

AATMC




Specialist Training by INTERLINK

The Advanced Achievement in Transplant Management Certification (AATMC) Program is designed to provide case managers with in-depth knowledge of transplant case management. Participants will gain the essential information and tools needed to care for transplant candidates. ***To be considered for the program you must have a minimum of two years of case management experience.*** Please fill out the following information completely to be considered for the AATMC Program.

Applications must be submitted on or before March 3, 2011.

Applicant Name: Last	First	M.I.	Job Title:
Preferred Mailing Address:			
Phone Number:		Email:	
Company Name:		Company Type (TPA, MGU, HMO etc.):	
Are you a certified Case Manager (CCM): Yes <input type="checkbox"/> No <input type="checkbox"/>		Case Management Specialty:	
Years of CM experience: 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 20+ <input type="checkbox"/>		Years of clinical experience: 0-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> 20+ <input type="checkbox"/>	
Case load per month: 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 50+ <input type="checkbox"/>		Transplant Cases per year: 1-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 50+ <input type="checkbox"/>	
What percentage of the transplant cases you manage are Medicare/Medicaid?			
Does your company have a signed Participation Agreement with INTERLINK? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has your company gone through a Client Implementation with INTERLINK? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered No to both questions above, please explain your relationship with INTERLINK:			
Please list any credentials you have achieved:			
Date:		Signature:	

Admission Code: _____

	<i>For INTERLINK use only:</i>
	Date: _____
	Application number: _____
	Fee: _____

Please submit your application by fax, email or mail to:
 INTERLINK Health Services, Inc. ATTN: Emily Kambak
 4660 NE Belknap Court, Suite 209
 Hillsboro, OR 97124
 Fax: 503.640.2028
education.opportunities@interlinkhealth.com