

**The American Board of Cardiovascular Perfusion**

**PROFESSIONAL ACTIVITY REPORT**

**For EXTENSION, CONDITIONAL CERTIFICATION, and EXTENDED LEAVE**

**Mail to:** 555 E. Wells Street, Suite 1100 Phone: (414) 918-3008
 Milwaukee, WI 53202 Fax: (414) 276-3349

**Deadline for submission of this report is December 31 of the current reporting year.**

**Name: ☐ Mr. ☐ Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABCP ID No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **If this is a new address, please check here. ❏**

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **FOR OFFICE USE ONLY**

**Fee \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Validated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAR CEUs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAR Cases \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_

**I certify that all information submitted in this report is correct. I understand that any misrepresentation will result in revocation of my certification as a Certified Clinical Perfusionist.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

 **\*Additional SIGNATURE REQUIRED for Ethical Standards of ABCP (SEPARATE PAGE).**

**NOTE: Inaccurate or incomplete forms will be returned and recertification will be withheld until such time as a complete and correct report has been filed.**

 REV. 4/2020

**Ethical Standards of**

**The American Board of Cardiovascular Perfusion**

The American Board of Cardiovascular Perfusion (ABCP) is dedicated to the provision of safe, competent medical care for any and all patients. To that end, the ABCP administers certification examinations and monitors recertification, and therefore requires those participating in these credentialing processes to ascribe to the following ethical standards.

I. Each Certified Clinical Perfusionist (CCP) and applicant (or candidate for certification), (hereinafter, referred to as "individual,") shall comply with all existing and future rules, regulations and standards of the ABCP and will bear responsibility for demonstrating compliance with same. An individual is eligible to apply for and maintain certification/recertification **only** when in compliance with **all** the ABCP rules, regulations and standards.

**If an individual is not in compliance with the ABCP rules, regulations or standards, the ABCP may impose one or more of the following sanctions: deny or suspend eligibility; deny, revoke, refuse to renew, or suspend certification; issue a reprimand; or take other corrective action regarding certification or recertification.**

1. The individual shall not willfully fail to promote the safety and welfare of the public, whether through negligent acts, acts of omission or through misrepresentation. Failure to promote public safety and welfare or the provision of safe, competent medical care includes (but is not limited to):
	1. impairment of professional performance because of habitual use of alcohol, drugs, or other substance, or any physical or mental condition;
	2. gross or repeated negligence or malpractice in professional work;
	3. noncompliance with laws related to the profession;
	4. failure to maintain a current professional credential as required by the jurisdiction in which the individual practices (this may include a license, certificate, or registration);
	5. the conviction of, plea of guilty to, or plea of *nolo contendere* to a felony related to public health and safety or the profession; and
	6. disciplinary action by a licensing board or professional organization other than the ABCP.

III. The individual convicted of, or pleading guilty or *nolo contendere* to, a felony directly related to public health and safety or the provision of safe, competent medical care shall be considered ineligible to apply for certification/recertification for a period of one year from the exhaustion of the appeals, proceeds or final release from confinement (if any), or the end of probation, whichever is later. An individual who is incarcerated, or for whom incarceration is pending, as of the application deadline date is ineligible for certification or recertification to the end of incarceration.

**Felony convictions considered for this standard include, but are not limited to, fraud, actual or threatened use of a weapon or violence, rape, sexual abuse of a patient or child, or prohibited sale, distribution, possession, or misuse of controlled substances.**

IV. The individual shall not engage in unauthorized possession or misuse of the ABCP’s credential, examinations, and other intellectual property. The individual shall respect the ABCP’s intellectual property rights and comply with the ABCP use of Credential Trademark Policy.

V. The individual shall not misrepresent his/her certification status or misuse any title or membership in any professional organization or community.

VI. The individual shall abide by the ABCP’s reasonable test administration rules. The individual shall have had no unauthorized possession of, use of, or access to any examination documents or materials, nor shall the individual receive any unauthorized assistance, copy examination materials, or cause a disruption in the testing area during a test administration or the conduction of any portion of the certification examination. The individual shall not subsequently use or divulge information gained from his/her examination experience for any reason.

VII. The individual must truthfully complete and sign an application in the form provided by the ABCP, pay the required fees, and provide additional information as requested. The individual shall not make any material misrepresentation of fact during application for certification/recertification. Ineligibility for certification, regardless of when the ineligibility is discovered, is grounds for disciplinary action.

1. The individual shall report possible violations of these Ethical Standards and any other development bearing on certification in writing to the Executive Director of the ABCP.

Other persons concerned with possible violation of the ABCP rules are encouraged to contact the ABCP. The person making the complaint should identify him-/herself by name, address, email address, and telephone number. However, the ABCP may consider anonymous complaints.

**This report should include information regarding the identity of the person(s) involved in the alleged misconduct with as much specific detail and documentation as possible. The identity of the person making the report must be made known as well as others with knowledge of the facts and circumstances surrounding the alleged misconduct.**

As an applicant for recertification, I have read, understand, and hereby ascribe to the principles in these Ethical Standards.

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Signature Date

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

**PROFESSIONAL ACTIVITY REPORT**

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| --- | --- | --- | --- |
| **Maximum CEUs Per Activity** | **Activity** | **Documentation** | **Maximum CEUs In****3-Year Period** |
|  | **CATEGORY I – ABCP Approved Perfusion Meetings and Related Activity [A minimum of 15 CEUs must be from this category]***Perfusion meetings are those programs and seminars in which a minimum of 75% of the contact hours consists of perfusion or relevant cardiac surgery related material. Category I programs must be equally accessible to the general CCP community.* |
| No maximum | Attendance at an ABCP approved Perfusion-related Meeting; Live, Interactive Webcast or Webinar (**independent of an on-site meeting)** approved by the ABCP | An official document from the meeting sponsor documenting attendance and the number of CEUs received | None |
| 5 | Authors listed in a publication of Perfusion-Related Book Chapter, or Article in Professional Journal (*Society newsletters and correspondences are* ***not*** *included*) | Complete reference of book or article (authors, title, journal, and date/volume of journal) | 10 |
| 5 | Presentation of a Talk at an ABCP-approved perfusion-related meeting; Presentation of a Talk during a Live, Interactive Webcast or Webinar approved by the ABCP | Copy of program agenda | 10 |
| 2 | Editorial Review of Perfusion Journal Articles; Presentation of a Poster or Other Exhibit at an ABCP approved perfusion-related meeting (*Presenter(s) must be present for discussion during poster session*) | Complete reference of journal article (authors, title, journal, and date/volume of journal) | 6 |
| 5 | Participation in ABCP Knowledge Base Survey | Documentation will be kept by the ABCP | 5 |
| No maximum | High Fidelity Perfusion Simulation (HFPS) event that is associated with an approved Category I meeting | Approved Perfusion Meeting, Live, Interactive Webinars, and non-case credit Simulation Activities: An official document from the activity sponsor documenting attendance and the number of CEUs received | None |
| 3(per year) | Serving as Clinical Instructor in an Accredited Perfusion Training Program | Clinical instructors in accredited programs must provide a letter of confirmation of their status from the Program Director | 9 |
| No maximum | Completion of ABCP approved Self-Directed Continuing Education material. Self-Directed Continuing Education (SDCE) is defined as individual participation in previously recorded electronic or written educational material as an individual, without the ability to interact with other participants or a moderator. This activity may be either online or in written format. Participant must take the required post-test and achieve a minimum score of 80% to receive credit. | An official document from the sponsor documenting successful completion of post-test on ABCP approved material and number of CEUs awarded. See information on **Page 26** | 10 |

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**ABCP Approved Perfusion Meetings**

|  |  |  |  |
| --- | --- | --- | --- |
| Date-M/D/Y | MEETING NAME | LOCATION | CEUs |
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**Publication of Perfusion-Related Book, Chapter, or Article in a Scientific Journal**

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| --- | --- | --- | --- | --- |
| JOURNAL | Vol, Issue | TITLE | PAGES | CEUs |
|  |  |  |  |  |
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**Other Category I Related Activities**

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| --- | --- | --- | --- |
| Date-M/D/Y | ACTIVITY TYPE/NAME | LOCATION | CEUs |
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| --- | --- | --- | --- |
| **Maximum CEUs Per Activity** | **Activity** | **Documentation** | **Maximum CEUs In****3-Year Period** |
|  | **CATEGORY II – (Assigned per Non-Approved Perfusion Meetings Meeting) and Other Medical Meetings** |
| 15 | Perfusion-related meeting or medical meeting NOT approved by the ABCP | A certificate of attendance issued by a professional organization that states the CEUs awarded; or A record of attendance | None |
| 5 | All Other Medical Meetings (Hospital-based Grand Rounds, In-services, M&M, Cath Conferences, etc.) | See above | 10 |
| 5 | Medical meeting or perfusion–related meeting not accessible to all perfusionists or manufacturer-specific or company sponsored educational events | See above | 10 |
| 10 | Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) | See above | 15 |

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| --- | --- | --- | --- |
| Date-M/D/Y | ACTIVITY TYPE/NAME | LOCATION | CEUs |
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| --- | --- | --- | --- |
| **Maximum CEUs Per Activity** | **Activity** | **Documentation** | **Maximum CEUs In****3-Year Period** |
|  | **CATEGORY III -- Individual Educational And Other Self-Study Activities***Credit in Category III is acquired on an hour-for-hour basis of the time spent in these non-approved or non-supervised activities.* |
| 1(per activity) | Reading Scientific JournalsUse of Audiovisual Devices/ Podcasts/Additional SDCEsParticipation in Electronic Forums; Podcasts; a Journal ClubParticipation in degree oriented, professionally related courseworkSelf-Learning ActivitiesSelf-Study modulesBasic Life Support (BLS) training | All activities will require an official record of completion or [**written summary**](https://www.abcp.org/UserFiles/file/CategoryIIIWrittenSummary.docx) of the activity with a completion date. | 15 |
| 1(per activity) | Presentation at non-approved meeting | Copy of program agenda | 3 |
| 1(per contact hr.) | Serving as a Didactic Instructor in an Accredited Perfusion Training Program | Didactic instructors in accredited programs must provide a letter of confirmation of their status from the Program Director; course title and contact hours must be documented by the Program Director | 6 |
| 5(per activity) | Participation as an AC-PE Site Visitor | Documentation of date, site visited, and attendees | 10 |
| 1(per activity) | Membership in a professional perfusion organization at the international, national, or state level | Documentation of membership in a professional perfusion organization will be required for the period reported | 3 |
| 1(per contact hr.) | Simulation activities not occurring at an approved Category I meeting | Documentation of simulation activity, date, who supervised, and location | 15 |

**Individual Education**

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| --- | --- | --- | --- |
| DATE-Years | ACTIVITY TYPE/NAME | LOCATION | CEUs |
|  |  |  |  |
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**Self-Study Activities, Presentation at Non-Approved Meeting**

**(A Separate CATEGORY III WRITTEN SUMMARY Must be Retained for Each Activity)**

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| --- | --- | --- |
| DATE-Mo/Da/Yr | SELF-STUDY ACTIVITY | CEUs |
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**Self-Learning Activities**

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| --- | --- | --- |
| DATE-Year | ACTIVITIES | CEUs |
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**Total CEUs Reported**

**(Minimum of 45 CEUs)**

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| --- | --- |
| **Category I** |  |
| **Category II** |  |
| **Category III** |  |
| **TOTAL OF ALL** |  |