen, and vessel recovery   |        |             |          |       |
| <b>III. Aseptic Technique</b>  | 4      | 6           | 0        | 10    |
| <b>A. Gowning and Gloving</b>  | 3      | 4           | 0        | 7     |
| 1. Verify that all recovery staff are properly attired   |        |             |          |       |
| 2. Utilize proper personal protective equipment (PPE)  |        |             |          |       |
| 3. Perform standardized gowning technique  |        |             |          |       |
| 4. Perform standardized gloving technique  |        |             |          |       |
| 5. Perform standardized scrub technique  |        |             |          |       |
| <b>B. Back Table Setup</b>   | 1      | 2           | 0        | 3     |
| 1. Create a sterile field  |        |             |          |       |
| 2. Introduce sterile supplies onto field   |        |             |          |       |
| 3. Decant solutions  |        |             |          |       |
| <b>IV. Organ Preservation</b>  | 8      | 12          | 0        | 20    |
| <b>A. Heart, Lungs, Liver, Kidneys, Pancreas</b>   | 6      | 9           | 0        | 15    |
| 1. Anatomy   |        |             |          |       |
| a) Identify anatomic structures (e.g., inflow, outflow)  |        |             |          |       |
| b) Document aberrant findings  |        |             |          |       |

## Detailed Content Outline for the Transplant Preservationist 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      |
| 2. Recovery Technique  |           |             |          |            |
| a) Identify most common cannulation sites  |           |             |          |            |
| b) Identify most common cross-clamp sites  |           |             |          |            |
| <b>B. Solutions</b>  | <b>2</b>  | <b>3</b>    | <b>0</b> | <b>5</b>   |
| 1. Maintain temperature and sterility  |           |             |          |            |
| 2. Regulate flow pressure  |           |             |          |            |
| 3. Assess for stability  |           |             |          |            |
| <b>V. Specimen Collection</b>  | <b>3</b>  | <b>6</b>    | <b>1</b> | <b>10</b>  |
| <b>A. Blood</b>  | <b>1</b>  | <b>1</b>    | <b>0</b> | <b>2</b>   |
| 1. Select proper type and quantity of blood tubes  |           |             |          |            |
| 2. Facilitate specimen collection  |           |             |          |            |
| 3. Label tubes with standard information   |           |             |          |            |
| <b>B. Lymph Nodes and Spleen</b>   | <b>1</b>  | <b>2</b>    | <b>0</b> | <b>3</b>   |
| 1. Identify quantity of each specimen needed   |           |             |          |            |
| 2. Facilitate specimen collection  |           |             |          |            |
| 3. Store in preservative medium  |           |             |          |            |
| 4. Label containers with standard information  |           |             |          |            |
| <b>C. Vessels</b>  | <b>1</b>  | <b>3</b>    | <b>1</b> | <b>5</b>   |
| 1. Identify proper vessels to be recovered   |           |             |          |            |
| 2. Facilitate vessel collection  |           |             |          |            |
| 3. Store in preservation solution  |           |             |          |            |
| 4. Label containers with standard information  |           |             |          |            |
| <b>VI. Packaging, Labeling, and Shipping</b>   | <b>10</b> | <b>15</b>   | <b>0</b> | <b>25</b>  |
| <b>A. Labeling Requirements</b>  | <b>5</b>  | <b>7</b>    | <b>0</b> | <b>12</b>  |
| 1. Prepare and verify accuracy of labels   |           |             |          |            |
| 2. Follow standard procedures when affixing labels to organs   |           |             |          |            |
| 3. Affix labels to shipping containers   |           |             |          |            |
| <b>B. Packaging Requirements</b>   | <b>5</b>  | <b>8</b>    | <b>0</b> | <b>13</b>  |
| 1. Utilize standardized packaging materials (e.g., disposable transport boxes, coolers, hard containers) |           |             |          |            |
| 2. Maintain proper insulation and temperature  |           |             |          |            |
| 3. Include required documentation  |           |             |          |            |
| 4. Include required specimens  |           |             |          |            |
| 5. Verify package contents   |           |             |          |            |
| 6. Seal packaging containers   |           |             |          |            |
| <b>Totals</b>  | <b>35</b> | <b>60</b>   | <b>5</b> | <b>100</b> |

## Detailed Content Outline for the Certified Clinical Transplant Nurse (CCTN)\* Examination

Open cells permit items to appear on examinations.

Shaded cells prevent items from appearing on examinations.

|   | Items  |             |          | Total |
|---|--------|-------------|----------|-------|
|   | Recall | Application | Analysis |       |
| <b>I. PRETRANSPLANTATION CARE</b>                                 | 9      | 11          | 3        | 23    |
| <b>A. Evaluate End-Stage Organ Failure</b>                        | 1      | 1           | 1        | 3     |
| 1. History and physical assessment                                |        |             |          |       |
| 2. Vital signs and / or hemodynamic parameters                    |        |             |          |       |
| 3. Lab values   |        |             |          |       |
| 4. Diagnostic tests   |        |             |          |       |
| <b>B. Monitor a Patient Awaiting Transplantation</b>              | 1      | 1           | 2        | 4     |
| 1. Kidney   |        |             |          |       |
| 2. Liver  |        |             |          |       |
| 3. Pancreas   |        |             |          |       |
| 4. Heart  |        |             |          |       |
| 5. Lung   |        |             |          |       |
| <b>C. Provide Education to a Patient Awaiting Transplantation</b> | 2      | 5           | 0        | 7     |
| 1. Organ matching (e.g., HLA, living donor)                       |        |             |          |       |
| 2. Post-operative course  |        |             |          |       |
| 3. Lines, tubes, and wires that will be inserted                  |        |             |          |       |
| 4. Incision care  |        |             |          |       |
| 5. Pain management plan   |        |             |          |       |
| 6. Physical activity  |        |             |          |       |
| 7. Explanation of pre-operative tests / procedures                |        |             |          |       |
| 8. Medications and side effects                                   |        |             |          |       |
| <b>D. Provide support for psycho-social issues</b>                | 3      | 3           | 0        | 6     |
| 1. Changes in lifestyle and body image                            |        |             |          |       |
| 2. Adherence to the plan of care                                  |        |             |          |       |
| 3. Coping strategies while waiting                                |        |             |          |       |
| 4. Financial implications   |        |             |          |       |
| 5. Support systems  |        |             |          |       |
| 6. Cultural / religious issues                                    |        |             |          |       |
| 7. End of life / palliative care                                  |        |             |          |       |
| <b>E. Prepare Pre-Transplant Patient for Surgery</b>              | 2      | 1           | 0        | 3     |
| 1. Administration of transplant-related medications as ordered    |        |             |          |       |
| 2. Implementation of desensitization procedures                   |        |             |          |       |
| 3. Advocating for patient and family in decision making           |        |             |          |       |
| <b>II. CARE IMMEDIATELY POSTTRANSPLANTATION</b>                   | 7      | 9           | 16       | 32    |
| <b>A. Evaluate Objective Criteria</b>                             | 2      | 2           | 4        | 8     |
| 1. Vital signs  |        |             |          |       |
| 2. Hemodynamic monitoring   |        |             |          |       |
| 3. Cardiac monitoring   |        |             |          |       |
| 4. Tubes, lines, and wires  |        |             |          |       |
| 5. Pain management  |        |             |          |       |
| 6. Neurological status  |        |             |          |       |
| 7. Volume status (e.g., intake / output, weight)                  |        |             |          |       |
| <b>B. Monitor Laboratory Results</b>                              | 2      | 2           | 4        | 8     |
| 1. Evidence of primary graft nonfunction                          |        |             |          |       |
| a. kidney   |        |             |          |       |
| b. liver  |        |             |          |       |
| c. pancreas   |        |             |          |       |
| d. heart  |        |             |          |       |
| e. lung   |        |             |          |       |
| 2. Evidence of other postoperative complications                  |        |             |          |       |
| a. hematological (e.g., bleeding, clotting)                       |        |             |          |       |
| b. infection  |        |             |          |       |

## Detailed Content Outline for the Certified Clinical Transplant Nurse (CCTN)\* Examination

Open cells permit items to appear on examinations.

Shaded cells prevent items from appearing on examinations.

|   | Items  |             |          | Total |
|---|--------|-------------|----------|-------|
|   | Recall | Application | Analysis |       |
| <b>C. Assess for Complications, Intervene, or Evaluate Response to Intervention</b> | 2      | 4           | 7        | 13    |
| 1. Organ specific   |        |             |          |       |
| a. kidney (e.g., clots, leaks)  |        |             |          |       |
| b. liver (e.g., thrombosis, bile duct complications, effusions)                     |        |             |          |       |
| c. pancreas (e.g., pancreatitis, thrombosis, cystitis)                              |        |             |          |       |
| d. heart (e.g., arrhythmias, ventricular failure, tamponade)                        |        |             |          |       |
| e. lung (e.g., pneumothorax, effusion, stenosis)                                    |        |             |          |       |
| 2. General  |        |             |          |       |
| a. Impaired wound healing   |        |             |          |       |
| b. Fluid and electrolyte imbalance  |        |             |          |       |
| c. Hypoglycemia and hyperglycemia   |        |             |          |       |
| d. Hypotension and hypertension   |        |             |          |       |
| e. Altered bowel function   |        |             |          |       |
| f. Altered nutrition  |        |             |          |       |
| g. Altered mobility / self-care deficit   |        |             |          |       |
| <b>D. Care for the Living Donor</b>   | 1      | 1           | 1        | 3     |
| 1. Pain control   |        |             |          |       |
| 2. Psychological support  |        |             |          |       |
| 3. Complications  |        |             |          |       |
| <b>III. TRANSPLANTATION MANAGEMENT</b>  | 8      | 11          | 10       | 29    |
| <b>A. Evaluate Graft Function</b>   | 2      | 2           | 3        | 7     |
| 1. Primary graft non-function   |        |             |          |       |
| 2. Reperfusion injury   |        |             |          |       |
| 3. Rejection surveillance   |        |             |          |       |
| a. signs and symptoms   |        |             |          |       |
| b. diagnostic testing   |        |             |          |       |
| 4. Post-biopsy monitoring and education   |        |             |          |       |
| <b>B. Recognize Signs and Symptoms of Infections</b>                                | 1      | 4           | 0        | 5     |
| 1. Viral  |        |             |          |       |
| 2. Bacterial  |        |             |          |       |
| 3. Fungal   |        |             |          |       |
| 4. Protozoal  |        |             |          |       |
| <b>C. Prevent Infections</b>  | 2      | 1           | 0        | 3     |
| 1. Implementation of infection control precautions                                  |        |             |          |       |
| 2. Implication of donor / recipient viral status (e.g., CMV, EBV, HSV)              |        |             |          |       |
| <b>D. Monitor for Long Term Complications</b>                                       | 2      | 2           | 3        | 7     |
| 1. Chronic rejection  |        |             |          |       |
| 2. Post-Transplant Lymphoproliferative Disorder (PTLD)                              |        |             |          |       |
| 3. Malignancies   |        |             |          |       |
| 4. Metabolic disorders  |        |             |          |       |
| 5. Renal failure  |        |             |          |       |
| <b>E. Provide Support for Psycho-Social Issues</b>                                  | 1      | 2           | 4        | 7     |
| 1. Adjustment to new health status  |        |             |          |       |
| 2. Encouraging recipient to express feelings (e.g., donor death, finances)          |        |             |          |       |
| 3. Educating recipient and family regarding donor correspondence                    |        |             |          |       |
| 4. Intervening for changes in mood (e.g., psychosis, anxiety, depression)           |        |             |          |       |
| 5. Confirming engagement of support systems   |        |             |          |       |
| <b>IV. PHARMACOLOGICAL THERAPEUTICS</b>   | 4      | 8           | 14       | 26    |
| <b>A. Administer Immunosuppressive Drugs</b>  | 2      | 4           | 7        | 13    |
| 1. Indications  |        |             |          |       |
| 2. Side effects   |        |             |          |       |
| 3. Interactions   |        |             |          |       |



## Detailed Content Outline for the Certified Clinical Transplant Nurse (CCTN)\* Examination

Open cells permit items to appear on examinations.

Shaded cells prevent items from appearing on examinations.

|   | Items     |             |           | Total      |
|---|-----------|-------------|-----------|------------|
|   | Recall    | Application | Analysis  |            |
| 4. Therapeutic levels   |           |             |           |            |
| 5. Effect on other lab values   |           |             |           |            |
| <b>B. Administer Transplant Related Non-Immunosuppressive Drugs</b>   | 2         | 4           | 7         | 13         |
| 1. Indications  |           |             |           |            |
| 2. Side effects   |           |             |           |            |
| 3. Interactions   |           |             |           |            |
| 4. Therapeutic levels   |           |             |           |            |
| 5. Effect on other lab values   |           |             |           |            |
| <b>V. EDUCATION AND DISCHARGE</b>   | 6         | 17          | 2         | 25         |
| <b>A. Discharge a Recipient Safely</b>  | 3         | 8           | 2         | 13         |
| 1. Validating return-demonstration and recording of home regimen (e.g., vital signs, intake / output, glucose monitoring) |           |             |           |            |
| 2. Reinforcing the medication regimen   |           |             |           |            |
| a. dose and frequency   |           |             |           |            |
| b. side effects   |           |             |           |            |
| c. interactions (e.g., other meds, over the counter, herbals, diet)   |           |             |           |            |
| d. financial issues   |           |             |           |            |
| e. refills (e.g., generic, brand)   |           |             |           |            |
| 3. Reinforcing discharge instructions   |           |             |           |            |
| a. when and who to call with urgent issues  |           |             |           |            |
| b. signs and symptoms of infection / rejection  |           |             |           |            |
| c. outpatient follow-up   |           |             |           |            |
| d. infection control measures   |           |             |           |            |
| <b>B. Ensure the Recipient Understands the Long-Term Care Plan</b>  | 3         | 9           | 0         | 12         |
| 1. Immunizations  |           |             |           |            |
| 2. Physical activities  |           |             |           |            |
| 3. Sexuality, pregnancy, and birth control  |           |             |           |            |
| 4. Travel   |           |             |           |            |
| 5. Dietary changes  |           |             |           |            |
| 6. Emergency resources / disaster preparedness  |           |             |           |            |
| 7. Health maintenance (e.g., cancer screening, high-risk behaviors)   |           |             |           |            |
| 8. Follow up with primary care provider   |           |             |           |            |
| 9. Return to work / school  |           |             |           |            |
| <b>VI. PROFESSIONAL RESPONSIBILITIES</b>  | 7         | 6           | 2         | 15         |
| <b>A. Support Transplantation Research and Education</b>  | 3         | 2           | 0         | 5          |
| 1. Verifying informed consent was obtained  |           |             |           |            |
| 2. Obtaining research data per protocol   |           |             |           |            |
| 3. Educating new staff and nursing students   |           |             |           |            |
| <b>B. Act on Ethical / Legal Issues</b>   | 1         | 2           | 2         | 5          |
| 1. Maintaining donor and recipient confidentiality  |           |             |           |            |
| 2. Addressing discrepancies between personal values and difficult candidate / recipient situations                        |           |             |           |            |
| 3. Addressing ethical / moral dilemmas  |           |             |           |            |
| <b>C. Articulate Trends in Organ Donation</b>   | 3         | 2           | 0         | 5          |
| 1. Advocating for living donation   |           |             |           |            |
| 2. Donation after cardiac death   |           |             |           |            |
| 3. High risk donors (e.g., HCV, incarceration)  |           |             |           |            |
| <b>Totals</b>   | <b>41</b> | <b>62</b>   | <b>47</b> | <b>150</b> |

**Specifications by Transplant Type**

| Content Domain                           | Total Items | Limits on Items |        |       |       |      |          |           |             |
|--|-------------|-----------------|--------|-------|-------|------|----------|-----------|-------------|
|  |             | General         | Kidney | Liver | Heart | Lung | Pancreas | Intestine | Multi-Organ |
| I. PRETRANSPLANTATION CARE               | 23          | 10-14           | 6-8    | 2-4   | 0-2   | 0-2  | 0-1      | 0-1       | 0-1         |
| II. CARE IMMEDIATELY POSTTRANSPLANTATION | 32          | 3-7             | 14-18  | 4-8   | 1-3   | 0-2  | 0-1      | 0-1       | 0-1         |
| III. TRANSPLANTATION MANAGEMENT          | 29          | 8-12            | 10-14  | 2-6   | 0-2   | 0-2  | 0-1      | 0-1       | 0-1         |
| IV. PHARMACOLOGICAL THERAPEUTICS         | 26          | 11-26           | 0-5    | 0-3   | 0-1   | 0-1  | 0-1      | 0-1       | 0-1         |
| V. EDUCATION AND DISCHARGE               | 25          | 12-25           | 0-5    | 0-3   | 0-1   | 0-1  | 0-1      | 0-1       | 0-1         |
| VI. PROFESSIONAL RESPONSIBILITIES        | 15          | 7-15            | 0-3    | 0-2   | 0-1   | 0-1  | 0-1      | 0-1       | 0-1         |
| Minimums                                 | 150         | 51              | 30     | 8     | 1     | 0    | 0        | 0         | 0           |
| Maximums                                 | 150         | 99              | 53     | 26    | 10    | 9    | 6        | 6         | 6           |

Effective Date: July 2014

**Specifications by Recipient Age**

| Recipient        | Items |
|------------------|-------|
| Pediatric        | 10    |
| Adult or General | 140   |
| Total            | 150   |

\* Each new test form will include one 25-item pretest (e.g., 1A, 2A).

**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 and one example of each of the three performance levels (recall, application, and analysis) 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**

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**

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**

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?

- I. IVP
  - II. Loopogram
  - III. KUB
  - IV. 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, intestine, 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 examination. Use the detailed content outline to plan your examination 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.

**Suggested References for the Certification Examination for Clinical Transplant Coordinators**

1. *Core Curriculum for Transplant Nurses* (2nd Edition). Cupples, S., Lerret, S., McCalmont, V., & Ohler, L., eds. Philadelphia, PA: Wolters Kluwer, 2017.
2. *Transplantation Nursing Secrets*. Sandra Cupples and Linda Ohler, eds. Harley and Belfus, Inc., 2003.
3. *Organ Transplantation* (2nd Edition). Landes Bioscience, 2003.
4. *A Clinician's Guide to Donation and Transplantation*. Rudow, D., Ohler, L. and Shafer, T., eds. NATCO, 2006.
5. *Primer on Transplantation* (2nd Edition). Norman, D. and Turka, L. eds. American Society of Transplantation, 2001.
6. *Handbook of Kidney Transplantation* (4th Edition). Danovitch, G.M. Lippincott, Williams and Wilkins, 2005.
7. *Nursing 2016 Drug Handbook*. Philadelphia, PA: Wolters Kluwer.
8. *Mosby's Diagnostic and Laboratory Test Reference* (13th Edition). Pagana, PhD, RN, K. D.; Pagana, MD, FACS, T. J.; & Pagana, MD, FAAEM, T. N. St. Louis, MO: Elsevier, 2017.

**Suggested References for the Certification Examination for Procurement Transplant Coordinators and Transplant Preservationist**

1. Uniform Anatomical Gifts Act 1987.
2. Uniform Determination of Death Act – 1981 & 1985.
3. UNOS Policies and Procedures available via [www.unos.org](http://www.unos.org).
4. National Kidney Foundation (NKF) Donor Family Bill of Rights, 1994.

5. National Communication Guidelines Regarding Communication among donor families, transplant candidates/recipients, and health care professionals. NKF July 1997.
6. *Progress in transplantation: reprint collection, Donor Management Issues 2003.*
7. *Critical Care Nurse: Organ Donation Issue*, American Association of Critical Care Nurses, Vol. 19, No. 2, April 1999.
8. The death record review manual from AOPO.
9. Conditions of Participation, current edition.
10. Phillips, M.G. (ed.) *Organ procurement, preservation and distribution in transplantation.* 1996.
11. *Organ and Tissue Donation: A reference guide for clergy—SEOPF and UNOS* current edition.
12. *UNOS organ procurement coordinators handbook* 3rd edition, 2000.
13. Klintman, G., Levy M. *Organ Procurement and preservation Landes Bioscience Vademecum*, Austin Texas 1999.
14. Warmbrodt, J., et al. *The business of getting referrals: a step by step guide for organ procurement professionals.* Warmbrodt Resources, Fairway KS, 1992.
15. *Roles and training in the donation process: a resource guide.* Dept. of Health and Human Services Administration – Health Care Financing Administration. August 2000.
16. *Informed consent in tissue donation: expectations and realities.* Dept. of Health and Human Services – Office of the Inspector General. January 2001.
17. *Non-heart beating organ transplantation practice and protocols.* Institute of Medicine. National Academy Press, Washington DC.
18. The Gallop Organization, Inc. *The American public's attitudes toward organ donation and transplantation, conducted for the partnership for organ donation.* Boston MA February 1993.
19. Association of Organ Procurement Organizations Clinical Standards
20. *A Clinician's Guide to Donation and Transplantation – NATCO*, Ludlow, Ohler and Shafer
21. Association of PeriOperative Nurses – Standards and Guidelines

### Journals and specific articles:

22. *Progress in transplantation –the journal for procurement and clinical transplant professionals.*
  - a. Issues from 2000 to the current issue have many articles on organ donation and procurement for reviewing for the CPTC examination. JCAHO Accreditation standards. *Transplantation reviews.* Vol. 13, No. 1, January 1999.

### Journal of Transplant Coordination

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**Certified Clinical Transplant Coordinator  
Certified Procurement Transplant Coordinator  
Certified Transplant Preservationist  
Certified Clinical Transplant Nurse**

## **EXAMINATION APPLICATION**

**IMPORTANT:** You must mail this application and payment to:

**ABTC Examination  
18000 W. 105th St.  
Olathe, KS 66061-7543**

You may download this application from the ABTC website: [www.ABTC.net](http://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: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

Email Address: \_\_\_\_\_

I have previously taken the CCTC, CPTC, CTP or CCTN examination. Please indicate the examination and date:

- CCTC Date \_\_\_\_\_  CTP Date \_\_\_\_\_  
 CPTC Date \_\_\_\_\_  CCTN Date \_\_\_\_\_

Because of functional limitations imposed by visual, sensory or physical disabilities, special accommodations will be necessary for me to complete the certification examination. (Please complete the Special Examination Accommodations form signed by a licensed healthcare provider or other qualified professional who is experienced in providing accommodations for you.)

### **SECTION 2: EXAMINATION APPLIED FOR (must include payment for each examination applying for)**

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- Certification Examination for Clinical Transplant Coordinator (CCTC) – \$425
- Certification Examination for Procurement Transplant Coordinator (CPTC) – \$425
- Certification Examination for Transplant Preservationist (CTP) – \$425
- Certification Examination for Transplant Nurse (CCTN) – \$325
- International Administration Fee – \$225 (For candidates testing outside of the United States, an additional \$225 administration fee must be included with your examination fee.)

**Method of Payment:**  Check/Money Order  VISA  MasterCard  
 Discover  American Express

I agree to pay the amount indicated according to card issuer agreement.

\_\_\_\_\_  
Card #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Expiration Date

**SECTION 3: DEMOGRAPHICS**

|  |   |   |   |
|--|---|---|---|
| <p><b>Highest level of education</b> <i>(check one)</i></p> <p><input type="checkbox"/> Diploma nursing</p> <p><input type="checkbox"/> Associate's degree</p> <p><input type="checkbox"/> Bachelor's degree</p> <p><input type="checkbox"/> Master's degree</p> <p><input type="checkbox"/> Doctoral degree (nonmedical)</p> <p><input type="checkbox"/> Medical doctor (MD, DO)</p> <p><input type="checkbox"/> other (specify) _____</p>  | <p><b>Years of clinical/surgery/transplant nurse/procurement/preservationist experience</b> <i>(check one)</i></p> <p><input type="checkbox"/> less than 2 years</p> <p><input type="checkbox"/> 2-3 years</p> <p><input type="checkbox"/> 4-5 years</p> <p><input type="checkbox"/> more than 5 years</p>  |   |   |
| <p><b>Professional license or registration</b><br/><i>(check all that apply)</i></p> <p><input type="checkbox"/> LVN/LPN</p> <p><input type="checkbox"/> EMT/Paramedic</p> <p><input type="checkbox"/> Medical Technologist</p> <p><input type="checkbox"/> PA</p> <p><input type="checkbox"/> RN License # _____ Issuing State _____</p> <p><input type="checkbox"/> Nurse Practitioner</p> <p><input type="checkbox"/> Advanced Practice Nurse</p> <p><input type="checkbox"/> Social Worker</p> <p><input type="checkbox"/> Physician</p> <p><input type="checkbox"/> Respiratory Therapist</p> <p><input type="checkbox"/> Surgical Technician</p> <p><input type="checkbox"/> other (specify) _____</p> | <p><b>Primary place of employment</b><br/><i>(check one)</i></p> <p><input type="checkbox"/> hospital-based OPO</p> <p><input type="checkbox"/> independent OPO</p> <p><input type="checkbox"/> university-based transplant center hospital</p> <p><input type="checkbox"/> private or government/military transplant center hospital</p> <p><input type="checkbox"/> private review agency/third party payor/HMO/PPO</p> <p><input type="checkbox"/> other (specify) _____</p>   |   |   |
|  | <p><b>Job Duties</b><br/><i>(check all that apply)</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Clinical coordinators/transplant nurse</b></p> <p><input type="checkbox"/> heart</p> <p><input type="checkbox"/> lung</p> <p><input type="checkbox"/> liver</p> <p><input type="checkbox"/> pancreas</p> <p><input type="checkbox"/> kidney</p> <p><input type="checkbox"/> intestine</p> <p><input type="checkbox"/> other (specify) _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Procurement coordinators</b></p> <p><input type="checkbox"/> organ donor management</p> <p><input type="checkbox"/> organ preservation</p> <p><input type="checkbox"/> hospital development</p> </td> </tr> </table> | <p><b>Clinical coordinators/transplant nurse</b></p> <p><input type="checkbox"/> heart</p> <p><input type="checkbox"/> lung</p> <p><input type="checkbox"/> liver</p> <p><input type="checkbox"/> pancreas</p> <p><input type="checkbox"/> kidney</p> <p><input type="checkbox"/> intestine</p> <p><input type="checkbox"/> other (specify) _____</p> | <p><b>Procurement coordinators</b></p> <p><input type="checkbox"/> organ donor management</p> <p><input type="checkbox"/> organ preservation</p> <p><input type="checkbox"/> hospital development</p> |
| <p><b>Clinical coordinators/transplant nurse</b></p> <p><input type="checkbox"/> heart</p> <p><input type="checkbox"/> lung</p> <p><input type="checkbox"/> liver</p> <p><input type="checkbox"/> pancreas</p> <p><input type="checkbox"/> kidney</p> <p><input type="checkbox"/> intestine</p> <p><input type="checkbox"/> other (specify) _____</p>  | <p><b>Procurement coordinators</b></p> <p><input type="checkbox"/> organ donor management</p> <p><input type="checkbox"/> organ preservation</p> <p><input type="checkbox"/> hospital development</p>   |   |   |

**SECTION 4: APPLICANT SIGNATURE**

I certify that I have read all portions of this application and believe that I comply with all admission policies for the Certification Examination for Clinical Transplant Coordinators, Certified Clinical Transplant Nurse, Certified Transplant Preservationist and/or Certification Examination for Procurement Transplant Coordinators. The information I have submitted in this application is complete and correct to the best of my knowledge and belief. I understand that if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released, or invalidated by the ABTC. I also understand that the ABTC may confirm my eligibility for this examination by verifying my academic/professional credentials and/or by contacting the employers listed in this application.

**I UNDERSTAND THAT I FORFEIT ALL EXAMINATION REGISTRATION FEES IF I DO NOT SCHEDULE MY EXAMINATION WITHIN 90 DAYS OF ELIGIBILITY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE NOTE: DO NOT sign this statement unless all previous sections of this application have been fully completed. Facsimile signatures are not acceptable.**

*THIS APPLICATION MUST BE SIGNED AND DATED WITH CURRENT DATE.*

# REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, **please complete this form and provide the Documentation of Disability-Related Needs information on the next page and submit it with your application at least 45 days prior to your requested examination date.** 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 Email Address

## Special Accommodations

I request special accommodations for the following examination:  CCTC  CPTC  CTP  CCTN

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Other special accommodations (Please specify.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form with your examination application and fee to:  
PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.**



# DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a  
Candidate Name 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:  
 PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.**

# 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, PSI, 18000 W. 105th St., Olathe, KS 66061-7543.

**Print your new address below:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

**Please print previous address below:**

Street \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

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

Candidate's Signature \_\_\_\_\_ Date \_\_\_\_\_



