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**The American Board of Cardiovascular Perfusion**

**PROFESSIONAL ACTIVITY REPORT**

**For EXTENSION**

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

**Send EXTENSION report with $131.00 Filing Fee and $81.00 Extension Fee ($212.00 total) by Certified Mail (Return Receipt Requested). Deadline for mailing of Extension Report is December 31 of the current reporting year.**

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

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

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

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

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

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

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

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

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

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

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

**\*Signature**

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

**Date**

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

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

REV. 4/2020

**Ethical Standards of**

**The American Board of Cardiovascular Perfusion**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

**PROFESSIONAL ACTIVITY REPORT**

**CATEGORY I: ABCP Approved Perfusion Meetings and Related Activity**

**Attendance at International (IP), National (NP), Regional (RP), State (SP), or Local (LP) Perfusion Meeting**

(15 CEUs MINIMUM from Category I: 1 CEU per 50 Contact Minutes: No Maximum Individual Meeting)

**Presentation of a Talk at International, National, Regional, or State Perfusion Meeting (Talk)**

(5 CEUs per Presentation, Limit 10 CEUs)

**Poster or Other Presentation at International, National, Regional, or State Perfusion Meeting (Poster)**

(2 CEUs per Presentation, Limit 6 CEUs)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date-M/D/Y | TYPE | MEETING | LOCATION | CEUs |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Publication of Perfusion-Related Book, Chapter, or Article in a Scientific Journal**

(5 CEUs per Publication, Limit 10 CEUs)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| JOURNAL | Vol, Issue | TITLE | PAGES | CEUs |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Category I Related Activities**

**Self-Directed Continuing Education (SDCE), or Live Interactive Webinars-independent of on-site meeting** (No maximum, Limit 10 CEUs)

**Participation in ABCP Knowledge Base Survey (Survey)** (5 CEUs per Survey, Limit 5 CEUs)

**High Fidelity Perfusion Simulation (HFPS) associated with Category I meeting** (No maximum)

**Clinical Instructor in an Accredited Perfusion Training Program** (2 CEUs per Year; Limit 6 CEUs)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date-M/D/Y | TYPE | TITLE | LOCATION | CEUs |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CATEGORY II: Non-ABCP Approved Perfusion and Other Medical Meetings**

**Attendance at International (IP), National (NP), Regional (RP), State (SP), or Local (LP) Perfusion Meeting,**

**Other Medical Meeting accessible to all perfusionists (MM)**

(1 CEU per 50 Contact Minutes; 15 CEUs per Meeting; No Limit)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date-M/D/Y | TYPE | MEETING | LOCATION | CEUs |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Category II continued on next page**

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

**PROFESSIONAL ACTIVITY REPORT**

**CATEGORY II: Non-ABCP Approved Perfusion and Other Medical Meetings**

**Meetings not accessible to all perfusionists**

Manufacturer Specific or Company Sponsored Educational Events (MFG or CO) (5 CEUs per meeting, 10 CEUs)

Hospital-Based Grand Rounds, Inservices, M&M, Cath Conferences, etc. (Hospital) (5 CEUs per meeting, 10 CEUs)

Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS) (Limit 10 per class; limit 15 CEUs)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date-M/D/Y | TYPE | MEETING | LOCATION | CEUS |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CATEGORY III: Individual Education and Other Self-Study Activities**

**Didactic Instructor in an Accredited Perfusion Training Program** (1 CEU per Contact Hour; Limit 6 CEUs)

**AC-PE Site Visitors Workshop or AC-PE Site Visit** (5 CEUs per AC-PE Event, Limit 10 CEUs)

**Professional Perfusion Organization Membership at the International, National or State Level** (1 CEU per Year; Limit 3 CEUs)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATE-Years | NAME OF PERFUSION PROGRAM | LOCATION |  | CEUs |
|  |  |  | Didactic |  |
|  |  |  | AC- PE |  |
|  |  |  | Organization |  |
|  |  |  |  |  |

**Self-Study Activities, ABCP Examination Development Workshop,**

**Presentation at Non-Approved Meeting**

**(A Separate CATEGORY III ACTIVITY REVIEW FORM Must be Retained for Each Activity)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE-Mo/Da/Yr | SELF-STUDY ACTIVITY |  | CEUs |
|  | ABCP Exam Development Workshop Or Survey (2 each; limit 6 CEUs) |  |  |
|  | Presentation at Non-Approved Meeting (1 each; limit 3 CEUs) |  |  |
|  | High Fidelity Perfusion Simulation (HFPS) not associated with Category I meeting but with ABCP-recognized simulation center(s) (No maximum) |  |  |

**Self Learning Activities**

(Self-Study: 1 CEU per Activity; Limit 15 CEUs)

|  |  |  |  |
| --- | --- | --- | --- |
| DATE-Year | ACTIVITIES |  | CEUs |
|  | Audiovisual Devices/Electronic Forums, Podcasts, Additional SDCEs & Webinars |  |  |
|  | Scientific Journal Articles (1 CEU per article) |  |  |
|  | Journal Club Sessions |  |  |
|  | Degree oriented professionally related coursework (1 CEU per credit hour) |  |  |
|  | Self-Study Modules (Certificate of completion) |  |  |
|  | Basic Life Support (BLS) (Certificate of completion) |  |  |

**Total CEUs Reported**

**(Minimum of 45 CEUs)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total All Categories** |  | **Total** | **\_\_\_\_\_\_\_CEUs** |

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

**CATEGORY III ACTIVITY REVIEW REPORT – for DOCUMENTATION**

**(A separate review form MUST be retained for each activity.)**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ABCP ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF REVIEW: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TYPE OF ACTIVITY: (Circle one.)**

**Journal Article Review Journal Club**

**Electronic Forum Professional Membership**

**Presentation at Non-Perfusion Meeting AV Material**

**REFERENCE INFORMATION:**

Author/Presenter: Date:

Title: Time:

Reference Information:

**ACTIVITY REVIEW:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

**AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

***Professional Activity Documentation Form***

**CATEGORY III ACTIVITY REVIEW REPORT DIRECTIONS**

(**This Page does NOT need to be returned with your report.)**

1. ALL REPORTS MUST HAVE COMPLETE REVIEWER INFORMATION.
2. ALL REPORTS MUST HAVE COMPLETE ACTIVITY REFERENCE INFORMATION. This information should allow the ABCP to find and retrieve this material for review.
3. ACTIVITY REVIEWS MUST INCLUDE:

A description of the type of Program/Presentation/Article

A review of the material presented/reviewed

A review of the results

A review of the conclusions

A statement by the reviewer about the clinical relevance of this study to their clinical practice

The reviewer’s signature

1. THE REVIEW MUST BE TYPED, COMPUTER PROCESSED, OR PRINTED LEGIBLY.
2. THIS FORM MAY BE DOWNLOADED FROM THE AMERICAN BOARD WEB SITE AT [**www.abcp.org**](http://www.abcp.org)**.**

**All documentation must be retained by the CCP. A random audit will be conducted from current *Professional Activity Reports* submitted by CCPs. Upon audit, all documentation must be submitted to the National Office of the American Board of Cardiovascular Perfusion.**