

ABAT Credentialing Application Guidelines and Checklist – U.S.-based Candidates

U.S. Based Application Outline:

Thank you for your interest in becoming a Diplomate of the American Board of Applied Toxicology (ABAT). The ABAT Credentialing Application is separated into 16 different sections:

1. **Contact Information**
2. **Education**
3. **Licensure**
4. **Toxicology Experience**
5. **Toxicology-Related Employment History**
6. **Consultation Requirements**
7. **Didactic Teaching**
8. **Preceptorship**
9. **Research Protocols**
10. **Research Publications**
11. **Non-Research Publications**
12. **Professional Presentations**
13. **Editorial/Reviewer Duties, Expert Witness Activities, Pharmacy & Therapeutics Committee Involvement, and Drug Monographs for Databases Activities**
14. **Committee Work and Community Education**
15. **References**
16. **Final Review**

Below you will find the information you will need to gather for each section of the application along with a detailed checklist to ensure all parts of the application have been completed. Once all application requirements have been met, please submit your electronic application at:

<https://www.clintox.org/education/abat/credentialing-application>

Contact the Chair of ABAT's Credentialing Committee at ABATCredentialing@clintox.org with any questions about the application and/or requirements.

Instructions:

1. **Please type** all information and complete all applicable sections. You may submit supplemental pages if additional lines are needed.
2. **List supporting** documents in all necessary appendices under the pertinent section(s) of the ABAT Credentialing Application. Please follow the naming conventions provided for all appendices and attachments.
3. **Completed applications** need to be submitted by the deadline using the electronic application below.
4. **Due Date:** A completed electronic version of this application is due by July 1 for all U.S.-based applicants.
 - a. *If you are an international candidate, please exit this application and submit your materials through the application for international candidates.*
5. **Fees:** Application Fee of \$200 and Examination Fee of \$300 must be received within 10 days of receipt of application.

Contact the Chair of ABAT's Credentialing Committee at ABATCredentialing@clintox.org with any questions about the payment process.

Application Fee and Exam Fee Payments must be submitted electronically through the following page under the Exam & Application Fees tab: <https://www.clintox.org/education/abat/becoming-abat>

1. Contact Information

Information Needed for Online Application:

1. Personal Contact and Mailing Information
2. If you are a graduate of a Clinical Toxicology Post-Graduate Training Program, you will need a brief statement from your Training Program Director that attests that the information provided in the application is accurate and all items have been completed as listed.

Did you enter all of your contact information accurately on the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If you completed a Clinical Toxicology Post-Graduate Training Program, did you upload a statement from your program director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

2. Education

Information Needed for Online Application:

1. If you are a graduate of an accredited college or university with at least a bachelor's degree in a biomedical discipline, you will need the following information:
 - a. University Name
 - b. Degree
 - c. Graduation Date
 - d. A copy of the degree (PDF, JPG) to upload into the application.

Did you graduate from an accredited college or university with at least a bachelor's degree in a biomedical discipline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter University attended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter Degree?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter Graduation Date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you upload a copy of the degree?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

3. Licensure

Information Needed for Online Application:

1. If you are a healthcare professional with a valid, unrestricted license to practice in the United States, you will need the following information:
 - a. Profession
 - b. License #
 - c. State that you are licensed to practice in
 - d. Expiration date of your license
 - e. A copy of the license (PDF, JPG) to upload into the application.

2. If you are an applicant without a requirement for licensure, you will need to provide an explanation as to why you are not required to hold a current license to practice.

Are you a healthcare professional with a valid, unrestricted license to practice in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes:

Did you enter Profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter License Number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter Expiration Date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you upload a copy of your license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If licensure is not a requirement for your professions, did you enter an explanation of why you do not need to hold a current license to practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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4. Toxicology Experience

Instructions/Notes

- Applicants holding a master's or doctoral degree are required to have a minimum of 2 years of full-time experience in clinical toxicology or an equivalent part-time experience.
- Applicants with a bachelor's degree in a biomedical discipline must have a minimum of 5 years of full-time experience in clinical toxicology or an equivalent part-time experience.
- The experiential requirement could be satisfied through one of the following post-graduate training program options:
 - Completion of a formal, full-time 24-month training program in clinical toxicology under the direction of a DABAT or AACT fellow.
OR
 - Completion of a formal, full-time 12-month training program in clinical toxicology under the direction of a DABAT or AACT fellow preceded by a 1-year formal training program in a related healthcare field (e.g. PGY1 pharmacy residency)
OR
 - Completion of an ASHP accredited PGY2 Emergency Medicine pharmacy residency plus the equivalent of 1 year of full-time experience in clinical toxicology
OR
 - Completion of an ASHP accredited PGY2 pharmacy residency other than Emergency Medicine plus the equivalent of 1.5 years of full-time experience in clinical toxicology
- **Equivalent part time experience**
 - 1 year full-time = 2 years at 50% time = 4 years at 25%. Time is based on an average 40-hour work week
 - Candidates submitting poison information specialist work as part of their application must be certified by the America's Poison Centers for a **minimum of 3 years** OR be certified for a **minimum of 1 year and undergone at least 1 year of fellowship training**
 - Scholastic coursework is not considered to be professional experience

Information Needed for Online Application:

1. If you completed any post-graduate training, you will need the following information:
 - a. Type of Post-Graduate Training Program
 - b. Institution
 - c. Address (City/State only)
 - d. Program Director
 - e. Start and End Date
2. If you are submitting poison center experience, you will need the following information:
 - a. Initial Certification Date
 - b. Current Expiration Date

Did you select one or more of the following Post-Graduate Training Programs OR Equivalent Experience that you have completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter all of the requested information for each of the training programs selected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

5. Toxicology-Related Employment History

Information Needed for Online Application:

1. For each toxicology-related role provided, you will need the following information:
 - a. Position/Job Title
 - b. Average hours/week on Toxicology
 - c. Employment Dates
 - d. Employer/Institution
 - e. Department
 - f. City and State
 - g. Brief description of toxicology-related responsibilities

Did you include at least one toxicology-related role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each role:

Did you enter Position/Job Title?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter Average hours per week on Toxicology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter Employment Dates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter Employer details?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Toxicology-related responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

2. If you are an America's Poison Centers Certified Specialists in Poison Information, you will need the following information:

- a. Date of Initial Certification
- b. Date of Expiration for Current Certification

Are you an America's Poison Centers Certified Specialist in Poison Information?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes:

Did you enter the Date of Initial Certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you enter the Date of Expiration for Current Certification?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

3. How many total years of Toxicology Experience do you have?

Did you enter total years of toxicology experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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6. Consultation Requirements

Information Needed for Online Application:

1. Applicants will need to submit the following log ([Appendix 1](#)) with patient identifiers deleted:
 - a. 50 direct, bedside toxicology patient consultations ([Appendix 1](#))
OR
 - b. 35 or more direct, bedside patient consultations + enough telephone/telemedicine consultations ([Appendix 2](#)) to equal 50
 - i. 3 telephone/telemedicine consultations = 1 direct consultation with a healthcare clinician)
 - c. **If you graduated from a Clinical Toxicology Fellowship/Residency program under the direction of an ABAT Diplomate (DABAT) or a Fellow of AACT (FAACT), you do not need to submit Appendix 1, however, the Credentialing Committee reserves the right to request a copy of the log(s).*

Did you graduate from a Clinical Toxicology Fellowship/Residency program under the director of a DABAT or FAAC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If no:

Did you complete and upload Appendix 1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you name Appendix 1 correctly using the following naming convention? <i>Appendix-1-Direct-Bedside-Patient-Consults_LastName_FirstName_2026</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Did you need to include Appendix 2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes:

Did you complete and upload Appendix 2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you name Appendix 2 correctly using the following naming convention? <i>Appendix-2-Telephone-Telemedicine-Consults_LastName_FirstName_2026</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

7. Didactic Teaching

Information Needed for Online Application:

1. Applicants will need to provide evidence of a minimum of 5 presentations in clinical toxicology to learners (students or residents) for a cumulative total of at least 5 hours:
 - a. Teaching could be provided to rotators on clinical rotations, as an academic course in clinical toxicology, OR as grand rounds seminars
2. For each presentation provided, you will need the following information:
 - a. Lecture Title
 - b. Location
 - c. Length in Hours
 - d. Learners (Type and # in Attendance)
 - e. Date

Did you provide at least 5 presentations totaling 5 hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each of the didactic teachings submitted:

Did you include Lecture titles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Locations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Length?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Learners and attendance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Dates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

8. Preceptorship

Information Needed for Online Application:

1. Applicants may include any precepting experience (providing clinical education and overseeing care provided by) of patient care clinical learners in clinical toxicology.
2. For each preceptorship experience provided, you will need the following information:
 - a. Institution (University & Program)
 - b. Rotation Title
 - c. Rotation Description
 - d. Date

Did you provide evidence of precepting experience of patient care clinical learners in clinical toxicology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each of the precepting experience submitted:

Did you include Institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Rotation Title?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Rotation Description?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Dates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

9. Research Protocols

Information Needed for Online Application:

1. Applicants need to provide evidence of designing and conducting a research study in clinical toxicology. (This can include related studies such as surveillance of adverse drug events, drug interactions, etc., quality assurance activities regarding the assessment and treatment of poisoned patients, or medication use evaluations related to clinical toxicology.)
2. For each research study submitted, you will need the following information:
 - a. Title
 - b. Role (i.e. PI, Coordinator, etc.)
 - c. Brief Description of Study
 - d. IRB Approved (Y/N)
 - e. Dates

Did you provide evidence of designing and conducting a research study in clinical toxicology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each study submitted:

Did you provide evidence of designing and conducting a research study in clinical toxicology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Description?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include IRB status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Dates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

10. Research Publications

Information Needed for Online Application:

1. Applicants need to provide evidence of authoring at least one peer-reviewed publication* related to research (case series or research study) in clinical toxicology (or related topic such as adverse drug events, drug interactions, etc.)
 - a. **Graduates of Clinical Toxicology Fellowship/Residency programs under the direction of a DABAT or FAACT are NOT required to have a manuscript submitted and accepted for publication by the application deadline. The fellowship director's signature on this application is verification that the research project listed above was completed and a manuscript of publishable quality is in progress.*
2. For each publication submitted, you will need the following information:
 - a. Citation in APA Format (<https://apastyle.apa.org/>)
 - b. Article Type

Did you provide evidence of authoring at least one peer-reviewed publication related to research in clinical toxicology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each publication submitted:

Did you include APA citation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include article type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

11. Non-Research Publications

Information Needed for Online Application:

1. Applicants need to provide evidence of having authored at least 2 publications related to clinical toxicology that are not the result of research conducted by the applicant (e.g. book chapters, review articles, case reports, etc.).
 - a. Four newsletter articles (or equivalent, i.e. blogs) = 1 publication.
 - b. Newsletter articles may only be used to satisfy one of the two required publications; the other needs to be a peer-reviewed submission.
2. For each publication submitted, you will need the following information:
 - a. Citation in APA Format (<https://apastyle.apa.org/>)
 - b. Publication Type

Did you provide evidence of having authored at least 2 publications related to clinical toxicology that are not the result of research conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, was at least one of the examples provided a peer-reviewed submission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

12. Professional Presentations

Information Needed for Online Application:

1. Applicants need to provide evidence of having given at least 4 presentations on clinical toxicology to other professionals (e.g. poster presentation, continuing education programs, platform presentation, grand rounds seminar, webinars, etc.)
2. For each presentation submitted, you will need the following information:
 - a. Title
 - b. Presentation type
 - c. Description (& CME, CNE, or ACPE UAN # if applicable)
 - d. Date

Did you provide evidence of having given at least 4 presentations on clinical toxicology to other professionals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each presentation example submitted:

Did you include Title?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Presentation type?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Description and accreditation info?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include IRB status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Dates?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

13. Editorial/Reviewer & Related Activities

Information Needed for Online Application:

1. Applicants need to provide evidence of having served as an editor, editorial board member, or peer reviewer for health care or toxicology-related publication/journal or a peer reviewer for abstracts submitted to a toxicology-related conference.
 - a. Enter your editorial/reviewer experience on [Appendix 3](#) and include it in your application using the upload section of the application.
 - b. Other editorial/reviewer activity will be considered based on information provided by the candidate (e.g., expert witness work, pharmacy & therapeutics committees, monographs for drug databases, etc.). More complete descriptions and supporting documents may be referenced here and added in Appendix 3 in Sections 3.2, 3.3, and 3.4.

Did you provide evidence of serving as an editor, editorial board member or peer reviewer for a health care or toxicology-related publication/journal or a peer reviewer for abstracts submitted to a toxicology-related conference in Appendix 3, Section 1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, did you name Appendix 3 correctly using the following naming convention? <i>Appendix-3-Editorial-Reviewer-Duties_LastName_FirstName_2026</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

2. Expert Witness (Appendix Section 3.2)

- a. For each example submitted, you will need the following information:
- i. Date
 - ii. Brief Description of Case (without patient identifiers)
 - iii. Your Involvement
- b. **Graduates of Clinical Toxicology Fellowship/Residency programs under the direction of a DABAT or FAACT who have not been directly involved in an active case can meet this requirement by reviewing previous expert witness work completed by the director and discussing the ethics surrounding such work (as evidenced by the director's signature on this application confirming what is documented in this chart).*

Did you enter any Expert Witness information into Appendix 3, Section 2?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each example submitted:

Did you include Date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include a Brief Description of the Case?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Your Involvement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

3. Pharmacy and Therapeutics Committee Involvement (Appendix Section 3.3)

- a. For each example submitted, you will need the following information:
- i. Date
 - ii. Brief Description of Involvement in P&T (include any MUE or drug class monographs you prepared)

Did you enter any Pharmacy or Therapeutics Committee Involvement into Appendix 3, Section 3?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each example provided:

Did you include Date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include a Brief Description of Involvement in P&T (include any MUE or drug class monographs you prepared)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

4. Drug Monographs for Databases (Appendix Section 3.4)

- a. For each example submitted, you will need the following information:
- i. Date
 - ii. Brief Description
 - iii. Database

Did you enter any Drug Monographs for Databases into Appendix 3, Section 4?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each example provided:

Did you include Date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include a Brief Description?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include the Database?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Did you include any additional reviewer/volunteer type activities in your application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If yes, did you enter the description of each activity in the space provided in the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

14. Committee Work & Community Education

Information Needed for Online Application:

1. Committee Work ([Appendix 4](#), Section 1)
 - a. Applicants need to provide evidence of active service on at least one toxicology related committee (e.g. local, regional, or national).
 - i. Local examples include emergency preparedness, pharmacy safety and therapeutics, quality and safety, etc.
 - ii. Active service means holding a leadership position within the committee or providing objective evidence of involvement within the group.
 - b. For each example submitted, you will need the following information:
 - i. Date Range
 - ii. Committee
 - iii. Role and Responsibility
 - iv. Organization
 - c. Enter your committee work and community education experience on [Appendix 4](#) and include it in your application using the upload section below

Did you provide evidence of active service on at least one toxicology-related committee in Appendix 4, Section 1?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you name Appendix 4 correctly using the following naming convention? <i>Appendix-4-Committee-Work-Community-Education_LastName_FirstName_2026</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If yes, for each committee submitted:

Did you include the Date Range?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include the Committee Name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include Your Role and Responsibilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include the Organization Name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

2. Community Education ([Appendix 4](#), Section 2)

- a. Applicants need to provide evidence of a minimum of 5 presentations (or other educational activities including media appearances) to the lay public on topics related to clinical toxicology.
- b. For each presentation submitted, you will need the following information:
 - i. Date
 - ii. Topic/Presentation
 - iii. Brief Description
 - iv. Audience

Did you provide evidence of a minimum of 5 presentations to the lay public on topics related to clinical toxicology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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If yes, for each presentation provided:

Did you include the date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include the Topic/Presentation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include a Brief Description?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you include the Audience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

15. References

Information Needed for Online Application:

- 1. Applicants need to provide contact information for three (3) professional references.
- 2. For each reference, you will need to submit the following information:
 - a. First and Last Name
 - b. Phone Number
 - c. Email Address
 - d. Full Address

Did you provide 3 professional references with all required details?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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16. Final Review

Information Needed for Online Application:

1. Congratulations, you have reached the end of the ABAT Credentialing application. Please make sure all sections have been addressed and that the information submitted is accurate before clicking SUBMIT
2. As a reminder, an Application Fee of \$200 and an Exam Fee of \$300 must be received within 10 days of submitting of your application. Your application will not be reviewed until both the application fee and exam fee are received
 - a. [ABAT Credentialing Application Fee](#)
 - b. [ABAT Exam Fee](#)
3. Applicants will need to affirm that their application is complete and accurate to the best of their knowledge and that you understand that the Credentialing Committee will base its review and decision solely on the information submitted within the application.

Did you complete all sections of the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you name and upload all Appendices correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you pay the \$200 ABAT Credentialing Application Fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you pay the \$300 ABAT Exam Fee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you affirm that the application is complete and accurate to the best of your knowledge?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you submit the completed application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Did you receive confirmation email?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

If no, please contact AACT Staff for assistance at admin@clintox.org.