

ANNUAL REPORT 2017

2903 Arlington Loop

Hattiesburg, Mississippi 39401

FROM THE PRESIDENT

In my previous address, I took time to thank all perfusionists for their hard work and sacrifice in advancing our profession. During our recent ABCP Liaison Panel meeting, attended by AmSECT, AACP, AC-PE, PPDC, and ELSO, a current and recurring troubling concern was with declining membership in the perfusion organizations. One of my goals for the ABCP has been to collaborate with and help strengthen our professional organizations. Strong professional societies make for a strong and influential profession. Our professional organizations have been paramount in moving the profession forward for years. The organizations want your volunteerism. The organizations are there to direct your energy and passion for our profession. The organizations are there to mentor each of us. I continue to learn from past mentors, colleagues, and my new graduate colleagues.

In my tenure on the ABCP, I have had the opportunity to attend numerous meetings and speak with perfusionists from across the country. I thank each of you for your input and your ability to personally inspire me through your hard work and unyielding dedication to the profession. I have met many individuals who would like to get involved in our professional organizations and donate their time but are not sure where to start. I have met individuals who have had a negative experience with our professional organizations and have let their memberships expire or who are not aware of the current and past work/goals the organizations have accomplished. I have also met young colleagues who have not been exposed to the organizations or do not understand the benefits of our professional societies. On behalf of the ABCP directors, we implore each of you to join our professional organizations. Give the organizations the opportunity to show the value-added services each has added and are currently developing. Use your voice and your vote to direct our organizations. Donate your time to committees that are advancing the profession and making decisions that will impact your career. If you have had a previous negative experience, give the organizations another chance. If you previously ran for an office or volunteered in the past, please consider running and volunteering again. If you do not know how to get involved after joining our professional societies email me personally edelaney1@northwell.edu, or Bill DeBois incoming president of AmSECT wdebois@yahoo.com or James Beck President of the AACP beckjam@nyp.org.

For my colleagues and mentors, continue to engage our new colleagues in the profession; learn about their needs, their goals, and their aspirations for the profession; and most of all encourage their participation. Guide them to opportunity. Encourage and focus their energy as they navigate our profession.

For my new colleagues, seek out mentors. Volunteer your time. Every time, I have volunteered my time or participated in a project, it has led to a new opportunity/experience. Engage your seasoned colleagues; speak with them and value their experience; remind them why they entered the field; and inspire them through your hard work, energy, and passion.

Your ABCP directors, in conjunction with our national office, were hard at work this year. We have recently published our 2015-16 recertification survey in JECT, and we have posted both the 2015-16 survey and the 2016-17 survey (a collaborative survey with the Accreditation Committee for Perfusion Education, AC-PE) to a link on the front page of our website. Our website has undergone a face lift. Please visit the website to view our improved new user-friendly options. The ABCP directors continue to seek out opportunities to increase our IT capabilities and your CCP experience. We have made changes to the ABCP Knowledge Base in accordance with CCP feedback from the knowledge base and recertification surveys. We have upgraded the format of the ABCP examinations to enhance the new graduate experience. We continue to meet and collaborate with the leadership of the perfusion organizations. The total number of CCP's has continued to grow to 4200+ Certified Clinical Perfusionists (CCPs) and the ABCP directors plan to continue to engage and support the needs of the perfusion population.

Finally, the only way to advance and position the future of our profession is to get involved. I have never been able to make changes or appreciate the day-to-day functions of an organization or team by participating from the outside. Continue to be the change agents and early adapters of technology that have permeated the history of our profession. I thank you for your contribution.

Sincerely,



Ed DeLaney, CCP
President

American Board of Cardiovascular Perfusion

The American Board of Cardiovascular Perfusion (ABCP) conducted its annual business meeting in Rancho Mirage, California, on February 10-11, 2017. The annual test development meeting and a business meeting were held in South Lake Tahoe, California, on June 21-24, 2017. An additional business meeting was held in New York, New York, on October 6-7, 2017.

Additionally, representatives of the ABCP attended meetings of the Accreditation Committee – Perfusion Education (AC-PE) and participated in various perfusion forums and educational meetings. This report will summarize the highlights of the year 2017.

2017 EXAMINATION RESULTS

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Prometric Computer Examination Centers on March 15-18, 2017.

The results were as follows:

Perfusion Basic Science Examination

Total: 40 examinees – passed 39 (98%), failed 1 (2%)
1st Time Takers: 33 examinees – passed 33 (100%), failed 0 (0%)

Clinical Applications in Perfusion Examination

Total: 63 examinees – passed 57 (90%), failed 6 (10%)
1st Time Takers: 53 examinees – passed 48 (91%), failed 5 (9%)

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Prometric Computer Examination Centers on October 18-21, 2017.

The results were as follows:

Perfusion Basic Science Examination

Total: 133 examinees – passed 125 (94%), failed 8 (6%)
1st Time Takers: 130 examinees – passed 124 (95%), failed 6 (5%)

Clinical Applications in Perfusion Examination

Total: 126 examinees – passed 118 (94%), failed 8 (6%)
1st Time Takers: 118 examinees – passed 112 (95%), failed 6 (5%)

ABCP ELECTIONS

At the February 11, 2017, business meeting, David Boyne, CCP, was elected for a second term. The following officers were elected: President Edward R. DeLaney, CCP; Vice President Kyle Spear, CCP; Secretary Brad Kulat, CCP; and Treasurer Ann Guercio, CCP. Other current Directors of the ABCP include David Boyne, CCP; Charles (Chuck) E. Johnson, CCP; David A. Palmer, Ed.D., CCP; William Riley, CCP; and Carol Ann Rosenberg, CCP.

ABCP LIAISON PANEL

The ABCP Liaison Panel was convened at the *55th International Conference* of the American Society of ExtraCorporeal Technology at the Boston Hynes Convention Center and Sheraton Hotel in Boston, Massachusetts, on April 29, 2017. Professional organizations represented at the meeting included the American Society of ExtraCorporeal Technology (AmSECT); the American Academy of Cardiovascular Perfusion (AACP); the Perfusion Program Directors' Council (PPDC); the Accreditation Committee – Perfusion Education (AC-PE); the Canadian Society of Clinical Perfusion (CSCP); and the Extracorporeal Life Support Organization (ELSO), along with the American Board of Cardiovascular Perfusion (ABCP).

Issues discussed at the meeting included the ABCP Knowledge Base Validation Survey; the results of the 2016 ABCP online survey; the review of the proposed 2017 manpower survey attached to the ABCP online recertification process; clinical instructor collaboration with the AC-PE; and building membership in the perfusion professional organizations.

The ABCP will host the 2018 ABCP Liaison Panel in conjunction with the *39th Annual Seminar* sponsored by the American Academy of Cardiovascular Perfusion at the New Orleans Marriott Hotel, in New Orleans, Louisiana, on Saturday, January 20, 2018.

ABCP APP

The American Board of Cardiovascular Perfusion (ABCP) provides a free app to assist with access to ABCP information from the convenience of your own Apple or Android mobile devices. The value-added benefits of downloading the free ABCP app include the following:

- Calendar of events that displays access to all ABCP CEU and SDCE approved meetings and educational opportunities that also includes educational provider website information (found in details) and points awarded by the ABCP.
- ABCP Booklet of Information (BOI) that provides information about the ABCP examination process, applying for certification/recertification and requirements for continuing education.
- CCP login that allows access to the online filing system to record clinical cases and professional activity via your mobile device.
- Meeting Points that provides access to meeting CEUs. (Went to a meeting and forgot how many points were earned? Use this tab to access approved meetings) Verification of meeting attendance is still required.
- ABCP contact information provides one touch email or phone call to the National Office.
- Other benefits of the free ABCP app are immediate access to the ABCP's annual report, ABCP website, submit a proposed ABCP examination question, code of ethics and mission statement.

Available for free download by Apple app store:

<https://itunes.apple.com/us/app/abcp/id870104084?ls=1&mt=8>

Or by Google Play:

https://play.google.com/store/apps/details?id=com.conduit.app_d37dc9cb840743ce80e6b23aed86da9c.app

ABCP American Board of
Cardiovascular Perfusion

CERTIFICATION

Candidates for ABCP certification must be graduates of an accredited cardiovascular perfusion education program or have been admitted to the examination process before April 15, 1981. The ABCP recognizes the Accreditation Committee – Perfusion Education (AC-PE) in cooperation with the Commission for Accreditation of Allied Health Education Programs (CAAHEP) and the Conjoint Committee on Accreditation of the Canadian Medical Association (CMA) as the official accrediting agencies for perfusion education programs.

EXAMINATION DEVELOPMENT

The Directors of the ABCP meet annually to review the results of the previous year's testing and to develop new examination items. The 2017 annual examination development meeting was held in South Lake Tahoe, California, on June 21-24, 2017. During this intensive work session, the Directors proposed, reviewed, and approved new items for inclusion in the *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* test banks. Items proposed for inclusion in the *PBSE* test bank were reviewed for accuracy, validity, relevance, and difficulty before being approved for use in the examination. Scenarios proposed for the *CAPE* were reviewed not only for accuracy, validity, relevance, and difficulty but also for appropriate situational sequence and flow. The correct answer to each *CAPE* question is required to be determinable from information provided in the scenario, ensuring that an incorrect answer on any *CAPE* question does not bias a response on any subsequent question in that scenario. The Directors also reviewed item statistics for questions used on both forms of the previous year's *PBSE* and *CAPE*. Test items that were not scored because they did not meet the statistical requirements for measurement accuracy were carefully reviewed and revised before being approved for future use. Historical information is maintained for each item on the *PBSE* and *CAPE* to provide data about item consistency and performance. Adhering to the best practices for test development and subjecting test bank items to careful statistical review ensures that the ABCP examination process remains consistent and fair.

The ABCP has utilized computer-based examinations since 2007. At the completion of each examination, examinees are given an opportunity to provide feedback regarding the test environment, test reservation arrangements, and test delivery. Opinions and suggestions from examinees are reviewed by the ABCP Directors and are used to evaluate and improve the examination experience. Examinee opinions regarding the computer-based examination process remain very positive. Almost all examinees express a high degree of satisfaction with each aspect of the examination process. Prometric, the organization that administers the test delivery, works very closely with the ABCP to address any concerns and to ensure a positive test-taking experience for examinees. In 2017, 98% of examinees indicated that the examination experience was "very satisfactory" or "satisfactory." Over 99% of examinees reported that Prometric staff members were helpful during the testing process and 96% of examinees were satisfied with the performance of the testing system. Comments included "the exam went smoothly," "very good testing site," "good experience," "nice environment" and "it went well."

ABCP KNOWLEDGE

BASE VALIDATION STUDY

The ABCP administered an online ABCP Knowledge Base five-year validation survey that was available to CCPs on the ABCP website which began January 1, 2016, and continued through the 2016-2017 recertification cycle. Five Category I CEUs were awarded to CCPs who completed the survey. The survey was completed by 885 CCPs. The results were analyzed and used to review and make revisions to the current Knowledge Base.

COMPUTER-BASED TESTING

Both the *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* are administered in Prometric Examination Centers as computer-based examinations. Computer-Based Testing (CBT) allows candidates to take their certification examinations in a computer center in or near their home cities. The close proximity of the testing centers reduces or eliminates the costs of lodging and travel for the candidates and offers a more secure and convenient examination environment.

When the application process is completed and the examinees have been cleared for examination by the ABCP National Office, they log into the Prometric website (www.prometric.com/abcp) to reserve a location and time for taking their examinations. The ABCP works closely with Prometric to schedule examinations at times that the test centers are not experiencing heavy traffic. It is imperative, however, that examinees understand that they must reserve their test site seat and time as early as possible. This helps ensure that examinees take the test at the time and in the location of their choosing.

Computer-Based Testing works to the strong advantage of the examinees, as it minimizes travel and time requirements as compared to the traditional mode of testing. For each examination, the *PBSE* and the *CAPE*, there are four days scheduled for examination. Once the National Office validates their application materials and they are cleared for examination, examinees may pick any day and choose which examination they wish to take first. The examinations are given twice annually, in the spring and in the fall. The first 2018 examination period is scheduled for March 21-24, 2018; the fall dates are still to be determined. Applications may be obtained on line at www.ABCP.org > For Students > Certification, or by calling the National Office.

To maintain consistency in ABCP clinical activity reporting, a revision was made in the independent case requirement for eligibility for the *CAPE* to reflect the requirements for annual recertification; that is, 40 independent cases rather than 50 independent cases, are required with the primary perfusion clinical activities listed in Table A allowed. This revision was made to facilitate new perfusionists' completion of the certification process in a timely manner.

ABCP

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RECERTIFICATION

A Certified Clinical Perfusionist (CCP) is required to perform a minimum of 40 clinical activities annually. Of the 40 clinical activities, a minimum of 25 activities must be documented from Table A as Primary Clinical Perfusion Activities (PCPA). Clinical case credit is only given to the perfusionist who is considered the primary perfusionist in a primary clinical perfusion activity. A primary perfusionist is defined as the perfusionist who is responsible for the conduct of perfusion for 60% of the case and whom the hospital/institution recognizes as the primary perfusionist. Only one perfusionist may submit for primary perfusionist per clinical case.

If a CCP is unable to attain 40 primary clinical perfusion activities, a maximum of 15 activities may be documented from Table B as

Secondary Clinical Perfusion Activities (SCPA) and will count towards the 40 case requirement. Only one SCPA case credit will be allowed during the conduction of one perfusion procedure.

Newly certified CCPs who complete the examination in the fall (in the middle of the reporting cycle) are required to submit twenty (20) cases on the CAR for their first reporting cycle only. The reporting period will be from the date of the certification examination through June 30 of the following year to assume regular reporting requirements of forty (40) cases (July 1 through June 30) in subsequent years.

All clinical cases must be performed on human patients and documentable in an audit. Clinical activities and core elements of the clinical activity are defined in Tables A and B.

TABLE A – PRIMARY CLINICAL PERFUSION ACTIVITIES (PCPA)

Primary Clinical Perfusion Activities (PCPA)		Clinical Definition	Core Elements
1P	Cardiopulmonary Bypass (CPB), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient's physiological status.	Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.
2P	Instructor CPB Bypass, Primary (Not eligible for examination cases.)	A Certified Clinical Perfusionist (CCP) who serves as a clinical instructor to a student enrolled in an accredited perfusion program during primary clinical perfusion activities that require extracorporeal circulation, used to manage the patient's physiological status.	Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring. Primary clinical perfusion activities (PCPA) performed as clinical instructor in an accredited program are considered a primary perfusion activity and will receive full case credit. During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by the clinical instructor. Students may also receive credit toward certification eligibility for the same case.
3P	Extra-Corporeal Membrane Oxygenation (ECMO), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure.	Extracorporeal circuit, oxygenator, heat exchanger used accordingly with hemodynamic/lab value monitoring. For each ECMO case, one case credit per 24 hours will be awarded for initiating and bedside managing ECMO (4-hour minimum) or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple ECMO patients in this time period.
4P	Isolated Limb/ Organ Perfusion, Primary	A Certified Clinical Perfusionist (CCP), who is the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ that manages the patient's physiological status.	Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring.
5P	Veno-Venous or Left Heart Bypass, Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse specific vascular regions within the circulatory system or recirculate venous blood for purposes such as clot/tissue removal.	Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.
6P	Ventricular Assist Device (VAD), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.	For each VAD case, one case credit per 24 hours will be awarded for initiating and managing VAD or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple VAD patients in this time period.

(continued on page 5)

TABLE B – SECONDARY CLINICAL PERFUSION ACTIVITIES *(continued from page 4)*

	Secondary Clinical Perfusion Activities (SCPA)	Clinical Definition	Core Elements
1S	CPB, First Assistant, Secondary	The “CPB First Assistant” is the Certified Clinical Perfusionist (CCP) whom the hospital/ institution recognizes as the assistant to the primary perfusionist during the conduction of perfusion.	The “CPB First Assistant” must be documented within the operating suite and actively assisting during the operative case. Multiple First Assistant credits will not be allowed during concurrent operative procedures.
2S	Ex Vivo, Secondary	A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse isolated and separated human organs from the body, for potential transplant opportunities.	A device with Ex Vivo blood flow regulation & extracorporeal oxygenation used accordingly with hemodynamic/lab value monitoring. For each Ex Vivo case, one secondary case credit per 24 hours will be awarded for initiating and/or managing. No simultaneous credit will be awarded for managing multiple organs in this time period.
3S	Intraperitoneal Hyperthermic Chemoperfusion or Intrapleural Hyperthermic Chemoperfusion (HIPEC), Secondary	Certified Clinical Perfusionist (CCP) who is the primary operator of an intraperitoneal or intrapleural device.	A device with pump flow, circulation, temperature, monitoring, and regulation of chemotherapeutic fluids within abdominal or thoracic cavity for periods exceeding 30 minutes. Syringe infusion devices will not be counted as a SCPA.
4S	Cardiopulmonary Bypass (CPB) Standby Procedures, Secondary	A Certified Clinical Perfusionist (CCP) who is the primary standby operator of the heart-lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient’s physiological status.	Any procedure that may require immediate and onsite extracorporeal circulatory support. Standby procedures must be documented, requested by the attending physician, and verifiable in an audit.
5S	High Fidelity Perfusion Simulation (HFPS), Secondary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine or ECMO circuit, used to manage physical and physiological variables during simulated perfusion scenarios taking place at an ABCP-recognized HFPS center.	HFPS is the use of simulation modalities or mechanisms to create a realistic patient model or perfusion situation. HFPS must be an interactive process facilitated by a CCP using standardized medical simulation devices that integrate realistic perfusion events experienced during CPB procedures in a realistic surgical setting using a conventional heart-lung machine or ECMO circuit. Each HFPS or series of HFPS must have an education/briefing, simulation, and debriefing. The simulation/simulation series length must be no less than 50 minutes of active simulation activity. One case credit is awarded for each HFPS activity that meets or exceeds these guidelines. Each HFPS must include and retain a participant evaluation form.

ABCP PRACTICE EXAMINATIONS

The ABCP provides online practice examinations for both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination*. The examinations are administered through the Prometric website, which is accessible through the ABCP website at www.abcp.org. The examinations may be taken at any time on any computer. A fee of \$125.00 is charged for each examination (*PBSE* and *CAPE*).

The practice examinations are designed solely to familiarize the test takers with the content and format of the examinations. No data are compiled, and we urge in the strongest possible terms that perfusion school personnel not collect scores or other information relative to the test from examinees. While the test items are fair representations of the certification test content, they have not been validated for the population that will use the practice test. The ABCP does not collect data or perform any analysis of the data from these examinations and does not report examinees’ results in any form.

ABCP RECOGNIZED HIGH FIDELITY PERFUSION CENTERS

High Fidelity Perfusion Simulation (HFPS) was added as a secondary perfusion activity following collaboration with the ABCP Liaison Panel representatives over a period of several years. For HFPS case credit to be awarded to a CCP, the administering HFPS Center is required to be recognized by the ABCP as having met the criteria that are deemed essential for receiving HFPS case credits. To attain recognition, HFPS centers seeking recognition must submit an application that may be found on the ABCP website at www.abcp.org. Recognition will be awarded for one year and renewed annually. The ABCP appreciates the value of HFPS and supports the development and use of HFPS technology to educate the CCP and to promote safety for the public. The following HFPS Centers are recognized by the ABCP for the awarding of secondary clinical case credits:

■ The Biomed Simulation Training and Education Center

Administrator: Robin Sutton, MS, CCP, CHSE
Email address: robin@biomedsimulation.com
Phone number: 630-336-2146
Web address: <http://www.biomedsimulation.com>

■ Children's Hospital of Pittsburgh Perfusion Simulation Center

Administrator: David A. Palmer, Ed.D., CCP, LP
Email address: palmerda@upmc.edu
Phone number: 412-692-7187
Web address: None

■ InvoSim – Center of High Fidelity Extracorporeal Simulation

Administrator: Giovanni Cerere, MS, CCP
Email address: gio@ivosurg.com
Phone number: 617-699-7043
Web address: <http://www.ivosurg.com>

■ The Medical University of South Carolina (MUSC)

Cardiovascular Perfusion Simulation Center
Administrator: Joseph J. Sistino, Ph.D., CCP, FPP, Division Director
Email address: sistinoj@musc.edu
Phone number: 843-792-9262
Web address: <http://academicdepartments.musc.edu/chp/cvp-el/>

■ The University of Pittsburgh Medical Center (UPMC)/ Procirca Simulation Center

Administrator: Robert Dyga, BS, CCP, LP
Email address: DygaRM@upmc.edu
Phone number: 412-578-9602
Web address: <http://www.procirca.com/perfusion-services/Pages/simulation-education-center.aspx>

■ Medtronic Mounds View Central Virtual Cardiac OR

Administrator: Michael Cristoforo, CCP
Email address: Michael.j.cristoforo@medtronic.com
Phone number: 414-326-5216
Web address: None

EXTENSION OF CERTIFICATION PERIOD

CCPs who are unable to fulfill recertification requirements by the end of a reporting period may request an extension of the filing deadline as follows:

- Requests must be made in writing by the August 1st filing deadline.
- The appropriate report(s) (*Clinical Activity Report* and/or *Professional Activity Report*) must be submitted, complete with all activity up to June 30th and the appropriate filing fee.
- If approved, the deadline will be extended to December 31st of the same year at which time the report(s) must be completed and a late fee (\$75.00) paid.
- An extension will not be granted to an individual more than once during a three-year period or to an individual on conditional certification.

CONDITIONAL CERTIFICATION

A CCP who fails to submit the completed recertification report with appropriate fee by the August 1st deadline and does not formally request an extension will be placed on conditional certification.

A CCP on conditional certification must apply to the ABCP for reinstatement before the next August 1st filing deadline. The petition statement must include:

1. An explanation in writing of the reasons for not completing the recertification requirements (clinical activity) for the previous year;
2. A completed recertification report for the current reporting year comprising 40 cases with the first 25 cases cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and
3. Payment of all normal filing fees, a \$75.00 Late Filing Fee and a Reinstatement Fee of \$75.00.

EXTENDED LEAVE

If unable to successfully complete the reinstatement requirements for conditional certification, a CCP may request *extended leave* status in writing prior to the August 1st deadline of the conditional certification year.

Extended leave gives the CCP placed on conditional certification for clinical inactivity an additional year after the conditional certification year to complete the following clinical requirements:

1. A completed recertification report for the current reporting year comprising 40 cases with the first 25 cases cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and
2. Payment of all normal filing fees, a \$75.00 Late Filing Fee and a Reinstatement Fee of \$75.00.

If unable to satisfy the above requirements, reinstatement will be granted upon successful completion of the *Clinical Applications in Perfusion Examination* prior to the deadline of the *extended leave* year.

If none of the above requirements are completed by the August 1st deadline of the extended leave year, it will be necessary to successfully complete all steps listed in the *Re-entry into the Certification Process* section of the Booklet of Information.

PROFESSIONAL ACTIVITY

CCPs on clinical activity conditional certification and extended leave are required to complete the Professional Activity Report (PAR) during the conditional certification period.



2017 RECERTIFICATION RESULTS UPDATE

A total of 3,876 CCPs recertified in August of 2017. An additional 58 candidates completed the certification process in the spring of 2017 and an additional 114 completed the certification process in the fall of 2017 for a total of 4,048. Including 97 CCPs on conditional certification and 89 CCPs on extension, there are currently 4,234 Certified Clinical Perfusionists. A total of 119 perfusionists lost certification December 31, 2017.

Following is a chart that depicts the certification and recertification trends for the past 18 years.

YEAR	TOTAL RECERTS	SPRING CERTS	FALL CERTS	NEW CERTS	PROBATION/ EXTENDED LEAVE	EXTENSION	TOTAL CERTIFIED	LOST CERTS
2000	3073	71	71	142	118	42	3375	83
2001	3120	80	60	140	120	45	3425	86
2002	3158	78	82	160	108	49	3475	103
2003	3238	75	77	152	110	43	3543	73
2004	3279	74	54	128	124	45	3576	95
2005	3302	52	67	119	148	40	3609	84
2006	3328	75	73	148	135	46	3657	89
2007	3396	83	44	127	127	32	3682	89
2008	3403	47	102	149	129	51	3732	96
2009	3464	64	51	115	108	68	3755	83
2010	3490	68	69	137	127	57	3811	72
2011	3562	57	61	118	93	71	3844	73
2012	3595	76	83	159	111	54	3919	79
2013	3669	53	108	161	88/11	58	3987	80
2014	3724	55	101	156	95/13	66	4054	84
2015	3758	44	141	185	127/12	53	4135	76
2016	3819	36	134	170	100/13	81	4183	120
2017	3876	58	114	172	90/7	89	4234	119

Following is a list of Certified Clinical Perfusionists residing in the United States as of December 31, 2017.

State	Certified	Lost	New	State	Certified	Lost	New
Alabama	68	1	1	Nevada	26	0	6
Alaska	5	0	0	New Hampshire	19	0	1
Arizona	63	2	0	New Jersey	132	2	5
Arkansas	38	3	4	New Mexico	12	1	1
California	318	5	21	New York	197	3	12
Colorado	57	2	2	North Carolina	114	0	4
Connecticut	52	3	3	North Dakota	10	0	3
Delaware	10	0	0	Ohio	221	5	4
District of Columbia	9	0	0	Oklahoma	39	2	0
Florida	282	5	12	Oregon	42	0	0
Georgia	90	3	4	Pennsylvania	219	8	8
Hawaii	10	0	2	Puerto Rico	19	0	0
Idaho	12	1	0	Rhode Island	4	0	0
Illinois	147	0	4	South Carolina	73	3	1
Indiana	85	1	3	South Dakota	9	1	0
Iowa	33	3	2	Tennessee	102	0	3
Kansas	38	2	3	Texas	314	7	13
Kentucky	68	0	3	Utah	20	1	1
Louisiana	66	2	1	Vermont	4	0	1
Maine	15	2	2	Virginia	90	4	5
Maryland	64	0	1	Washington	75	3	3
Massachusetts	82	2	4	West Virginia	28	1	1
Michigan	126	6	5	Wisconsin	91	5	2
Minnesota	73	4	9	Wyoming	4	0	0
Mississippi	36	1	2				
Missouri	96	5	6	TOTALS	3860	103	169
Montana	15	1	0				
Nebraska	38	3	1				

This does not include CCPs living outside the United States.

ONLINE FILING

The recertification ABCP Online Filing System (OFS) was used for the 15th year for the 2017 recertification process. The ABCP requires all CCPs to file recertification reports on the OFS. The ABCP National Office provides support to CCPs who need assistance with online filing.

The ABCP appreciates input from CCPs concerning improvements for the filing process, and whenever possible, those suggested changes are made for the following reporting cycle. This is an ongoing process with online filing, and the ABCP depends upon your input to improve the system.

To facilitate record keeping, CCPs may begin documenting cases and professional activity for the next year by changing the **Set Report End Date** appropriately after logging on to the filing report using the ABCP six-digit ID number. The website is www.abcp.org > Online Filing System. It will be necessary to sign the *Authorization for Release of Information* and the *ABCP Ethical Standards* once each year. The program will not allow the reports to be sent until the year in which they are due; however, compiling the report throughout the filing period may facilitate record keeping for individual CCPs. The National Office will be glad to offer assistance to anyone having questions about using the Online Filing System. Reminder electronic postcards and other notifications will be sent in May.

AUDIT PROCEDURES

The ABCP recertification clinical case reporting procedures are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards; therefore, hospital case numbers are not required on the *Clinical Activity Report*. This change in reporting resulted in a change in the audit process. Rather than the cases being verified by the Medical Records Department, the audit is conducted by the Chief Perfusionist, the Operating Room Director, or another hospital authority designated by the CCP. This designated authority is asked to verify the accuracy of the cases in the audit. If the cases cannot be verified by the designated authority, the perfusionist is contacted to provide verification of the cases and explain discrepancies. The revised audit process has been in effect since 2003 and has worked smoothly for 14 years without major problems. If fraudulent reporting of cases is discovered, the issue is submitted to the ABCP Ethics Committee for appropriate actions. The perfusionist is ultimately responsible for providing verification of the cases and explaining discrepancies.

Audits of *Professional Activity Reports* were performed in 2017 in accordance with the revision of the system for documenting professional activity that was implemented in 2001. Since 2001, each CCP is responsible for retaining supporting documentation for his/her professional activity reported on the *Professional Activity Report*, which is submitted every three years. Prior to 2001, the CCP mailed the documentation to the ABCP with the *Professional Activity Report*; under the current system, the CCP retains all documentation for the three-year period. Random audits are performed annually on a percentage of *Professional Activity Reports* as a validating procedure. Failure to produce the necessary documentation, should the CCP be a subject of the random audit,

can result in loss of the CCP credential. The CCP is ultimately responsible for providing verification of professional activity and for explaining discrepancies in reports.

STATUS OF CCP EMERITUS

Beginning January 1, 2014, the American Board of Cardiovascular Perfusion (ABCP) approved the designation of CCP Emeritus to recognize retiring CCPs, with 20 or more cumulative years of experience as a CCP in good standing, to maintain acknowledgement of their former certified status.

To be conferred with this status the following stipulations must be met:

1. The retiring CCP, with 20 or more cumulative years of experience as a CCP in good standing, must request the CCP Emeritus status within 30 days of losing certification (January 31 of the year that certification is lost).
2. He/she must agree to use the title CCP Emeritus and **not** to use the title CCP, CCP-R, Certified Clinical Perfusionist, or Certified Clinical Perfusionist Retired.
3. He/she must maintain a current mailing/email address on file with the ABCP National Office.

Once the CCP Emeritus status is conferred, his/her name is published on the ABCP website with the title of CCP Emeritus, and each CCP Emeritus will be provided with a certificate recognizing his/her service as a CCP. He/she will also receive the *ABCP Annual Report* and any other appropriate ABCP publications. There is no fee associated with this status.

The CCP Emeritus status has received a positive response from CCPs and has been especially popular with retired CCPs. At the current time, 619 retired CCPs have received the CCP Emeritus designation. The National Office encourages any eligible retirees seeking this status, who may not have been previously notified, to contact the office by telephone (601-268-2221) or email (ABCP@abcp.org).

ABCP COLLABORATION WITH STATE LICENSURE OF PERFUSIONISTS

The ABCP has been collaborating with licensure states since perfusion state licensure was initiated in 1996. The National Office of the ABCP provides the following certification and recertification information as specifically requested from the various licensure states:

- Following each examination session, a list of candidates who passed or failed (all licensure states do not require this)
- Following each examination session, a list of newly certified perfusionists
- Annual lists of CCPs who recertified
- Verification of ABCP certification for CCPs moving to a licensure state

- Other specific information as requested on an individual state basis.

The following states currently require the ABCP to supply certification information for licensure: Arkansas, California, Connecticut, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin.

The New York State Licensure process will end their grandfathering period October 20, 2018. Please visit the following website for information: <http://www.op.nysed.gov/prof/perfusion/perfllic.htm>

CCP INFORMATION DOCUMENT FOR HOSPITAL HR DEPARTMENTS

In response to input from the ABCP Liaison Panel representatives, the ABCP developed the following information document for HR departments in hospitals.

American Board of Cardiovascular Perfusion (ABCP) Certification Job Description Resource Document for the Certified Clinical Perfusionist (CCP) Credential

Perfusionist Definition

A “Perfusionist” is a person, qualified by academic and clinical education, to operate the extracorporeal circulation equipment during any medical situation where it is necessary to support or replace a person’s cardiopulmonary, circulatory, or respiratory function. A perfusionist is responsible for the selection of appropriate equipment and techniques necessary for support, treatment, measurement, or supplementation of the cardiopulmonary and circulatory system of a patient, including the safe monitoring, analysis, and treatment of physiologic conditions under an order and under the supervision of a physician. A CCP validates his/her mastery of these clinical skills, knowledge, and abilities through certification and meets ongoing continuing education and practice requirements through recertification.

Certification Background

The American Board of Cardiovascular Perfusion (ABCP) is the certifying body for Certified Clinical Perfusionists (CCPs). Established in 1975, the primary purpose of the ABCP, and therefore its most essential function, is protection of the public through the establishment and maintenance of standards in the field of cardiovascular perfusion. To achieve this objective, the ABCP has established qualifications for certification examination and procedures for recertification. Its requirements and procedures are reviewed and modified by the Directors of the ABCP as necessary.

Certification

Certification in Clinical Perfusion is attained by meeting specific educational and clinical requirements and satisfactory performance on the American Board of Cardiovascular Perfusion certification examination. Certification in cardiovascular perfusion is evidence that a perfusionist’s qualifications for operation of extracorporeal circulation equipment are validated by his/her peers. Certification is not intended to define requirements for employment, to gain special recognition or privileges, to define the scope of extracorporeal circulation, or to state whom may not engage in cardiovascular perfusion.

Extracorporeal technologies such as ECMO, VAD, autotransfusion, blood therapy, pediatric perfusion, and adult perfusion are included in the consensus curriculum developed by the Accreditation Committee of Perfusion Education (AC-PE) and are followed by The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited perfusion education programs. It is the ABCP position that all CCPs have acquired knowledge and have demonstrated through the certification process a validated level of knowledge in these areas.

To be eligible to sit for the ABCP examination process, a perfusionist must have graduated from an accredited cardiovascular perfusion education program. The certification examination is composed of two parts. Part I, the *Perfusion Basic Science Examination (PBSE)*, is a 220-item, multiple-choice examination designed to cover perfusion basic sciences and cardiopulmonary bypass. Part II, the *Clinical Applications in Perfusion Examination (CAPE)*, is also a multiple-choice format where a series of clinical scenarios are presented, each with a series of questions. The number of questions on the Part 2 examination may vary from 200 to 230, depending on the scenarios used. Both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* are given twice a year, in the spring and in the fall.

Recertification

Recertification is designed to ensure that Certified Clinical Perfusionists, through continuing education and clinical activity, continue to meet professional standards and possess current and adequate knowledge in the field. CCPs are required to recertify every year. A CCP is required to perform a minimum of 40 clinical activities annually. Of the 40 clinical activities, a minimum of 25 activities must be documented as Primary Clinical Perfusion Activities (PCPA). During each three-year reporting period, every CCP must earn 45 Continuing Education Units (CEUs). See the ABCP Booklet of Information for detailed recertification information: <http://abcp.org/>.

Primary Source Verification

- The ABCP National Office provides primary source verification of the CCP credential through the following sources:
 - Names of currently certified perfusionists are listed on the ABCP website: www.abcp.org > CCP Status Lists > CCPs > ABCP-Certified Perfusionists.
 - Verification can be provided via telephone, fax, email, or USPS.
 - ◆ telephone number for a verbal verification: 601-268-2221;
 - ◆ fax number: 601-268-2229;
 - ◆ email address: ABCP@ABCP.ORG;
 - ◆ mailing address: ABCP • 2903 Arlington Loop
Hattiesburg, MS 39401-7115
- All the methods listed are considered “primary source” verification.
 - If you request written verification by email and require a mailed or faxed response on ABCP letterhead, please include a fax number and your address with your request.
 - The National Office will gladly respond using the preferred method in a timely manner.

For more information on perfusion certification, contact us:

ABCP National Office • 2903 Arlington Loop
Hattiesburg, MS 39401-7115
(601) 268-2221 • (601) 268-2229 Fax • <http://www.abcp.org/>

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AMERICANS WITH DISABILITIES ACT

The ABCP examinations are conducted in compliance with the Americans with Disabilities Act. Individuals with disabilities who are otherwise qualified for the ABCP certification process should write the National Office of the ABCP to request reasonable accommodations for the examinations. The request must be made at least four weeks prior to the examination date. Appropriate documentation will be required for all disability requests.

MAILING LIST

Professional organizations may use the ABCP mailing list provided those organizations send the materials that are to be mailed to the ABCP National Office. The National Office will then mail all materials and charge the organization an appropriate fee. A schedule of fees is available from the ABCP National Office.

**USE OF THE ABCP CODE OF
ETHICAL STANDARDS**

Professional organizations may freely publish the *Ethical Standards of the American Board of Cardiovascular Perfusion* provided the ABCP is appropriately credited in the publication.

USE OF CCP

The credential CCP is a registered trademark of the American Board of Cardiovascular Perfusion, Inc. The title is reserved for

those active perfusionists who annually submit documentation for recertification. Further, the ABCP zealously protects the title on behalf of those currently holding certification.

CHANGE OF ADDRESS

If you have moved, or are anticipating a move, please notify the National Office, in writing or by telephone, of your change of address and update your Online Filing System [Profile Page](#).

ABCP NATIONAL OFFICE ADDRESS

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Dr. Stephen Oshrin

Executive Co-Directors

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The National Office welcomes your telephone calls, emails, and requests for information. It is the role of the National Office to encourage certification and recertification for those who are eligible and to make those processes as efficient as possible, and we will do everything that we can to assist you. Additionally, we solicit your input concerning the improvement of our operations.