BOOKLET OF INFORMATION

2018

ABCP National Office
2903 Arlington Loop
Hattiesburg, MS 39401
(601) 268-2221
Fax (601) 268-2229
Email abcp@abcp.org
www.abcp.org

Established 1975

OFFICERS AND DIRECTORS

Edward R. DeLaney, CCP
President

Kyle Spear, CCP
Vice-President

Bradley T. Kulat, CCP
Secretary

Ann C. Guercio, CCP
Treasurer

David R. Boyne, CCP
Director

Charles E. Johnson, CCP
Director

David A. Palmer, Ed.D, CCP
Director

William D. Riley, CCP
Director

Carol Ann Rosenberg, CCP
Director

EXECUTIVE DIRECTORS

Beth A. Richmond, Ph.D.
Executive Co-Director

Stephen E. Oshrin, Ph.D.
Executive Co-Director

Casey C. Turnage, Ph.D.
Associate Executive Director

The AMERICAN BOARD of CARDIOVASCULAR PERFUSION, INC.

BOOKLET OF INFORMATION
2018

ABCP National Office
2903 Arlington Loop
Hattiesburg, MS 39401
(601) 268-2221
Fax (601) 268-2229
Email abcp@abcp.org
www.abcp.org

TABLE OF CONTENTS

MISSION STATEMENT

The American Board of Cardiovascular Perfusion acknowledges that peer recognition is responsible for the quality assurance involved in the credentialing process that is available to the perfusion community. The American Board of Cardiovascular Perfusion respects its position and responsibility in that process and acknowledges the many Certified Clinical Perfusionists, educational program directors, collaborating organizations, and others in the perfusion community for their continued support of the American Board of Cardiovascular Perfusion and its credentialing process. In accordance with its commitment to establish and maintain communication with individuals, institutions, and organizations, the American Board of Cardiovascular Perfusion respectfully submits the following Mission Statement to guide its growth and development.

> *The American Board of Cardiovascular Perfusion will strive to develop and maintain quality standards in cardiovascular perfusion that promote safety and protection of the public. These standards will include the attainment and enhancement of knowledge, skills, and ethical professional conduct of Certified Clinical Perfusionists by supporting preservice and inservice education. This support will emanate from the design, implementation, and administration of the credentialing process. Additionally, this support will include stimulation of innovative educational activities and promotion of ethical professional development.*

The American Board of Cardiovascular Perfusion, in acknowledging the leadership role of a professional credentialing body, will aspire to provide exemplary, responsible, and ethical leadership in all of its endeavors.

Back to top

INTRODUCTION AND PURPOSE

The American Board of Cardiovascular Perfusion (ABCP) was 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 examination and procedures for recertification. Its requirements and procedures are reviewed and modified periodically as necessary.

Certification in cardiovascular perfusion is evidence that a perfusionist's qualifications for operation of extracorporeal equipment are recognized by his/her peers. It is not intended to define requirements for employment, to gain special recognition or privileges, to define the scope of extracorporeal circulation, or to state who may not engage in cardiovascular perfusion. Certification of a clinical perfusionist does not relieve an employer from determining the professional responsibilities of a cardiovascular perfusionist in his/her specific clinical setting.

The ABCP will report the status of a perfusionist as certified, not certified or has made application and has been accepted for examination.

Back to top

HISTORY

In July 1972, the American Society of Extra-Corporeal Technology (AmSECT) administered the first perfusion certification examination. This was the culmination of five years of work by the AmSECT Certification and Education Committee. This examination was conducted in 1973 and 1974. During this time, it was given on a *grandfather* only basis in order to establish a knowledge database. *Grandfather* was defined as a candidate who had two years of clinical experience in cardiovascular perfusion and who had conducted 100 clinical perfusions as of July 19, 1972. In 1974, with a suitable database established, it was given for the first time on a pass/fail basis.

Those involved in the certification program were aware from the inception that AmSECT would be unable to continue certification. In 1975, AmSECT relinquished the duties of certification and recertification to the American Board of Cardiovascular Perfusion (ABCP).

The ABCP originally incorporated in mid-1975. AmSECT had adopted certain requirements for certification and recertification and had also established minimum standards for cardiovascular perfusion education programs. The ABCP adopted all criteria previously established by AmSECT. Since that time, the ABCP has made some alterations in these standards as they became appropriate.

In 1993, the ABCP made the decision to change from a norm-referenced to a criterion-referenced examination, and in 1996 the first criterion-referenced examination was administered. The criterion-referenced examination is based on a job or practice related analysis, which is the basis for the knowledge base for the scope of perfusion practice. Because of the increasing depth of the perfusion knowledge base, the decision was made in 1995 to change the oral examination to a written clinical applications examination to allow for the measurement of the knowledge base in the practice of clinical perfusion. The clinical applications examination was field tested in 1996 and replaced the oral examination in 1996.

In the area of perfusion education programs, the ABCP implemented the accreditation procedure for perfusion schools. In 1984, the ABCP began the process of transferring accreditation activities to the Joint Review Committee for Perfusion Education (JRC-PE) of the Committee on Allied Health Education and Accreditation (CAHEA). By August 15, 1986, the ABCP no longer accredited perfusion training programs, but the ABCP continues to be a sponsoring organization for the Accreditation Committee for Perfusion Education (AC-PE) in cooperation with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) (formerly JRC-PE of CAHEA). Until 2018, the Conjoint Committee on Accreditation of the Canadian Medical Association accredited the Canadian perfusion programs. Effective February 1, 2018, Accreditation Canada took over accreditation services to allied health education programs through the EQual™ Canada program.

Back to top

DIRECTORS

The American Board of Cardiovascular Perfusion is comprised of no less than eight members and no more than fourteen members, all Certified Clinical Perfusionists, who serve four-year terms. A director can serve a maximum of three terms. Each director participates in the development of the perfusion certification examination and serves on assigned committees. Directors are chosen from those Certified Clinical Perfusionists who meet the eligibility and scope of commitment requirements established by the ABCP. Former Officers and Directors of the American Board of Cardiovascular Perfusion are listed in **Appendix I (pp. 33-36).**

Back to top

CERTIFICATION

Description

Certification in Clinical Perfusion is attained by satisfactory performance on the American Board of Cardiovascular Perfusion certification examination. 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 II 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.

The applicant meeting all requirements to take the *Perfusion Basic Science Examination* and meeting all other criteria may sit for the *Clinical Applications in Perfusion Examination* at the same examination site. Eligibility and application procedures are on **Pages 10-12**.

The examination is based on topics in the American Board of Cardiovascular Perfusion knowledge base. The 11 major sections of the knowledge base are as follows:

1. Anatomy & Physiology
2. Pharmacology
3. Pathology
4. Laboratory Analysis
5. Quality Assurance
6. Devices & Equipment
7. Clinical Management
8. Special Patient Groups
9. Special Procedures/Special Techniques
10. Catastrophic Events & Device Failure
11. Monitoring

The questions used on the *PBSE* are designed primarily to test the examinees' knowledge of basic science as it applies to clinical perfusion. The questions used in the *CAPE* are designed to measure the examinees' understanding of the practice of clinical perfusion and the application of scientific knowledge therein. While questions relating to all eleven aspects of the knowledge base may be found on either examination, the emphasis is placed on understanding processes in the *PBSE* and on application of knowledge in the *CAPE*.

Back to top

PERFUSION BASIC SCIENCE EXAMINATION

Eligibility Criteria

The criteria for application to take the *Perfusion Basic Science Examination* are as follows:

1. The applicant must fulfill **one** of the following criteria:
    a. The applicant must have graduated from, or be currently enrolled in, an accredited cardiovascular perfusion education program, and anticipating graduation prior to the date of the examination; or
    b. The applicant must have been admitted to the examination process before April 15, 1981, or have been previously certified by the ABCP.
2. Applicants for the examination must have the following on file in the National Office at least four weeks prior to the examination.
    a. A current official transcript of credits from the accredited school of cardiovascular perfusion, indicating date of graduation.
    b. A written statement of satisfactory clinical competency from the Clinical Competency Committee of the school.
    c. Documentation of a minimum of seventy-five (75) cardiopulmonary bypass (CPB) cases performed during the education program. Observational pediatric cases do not count toward the 75-minimum clinical perfusion requirement. Credit will be considered for perfusion experience only when the following criteria are met:
        1. The student participated in the preoperative planning and selection of equipment used during the perfusion.
        2. The student performed those technical manipulations that constituted the essential parts of the procedure itself.
        3. An instructor must be physically present during cardiopulmonary bypass cases and that instructor should be a Certified Clinical Perfusionist (CCP).
        4. Definition of Cardiopulmonary cases: 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. Note: Only primary cardiopulmonary bypass (CPB) cases may be used for the 75-case requirement to sit for the *PBSE*: extra-corporeal membrane oxygenation (ECMO), isolated limb perfusion, veno-venous or left-heart bypass, ventricular assist device, and simulation may **not** be used.

The number of times that the *Perfusion Basic Science Examination* can be taken is not limited.

Application Procedure

Applicants are required to submit the following by **July 1** for the fall examination and **December 1** for the following spring examination:

1. A notarized *Perfusion Basic Science Examination* application) completed in full; and
2. *Perfusion Basic Science Examination* fee ($350.00).

Applicants are required to submit or arrange to submit the following items to the National Office at least four weeks prior to the examination:

1. Clinical education record documenting seventy-five (75) clinical perfusions performed prior to graduation; observational pediatric cases do not count toward the 75 minimum clinical perfusion requirement.
2. A current, official transcript of credits from the accredited school of perfusion, indicating date of graduation; and
3. A statement of satisfactory clinical competency from the Clinical Competency Committee chairperson at the accredited school of perfusion.

Applicants retaking the *Perfusion Basic Science Examination* are NOT required to resubmit or arrange for resubmission of items 1-3, the Clinical Education Record, the official transcript, and

the Clinical Competency statement. These items will remain on file from the previous application.

All files MUST be complete at least four (4) weeks prior to the examination. Eligibility to reserve a seat with Prometric Testing Centers is contingent upon receipt of <u>all</u> documentation by the National Office.

Back to top

CLINICAL APPLICATIONS IN PERFUSION EXAMINATION

Eligibility Criteria

The criteria for application to take the *Clinical Applications in Perfusion Examination* are as follows:

1. The applicant must fulfill one of the following criteria:
    a. The applicant must have graduated from, or be currently enrolled in, an accredited cardiovascular perfusion education program, and anticipating graduation prior to the date of the examination; or
    b. The applicant must have been admitted to the examination process before April 15, 1981, or have been previously certified by the ABCP.
2. Applicants for the examination must have the following on file in the National Office at least four weeks prior to the examination:
    a. Documentation showing all requirements for the *Perfusion Basic Science Examination* have been met; and
    b. A clinical record itemizing forty (40) independent clinical perfusions after graduation from the accredited school of perfusion. Cases must come from **Table A – Primary Clinical Perfusion Activities (PCPA)** on next page.

The number of times that the *Clinical Applications in Perfusion Examination* can be taken is not limited.

Application Procedure

Applicants are required to submit each of the following by **July 1** for the fall examination or **December 1** for the following spring examination:

1. A notarized *Clinical Applications in Perfusion Examination* application completed in full; and
2. *Clinical Applications in Perfusion Examination* fee ($350.00).

Applicants are required to submit or arrange to submit the following to the National Office at least four weeks prior to the examination:

1. A completed case summary documenting forty (40) independent clinical perfusions after graduation. Cases must come from **Table A – Primary Clinical Perfusion Activities (PCPA)** on next page.

Applicants retaking the *Clinical Applications in Perfusion Examination* are NOT required to resubmit the case summary.

All files MUST be complete at least four (4) weeks prior to the examination. Eligibility to reserve a seat with Prometric Testing Centers is contingent upon receipt of <u>all</u> documentation by the National Office.

Back to top

Table A Primary Clinical Perfusion Activities (PCPA) for Reporting Independent Cases for the CAPE

Primary Clinical Perfusion Activities (PCPA)	Clinical Definition	Core Elements
1P Cardiopulmonary Bypass (CPB), Primary	A CCP candidate 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 Extra-Corporeal Membrane Oxygenation (ECMO), Primary	A CCP Candidate 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.
3P Isolated Limb/Organ Perfusion, Primary	A CCP candidate, 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.
4P Veno-Venous or Left Heart Bypass, Primary	A CCP candidate 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.
5P Ventricular Assist Device	A CCP candidate 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.

Back to top

COMPLETION OF EXAMINATION PROCESS

Computer-Based Examination

The *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* are administered in Prometric testing facilities located throughout the United States. After being approved for examination by the ABCP, candidates register online with Prometric to take the ABCP examinations in a test site convenient to their home. Information for registration with Prometric is provided to candidates after their application and acceptance for examination by the ABCP.

The applicant will be required to present a government-issued picture identification (e.g. photo driver's license or passport) for entrance to the examination. No other entrance documents are needed.

Examination Guidebook

The guidebook for the examination process will be provided to all applicants at no cost. All others may purchase the guidebook for the examination process from the National Office for a fee of $10.00.

Criteria and Eligibility for Foreign Applicants

Foreign applicants must meet the same requirements for certification as all other applicants.

Application Deadlines

Applications must be sent by certified mail, return receipt requested, to the National Office and must be postmarked no later than **July 1** for the fall examination or **December 1** for the following spring examination. **All files MUST be complete at least four (4) weeks prior to the examination. Eligibility to reserve a seat with Prometric Testing Centers is contingent upon receipt of <u>all</u> documentation by the National Office.**

Certification Fee Schedule

1. For those applicants never certified, the fee will be $350.00 for each portion of the examination.
2. For reinstatement of certification, the fee will be $350.00 for **any** portion of the examination **plus** a $250.00 reinstatement fee.
3. If a credit card is used for payment, there will be a $10.00 processing fee per application.

The reinstatement fee is a one-time charge for any applicant until reinstatement is accomplished or abandoned.

NO REFUNDS WILL BE GIVEN.

Back to top

Late Filing Fee

Applicants submitting applications for either portion of the certification examination after the deadline, will be assessed a late filing fee of $75.00.

Scoring

Scoring for each part of the examination will be criterion referenced, with the cutoff score determined by the summation of the Ebel weightings of each item selected for inclusion on the examination. Item Response Theory modeling will be used to equate the scores of various forms of each examination.

Awarding of Certification

Each applicant must pass both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* in order to attain certification. A listing of all current Certified Clinical Perfusionists can be found on the ABCP website: www.abcp.org > CCP Status Lists > CCPs

Back to top

EDUCATION PROGRAM ACCREDITATION

Effective Date of Accreditation

The effective date of accreditation is the date of receipt of application in the event accreditation is granted. For a list of Accredited Schools of Cardiovascular Perfusion, see the ABCP website: www.abcp.org > For Students > Accreditation Information

Loss of Accreditation

In the event of loss of accreditation, the effective date is the date cited in the official communication to the school from the accrediting agency. The school director is responsible for notifying his/her students of the action.

RECOGNIZED ACCREDITING AGENCY

The American Board of Cardiovascular Perfusion recognizes the Accreditation Committee for Perfusion Education (AC-PE) in cooperation with the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and the EQual™ Canada division of Accreditation Canada as the official accrediting agencies for perfusion education programs.

Back to top

RECONSIDERATION REQUESTS

In the unlikely event that factors or circumstances beyond the individual's or ABCP's control cause an individual to desire a reconsideration of any action or decision made by or on behalf of the ABCP, regarding stated positions, interpretation of policy and/or procedure, an individual may request a review. The cost of the review shall be borne by the individual making the request, and the approximate cost must be advanced prior to the inception of the review. Those costs may be obtained from the National Office. Costs for review include, but are not limited to, the following items:

1. site costs
2. travel expenses of those involved in the review
3. administrative costs
4. clerical costs
5. legal costs

A protocol has been established for review and shall be followed. Presently, this protocol will require, at minimum, a hearing of the request by appropriate directors of the ABCP, with possible further review.

Back to top

RECERTIFICATION

Introduction

All Certified Clinical Perfusionists (CCPs) must recertify annually. Recertification is designed to ensure that CCPs, through continuing education and clinical activity, continue to meet standards and possess current and adequate knowledge in the field. Recertification contains two components:

1. Clinical activity (reported every year)
2. Professional activity (reported every third year)

Online Filing

Beginning with the 2013-2014 recertification period, all recertification reports must be filed online. The CCP may access his/her file and record cases and professional activity throughout the reporting period. To use the online filing system, go to the ABCP website at www.abcp.org and click on the "Online Filing System" button in the center of the page or on the "For CCPs" tab for directions. The ABCP National Office will provide assistance to CCPs who have questions or issues using the online filing system. Please download the ABCP App to logon with your mobile device.

Clinical Activity Requirement

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 as (Table A) 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.

New CCPs that become certified in the fall (in the middle of the reporting cycle) will be required to submit twenty (20) cases on the *Clinical Activity Report (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.

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

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 on the following pages.

Clinical specialists or sales representatives shall not receive case credit for cases for which they provide clinical support as an industry representative.

Back to top

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.	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.

Back to top

Table B Secondary Clinical Perfusion Activities (SCPA)

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 on 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. Back to top

High Fidelity Perfusion Simulation (HFPS)

Beginning with the 2014-2015 recertification cycle, 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 a HFPS case credit to be awarded to a CCP, the administering HFPS Center will be required to be recognized by the ABCP as having met the criteria that is 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 > For CEU Providers > Application Forms > Simulation. 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.

All cases must be documentable in an audit; all HFPS cases must be documented using the HFPS form.

Clinical Activity Report

Each Certified Clinical Perfusionist (CCP) must file an annual online *Clinical Activity Report*, which contains the following:

1. Clinical case summary
2. *Authorization for Release of Information* form
3. Hospital Address and Designated Authority information
4. Recertification fee

Logon to the Online Filing System for filing the annual *Clinical Activity Report* on the ABCP website: www.abcp.org > Online Filing System.

The first *Clinical Activity Report (CAR)* for a newly certified perfusionist is due August 1st, in the year following the year in which he/she successfully completes the examination process. New CCPs that become certified in the fall (in the middle of the reporting cycle) will be 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 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 C*linical Activity Reports* are due on August 1st and cover the period of July 1st of the previous year through June 30th.

The Certified Clinical Perfusionist must sign all perfusion records in order for the designated authority to verify the *Clinical Activity Report* in the audit process.

The recertification reports must be submitted online.

Back to top

Audit of Clinical Activity

The American Board of Cardiovascular Perfusion conducts an audit to ensure the accuracy of the *Clinical Activity Report* in order to maintain high standards and quality assurance. A percentage of *Clinical Activity Reports* are chosen randomly each year for audit.

The audit process is conducted by the Chief Perfusionist, Operating Room Director, or other designated hospital authority. The *Clinical Activity Report* and the signed *Authorization for Release of Information* form are sent to the designated authority for verification.

It is necessary for each CCP to list a designated hospital authority for each hospital in which cases are reported. The designated hospital authorities and the addresses for the authorities must be listed on the *Add a Hospital* screen on the Online Filing System.

If the cases cannot be verified by the designated authority, the CCP is contacted to provide verification of the cases and explain discrepancies. The CCP is ultimately responsible to provide verification of the cases and explain discrepancies. Should fraudulent cases be discovered, the issue is submitted to the ABCP Ethics Committee for appropriate actions.

Professional Activity Requirement

During each three-year reporting period every Certified Clinical Perfusionist must earn 45 Continuing Education Units (CEUs). A minimum of fifteen (15) CEUs must be earned in Category I. (See **Summary of Recertification Activity, pp. 31, 32** for more information.)

Recertification is automatic, provided all reports and forms are completed, filed on time and accompanied by the appropriate filing fee.

Professional Activity Report

Each CCP must file a *Professional Activity Report* every third year, which contains the following:

1. Documentation of continuing education efforts totaling at least 45 CEUs. Documentation is based on the Continuing Educational Unit (CEU); one CEU or contact hour activity is defined as fifty (50) minutes spent in an organized, structured or unstructured learning experience.
2. The *Clinical Activity Report* and filing fee must accompany the *Professional Activity Report.*

Logon to the Online Filing System for filing the *Professional Activity Report* on the ABCP website: www.abcp.org > Online Filing System. Recertification reports must be submitted online.

The period covered in a *Professional Activity Report* is from July 1st of one year through June 30th three years later. Filing the *Professional Activity Report* is determined by the ABCP Cycle number, which is assigned at the time of certification. Cycle numbers are referenced on all recertification correspondence.

Cycle one (1) must file in 2020, 2023, 2026 etc.
Cycle two (2) must file in 2019, 2022, 2025 etc.
Cycle three (3) must file in 2018, 2021, 2024, etc.

Back to top

Recertification Filing Deadline

All reporting periods end on June 30th. All reports must be completed and filed online with the appropriate fee no later than midnight Eastern Daylight Time (EDT), August 1st.

Late Fees

Certified Clinical Perfusionists submitting recertification reports after August 1st through August 31st will be assessed a late fee of $75.00.

Extension of Certification Period

Certified Clinical Perfusionists 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) must be submitted, complete with all activity up to June 30th and the appropriate filing fee. Reports are available from our website: www.abcp.org > For CCPs > Recertification > Forms (Use Form 7d for *Clinical Activity Report* and/or Form 8d for *Professional Activity Report).*
- 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 (Use Form 11d for Conditional Certification *Clinical Activity Report* available from our website: www.abcp.org > For CCPs > Recertification > Forms); and
3. Payment of all normal filing fees, a $75.00 Late Filing Fee and a Reinstatement Fee of $75.00.

Back to top

Extended Leave

If unable to successfully complete the reinstatement requirements for conditional certification, the CCP must 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 (Use Form 11d for Extended Leave Conditional Certification *Clinical Activity Report* available from our website: www.abcp.org > For CCPs > Recertification > Forms); 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 *ABCP Booklet of Information*. (See next page.)

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.

Back to top

Loss of Certification

A CCP will **lose certification** if he/she:

1. is on conditional certification or extended leave and does not successfully meet the requirements for reinstatement; or
2. is found guilty of unethical conduct as described in the *Ethical Standards of the American Board of Cardiovascular Perfusion* (**Appendix III pp. 39-40**); or falsifies any portion of a recertification report.

The American Board of Cardiovascular Perfusion shall be the sole judge of whether or not the information before it is sufficient to require or permit revocation of any certificate issued by the ABCP, and the decision of the ABCP thereon shall be final. Certified Clinical Perfusionists who lose or are in danger of losing certification may make formal written appeal to the ABCP.

Back to top

Re-entry into the Certification Process

A perfusionist may petition the ABCP for re-entry into the certification process, and then meet the following stipulations:

1. Apply for, take and pass the appropriate examination(s):
    a. If uncertified for less than three years, applicant must take the *Clinical Applications in Perfusion Examination* only. **No perfusionist may utilize this option in two consecutive recertification cycles.**
    b. If uncertified for three years or more, the applicant must take both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* and submit a list of 40 Primary Perfusion Clinical Activities (PPCA) listed in **Table A** (p. 12) performed since the date of his/her request, and submit a letter of clinical competency from his/her supervisor.
2. Remit the appropriate examination fee(s).
3. Remit a **Reinstatement Fee** of $250.00.

The ABCP must approve re-entry for perfusionists who have lost certification because of unethical conduct.

Back to top

Recertification Notification

Upon receipt of a completed recertification report and appropriate fee(s), a new time-limited certificate will be issued to each CCP every third year. For the ensuing years, dated stickers will be issued which must be attached to the current certificate to extend the certificate's validity. The certificates and date stickers issued by the ABCP are the sole property of the ABCP and may be canceled at its discretion. By acceptance of the certificate, the holder agrees to return the certificate to the ABCP upon demand. Presentation and display of the certificate is permitted only when it is current and valid. Presentation, display, or any other use of an outdated, invalid certificate is expressly prohibited.

Inactive Status

At times, a CCP will be unable to maintain certification because of a deficiency in either clinical and/or professional activity. For this reason, and because many individuals wish to maintain an acknowledgment of having been certified, an inactive status may be requested. Individuals on Inactive Status will receive all publications from the ABCP and have their names published on the ABCP website: www.abcp.org > CCP Status Lists > CCP Emeritus. The mechanism for obtaining inactive status is:

1. After notification of loss of certification, notify the ABCP National Office of the desire to be placed on Inactive Status.
2. Sign an agreement to discontinue the use of the title, "CCP."
3. Remit annual fee to the ABCP National Office prior to August 1st.

Back to top

CCP Emeritus

Beginning January 1, 2014, the American Board of Cardiovascular Perfusion approved the designation of *CCP Emeritus* to recognize retiring CCPs with 20 or more cumulative years of experience as a CCP in good standing, and to acknowledge 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 will be published on the ABCP website (http://www.abcp.org/ccp_emeritus.htm) with the title of *CCP Emeritus*, and he/she will be provided with a certificate recognizing his/her service as a CCP. The *CCP Emeritus* will also receive the *ABCP Annual Report* and any other appropriate ABCP publications. There is no fee associated with this status.

Back to top

Change of Address

Certified Clinical Perfusionists are responsible for informing the National Office of the American Board of Cardiovascular Perfusion of their current address. The CCP should update the Online Filing System with the address change and notify the National Office.

CONTINUING EDUCATION

CATEGORY DESCRIPTION

Continuing Education Units (CEUs) are categorized according to the type of educational activity. The following is a description of the various continuing education categories.

Category I – Accredited Perfusion Meetings and Other Perfusion Related Activity.

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. Only those activities approved by the ABCP will qualify for Category I CEUs. Examples include:

- International, national, regional, and state perfusion meetings.
- Real-time interactive webinars attached to approved Category I meetings.
- Authors listed in a publication of perfusion-related material (book chapter, paper or a professional journal). Society newsletters and correspondences are **not** included.
- Editorial reviewers of perfusion journal articles.
- Presentation at an international, national, regional, or state perfusion meeting associated with an approved Category I meeting.
- Presentation during a real-time interactive webinar associated with an approved Category I meeting.
- Poster presentation associated with an approved Category I meeting. Presenter(s) must be present for discussion during poster session.
- Participation in an ABCP recognized High Fidelity Perfusion Simulation (HFPS) event.
- Clinical instructor for an accredited school of perfusion.
- Participation in the *ABCP Knowledge Base Survey*.
- Completion of ABCP approved Self Directed Continuing Education material. Self-Directed Continuing Education (SDCE) is education provided to individuals who are not physically 'onsite.' Rather than attending meetings or courses in person, participants may communicate at times of their own choosing by exchanging printed or electronic media. 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. A Maximum of 10 SDCE CEUs may be used for professional activity recertification within the three-year reporting cycle.

Category II – Non-Accredited Perfusion Meetings and Other Medical Meetings.

Category II includes international, national, regional, state, and local meetings that have not been approved for CEU credit by the ABCP. Examples include:

- International, national, regional, and state perfusion meetings that have not been recognized by the ABCP.
- Local perfusion meetings (do not require ABCP approval).
- Any perfusion meeting NOT EQUALLY ACCESSIBLE to the general CCP community, including manufacturer-specific and company-sponsored educational activities.
- International, national, regional, state, or local medically related meetings.
- Advanced Cardiac Life Support (ACLS).

Category III – Individual Education and Other Self-Study Activities Not Approved for Category I Credit

Credit in Category III is acquired on an hour-for-hour basis of the time spent in these non-approved or non-supervised activities. Examples include:

Back to top

- Reading or viewing medical journals, audiovisual, or other educational material.
- Participation in electronic forums.
- Participation in a journal club.
- Participation in degree-oriented, professionally related course work.
- Presentation of perfusion topic at a non-perfusion meeting.
- Didactic Instructor in an accredited school of perfusion.
- Participation in an examination development meeting.
- Participation in a site visitor's workshop or as a site visitor for perfusion program accreditation.
- Membership in a professional perfusion organization at the international, national, or state level.
- Basic Life Support training.

DOCUMENTATION

It is the responsibility of each CCP to retain supporting documentation reflecting the activity in which he or she has been engaged which would support professional activities. Random audits will be performed annually on a percentage of *Professional Activity Reports* as a validating procedure. Failure to produce the necessary documentation, should the perfusionist be the subject of the random audit, could result in loss of the CCP credential. The perfusionist is ultimately responsible to provide verification of professional activity and explain discrepancies. Acceptable documentation is as follows:

Category I

- Approved Perfusion Meetings and Webinars: An official document from the meeting sponsor documenting attendance and the number of CEUs received.
- Perfusion Publications: Complete reference of book or article (authors, title, journal, and date/volume of journal).
- Editorial Reviewers of perfusion journal articles: Complete reference of journal article (authors, title, journal, and date/volume of journal).
- Perfusion Presentation: Copy of program agenda.
- Participation in *ABCP Knowledge Base Survey:* Documentation will be kept by the ABCP. No additional documentation is necessary.
- Self Directed Continuing Education (SDCE) Material: 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 30.
- High Fidelity Perfusion Simulation (HFPS): An official document from the ABCP recognized HFPS organization that documents the type of perfusion activity performed, amount of active simulation time, and CCPs involved in the practicum.
- Clinical instructors in accredited programs must provide a letter of confirmation of their status from the Program Director.

Back to top

Category II

- A certificate of attendance issued by a professional organization that states the CEUs awarded.
- A record of attendance.

Category III – Self Study Activities Not Approved for Category I Credit

- All self-study activities will require an official record of completion or written summary of the activity.
- 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.
- Participation in an Examination Development Meeting will be kept by the ABCP and will not require additional documentation.
- Documentation of membership in a professional perfusion organization will be required for the period reported.

Back to top

CONTINUING EDUCATIONAL PROGRAM APPROVAL

Category I CEU Approval Procedure

Only international, national, regional, and state perfusion meetings, approved in advance by the ABCP, may qualify for Category I CEUs. Sponsors of international, national, regional, and state perfusion meetings must complete all requirements for approval prior to the date of the meeting. No meeting will be approved for Category I CEUs after the date of the meeting.

The ABCP does not authorize the use of phrases indicating that approval by the ABCP is pending. The advertising or marketing of a meeting as having ABCP approval without written confirmation is expressly prohibited.

The procedure for obtaining ABCP approval for programs seeking Category I CEUs is as follows:

A. The ABCP National Office should receive requests at least thirty days prior to the date of the meeting. All information must be transmitted in electronic format.
B. A completed application must be submitted including:
    a. the completed **Professional Continuing Education Request for Program Approval** form including *Form* and *Schedule* tabs available from our website: www.abcp.org > For CEU Providers > Application Forms> CEU and SDCE.
    b. a sample of the meeting evaluation form, a daily sign-in sheet, a certificate or letter of CEU credit;
    c. a list of faculty with titles, credentials, affiliations and/or qualifications; and
    d. the application fee, which may be paid by check or credit card.
    e. vendor-sponsored or socials such as luncheons will not receive CEU credit unless there is an actual educational program or speaker.
C. CEU Fee Structure:
    1. Tier I – from 1-10 CEUs at $150
    2. Tier II – from 11-20 CEUs at $250
    3. Tier III – from 21-30 CEUs at $350
    4. Tier IV – for 31 or more CEUs at $450

The ABCP National Office will notify the meeting sponsor of any deficiency in the application. Upon receipt of a completed application, the ABCP will assign the appropriate CEUs and notify the sponsor within 14 days. Applications not completed thirty (30) days prior to date of meeting must include a $100.00 Late Fee. **Applications not completed by the date of the meeting will NOT be approved for Category I CEUs**.

CEU Attendance Verification Policy

All Category I CEU approved meetings will require participants to sign-in once a day to verify attendance. Photo identification will be required for participants to obtain registration materials. Meeting sponsors are required to clearly post or display the sign-in period(s).

Meeting sponsors are required to provide verification to all attendees in the form of an official document such as a letter or certificate, specifying the total number of CEUs earned by each individual. This letter or certificate will serve as official verification of attendance and CEUs earned. Sponsors are required to maintain attendance records for four years.

Back to top

Category I Self-Directed Continuing Education (SDCE) Approval Procedure

The procedure for obtaining ABCP approval for SDCE programs seeking Category I CEUs is as follows:

A. The ABCP National Office should receive requests at least thirty days prior to the date of availability to CCPs. All information must be transmitted in electronic format.
B. A completed application must be submitted including:
    a. the completed **Professional Self-Directed Continuing Education Request for Program Approval** form including *Form* and *Day* schedule tabs. The application forms are available on our website: www.abcp.org > For CEU Providers > Application Forms > CEU or SDCE; use Form 13e for Annual Modules, or Form 14e for Multiple Days. Applicants must give details with name(s) of the educator(s) and the length of time needed for the program session(s);
    b. a list of faculty with titles, credentials, affiliation, and/or qualification;
    c. 50 minutes of activity or ten full pages of text per CEU;
    d. a sample of the course evaluation form, attendance method or a daily sign-in sheet, and a certificate or letter of CEU credit confirming the completion of the SDCE post-test; and
    e. an application fee from the tiered list, which may be paid by check or credit card.
C. SDCE Fee Structure
    1. Tier I – from 1-10 CEUs at $150
    2. Tier II – from 11-20 CEUs at $250
    3. Tier III – from 21-30 CEUs at $350
    4. Tier IV – for 31 or more CEUs at $450
D. SDCE activities submitted for ABCP Category I CEUs must have a minimum of 75% perfusion or relevant cardiac surgery material.
E. Sponsor of SDCE materials must advertise that SDCE activities are limited to a maximum of 10 Category I CEUs within the three-year reporting period.
F. SDCE CEU approval is valid for one year from time of original approval by the ABCP, but can be renewed annually if approved by resubmitting to the ABCP all updated application materials and fees.
G. A post-test that contains a minimum of eight questions per CEU. (Post-tests are to be graded by the sponsor and participants must achieve an 80% pass rate in order to receive credit.)

The ABCP National Office will notify the sponsor of any deficiency in the application. Upon receipt of a completed application, the ABCP will assign the appropriate SDCE CEUs and notify the sponsor within 14 days. Applications not completed thirty (30) days prior to date of availability to CCPs must include a $100.00 Late Fee. **Applications not completed by the date of availability to CCPs will NOT be approved for Category I SDCE CEUs.**

All other SDCE activities that do not meet the above criteria will be considered a Category III activity.

Back to top

SDCE Attendance Verification Policy

All Category I SDCE approved activities will require participation in coursework and achieving an 80% pass rate on the posttest verified by the sponsor.

Meeting sponsors are required to provide verification to all attendees in the form of an official document such as a letter or certificate, specifying the total number of SDCE CEUs earned by each individual. This letter or certificate will serve as official verification of SDCEs earned and must be saved by the perfusionist for auditing purposes. Sponsors are required to maintain completion records for four years.

A maximum of 10 SDCE CEUs approved by ABCP as Category I may be used for professional activity recertification within the three-year reporting cycle. Additional SDCE CEUs may be reported in Category III.

Back to top

SUMMARY OF RECERTIFICATION ACTIVITY

CATEGORY I — ABCP Approved Perfusion Meetings and Related Activity

[A minimum of 15 CEUs must be from this category]

Maximum CEUs per activity	Activity	Maximum CEUs in 3-year period
No maximum	Attendance at an International, National, Regional, or State Meeting or Webinar of same Approved by the ABCP	None
5	Publication of Perfusion-Related Book Chapter or Article in Professional Journal	10
5	Presentation of a Talk at an International, National, Regional, or State Perfusion Meeting	10
2	Presentation of a Poster or Other Exhibit at an International, National, Regional, or State Perfusion Meeting Editorial Review of Perfusion Journal Articles.	6
5	Participation in ABCP Knowledge Base Survey	5
No maximum	SDCE	10
No maximum	High Fidelity Perfusion Simulation (HFPS)	None
2 (per year)	Serving as a Clinical Instructor in an Accredited Perfusion Training Program	6

CATEGORY II — Non-Approved Perfusion Meetings and Other Medical Meetings

Maximum CEUs per activity	Activity	Maximum CEUs in 3-year period
15	International, National, Regional, or State Perfusion Meeting/International, National, Regional, or State Medical Meeting Not approved by the ABCP	None
15	Local Perfusion Meetings	None
5	Medical Meeting or Perfusion Meeting not accessible to all perfusionists or Manufacturer-Specific or Company Sponsored Educational Events	10
5	All Other Medical Meetings (Hospital-Based Grand Rounds, In-services, M&M, Cath Conferences, etc.)	10
10	Advanced Cardiac Life Support (ACLS)	15

Back to top

CATEGORY III — Individual Education and Other Self-Study Activities

Maximum CEUs per activity	Activity	Maximum CEUs in 3-year period
1 (per contact hr)	Serving as a Didactic Instructor in an Accredited Perfusion Training Program	6
2 (per contact hr)	ABCP Examination Development Workshop	6
5 (per contact hr)	Participation in an AC-PE Site Visitors Workshop/or as an AC-PE Site Visitor	10
1 (per activity)	Self Learning Activities • Use of Audiovisual Devices/ Electronic Forums • Reading Scientific Journals • Participation in Journal Club • Participation in degree oriented, professionally related course work • Self-study modules • Basic Life Support (BLS)	15
1 (per activity)	Presentation at non-approved meeting	3
1 (per activity)	Membership in a professional perfusion organization at the international, national, or state level	3

Back to top

APPENDIX I

FORMER OFFICERS OF THE BOARD

President

Charles C. Reed	1975-1979
A. Earl Lawrence	1979-1983
William J. Horgan	1983-1987
Larry W. Cavanaugh	1987-1992
Mary Hartley	1992-1995
Thomas W. Utsey	1995-1999
Brian R. O'Connor	1999-2001
David G. Bishop	2001-2005
Linda B. Mongero	2005-2009
Linda G. Cantu	2009-2010
Gregory A. Mork	2010-2013
David A. Palmer	2013-2016

Vice President

James P. Dearing	1975-1978
Aaron G. Hill	1978-1982
William J. Horgan	1982-1983
Mark Kurusz	1983-1985
Larry W. Cavanaugh	1985-1986
Mary Hartley	1986-1992
Bradford D. Smith	1992-1994
Eric A. Wise	1994-1995
Sandra C. Pfefferkorn	1995-1998
Brian R. O'Connor	1998-1999
Roy E. Bolles	1999-2001
John M. Toomasian	2001-2005
Leonard Munari	2005-2008
Gregory A. Mork	2008-2010
Melinda M. Blackwell	2010-2010
Deborah L. Adams	2010-2011
David A. Palmer	2011-2013
Edward R. DeLaney	2013-2016

Secretary-Treasurer

Jeri L. Dobbs	1975-1979
William J. Horgan	1979-1982
Robert O. Pfefferkorn	1982-1986
Kathleen S. Music	1986-1987
Sandra C. Pfefferkorn	1987-1995
David A. Palmer	2010-2011

Secretary

Eric A. Wise	1995-1998
Roy E. Bolles	1998-1999
David A. Ogella	1999-2000
Roger A. Vertrees	2000-2001
Thomas G. McDonough	2001-2008
Melinda M. Blackwell	2008-2010
Edward R. DeLaney	2011-2013
Ann C. Guercio	2013-2014

Treasurer

Frank B. Hurley	1995-1999
Linda B. Mongero	1999-2005
Linda G. Cantu	2005-2009
Deborah L. Adams	2009-2010
Deborah L. Adams	2011-2012
Kyle Spear	2012-2016

Executive Director

Thomas Wharton	1975-1976
Diane Clark	1976-1977
Mark G. Richmond	1980-2009

Executive Secretary

Kathy Atkinson	1978-1979
Sue Brown (Reaves)	1979-1980

Back to top

FORMER DIRECTORS OF THE BOARD

Charles C. Reed	1975-1979
James P. Dearing	1975-1978
Jeri L. Dobbs	1975-1979
LeRoy H. Ferries	1975-1976
Calvin R. Scott	1975-1978
Larry D. Shelton	1975-1976
Diane Clark	1975-1976
F. Michael Burgess	1975-1980
Aaron G. Hill	1976-1982
A. Earl Lawrence	1976-1984
Diane Clark	1977-1979
Talara J. Hill	1977-1982
Michael Dunaway	1979-1980
Mark Kurusz	1979-1985
Dennis R. Williams	1980-1983
Phillip K. Spohn	1980-1981
Robert O. Pfefferkorn	1981-1986
John J. Meserko	1981-1984
William J. Horgan	1978-1987
Jerry W. Richmond	1979-1987
Kathleen S. Music	1980-1987
Ronald M. Babka	1980-1987
L. Douglas Baxter	1984-1988
L. Douglas Baxter	1989-1992
Larry W. Cavanaugh	1983-1992
Bradford D. Smith	1986-1994
Mary Hartley	1984-1996
Sandra C. Pfefferkorn	1986-1998
Eric A. Wise	1986-1998
Patricia A. Brueggeman	1986-1998
Carl Dinger, Jr.	1987-1998
Robin G. Sutton	1996-1999
Frank B. Hurley	1987-1999
Thomas W. Utsey	1987-1999
David A. Ogella	1988-2000
Roger A. Vertrees	1989-2001
Brian R. O'Connor	1992-2001
Roy E. Bolles	1992-2001
Ramie A. Allard	1998-2002
Annette Basile-Borgia	1999-2002
Steven K. Dove	2001-2005
David G. Bishop	1995-2007
John M. Toomasian	1999-2007
Leonard Munari	2000-2008
Linda B. Mongero	1997-2009
Linda G. Cantu	1998-2010
Thomas G. McDonough	1998-2010
Melinda M. Blackwell	2002-2010

Deborah L. Adams	2001-2013
Gregory A. Mork	2001-2013
Patricia E. French	2002-2014

Back to top

APPENDIX II

USE OF CREDENTIAL TRADEMARK POLICY

I. Ownership.
The "CCP" credential is the sole and exclusive property of ABCP and is subject to all applicable trademark and other rights of ABCP as owner under United States intellectual property law and international conventions. Individuals shall not use the credential or any other intellectual property owned by ABCP except as expressly authorized in this policy or otherwise authorized in advance and in writing by ABCP.

II. License.
For the duration of certification, ABCP will permit the certified individual to use the credential for the sole purpose of indicating certification by ABCP. All goodwill associated with the credential and logo as used by individuals inures solely to the benefit of ABCP.

III. Conditions of Use.

A. All use of the credential must be accurate and supportive of ABCP objectives, and must do so in a manner that is compatible with the mission of the ABCP.
B. All use of the credential must be truthful and not misleading. Specifically, an individual shall **not**:
    a. use the credential unless ABCP has made an official certification award;
    b. use the credential on reports or correspondence for areas in which he/she is not certified;
    c. use the credential in any manner that reflects negatively on ABCP or its activities;
    d. use the credential in any manner that conflicts with ABCP policies and procedures;
    b. suggest or imply that the individual has any relationship with ABCP other than as a certified individual; or
    c. suggest or imply that ABCP is endorsing or guaranteeing any product or service offered by the individual.
C. All use of the credential must (i) conform to the design standards issued by ABCP (a current copy of which will be provided), and (ii) be appropriate and dignified as befits the public image of ABCP.
D. Materials in which the credential appears must contain the following acknowledgement: "The CCP credential is a registered trademark owned by ABCP and is used by permission."
E. Individuals shall not use the CCP credential (or a word or design that is confusingly similar to the CCP credential) as part of the individual's business name, logo, domain name, or product or service name.
F. Upon the termination or expiration of certification, or for the duration of any probation or suspension regarding certification, the individual shall:
    a. cease use of the credential;
    b. return all certificates and other items provided by ABCP, without retaining copies; and
    c. not distribute any materials containing the credential that he/she might already have prepared.
G. The individual is responsible for correcting (at his/her expense) any outdated or otherwise inaccurate use of the credential.

IV. Permitted Uses.
Individuals may use the credential on:

A. letterhead and business cards;
B. website; and
C. advertisements, brochures, and other promotional materials.
D. clothing

V. Consequences of Misuse.
ABCP is committed to protecting its intellectual property for the benefit of all credential holders and the general public as consumers. If an individual fails to comply with this policy, the ABCP may revoke or take other action with regard to his/her certification status in accordance with the ABCP Ethical Standards and policy on Investigation of Noncompliance with ABCP Standards and Rules. In addition, the individual may be subject to criminal or civil liability.

VI. Further Information.
If an individual has a question regarding proper use of the credential, and for permission to use the credential on materials other than those listed above, please contact the ABCP.

Back to top

APPENDIX III

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 and will 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 to maintain certification/recertification only when in compliance with all ABCP rules, regulations and standards.

If an individual is not in compliance with 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.

II. 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):
   A. Impairment of professional performance because of habitual use of alcohol, drugs, or other substance, or any physical or mental condition;
   B. Gross or repeated negligence or malpractice in professional work;
   C. Noncompliance with laws related to the profession;
   D. 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);
   E. 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
   F. Disciplinary action by a licensing board or professional organization other than 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, or possession of, or misuse of controlled substances.

IV. The individual shall not engage in unauthorized possession or misuse of ABCP's credential, examinations, and other intellectual property. The individual shall respect 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 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. The individual shall not 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.

VIII. 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 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, 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.

Back to top

On occasion the American Board of Cardiovascular Perfusion may make changes to the existing policies and procedures that may not be reflected in this Booklet of Information. In the event of such changes, an appropriate and timely attempt will be made to notify the perfusion community through our website, mailouts and appropriate professional journals. Such changes will not invalidate the unaffected portions of the instrument.