COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
STATE BOARD OF OSTEOPATHIC MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
st-osteopathic@pa.gov

Perfusionist - Continuing Education Reporting Form
(Non-Category 1 Credit Only)

The Pennsylvania State Board of Medicine and State Board of Osteopathic Medicine require that perfusionists document any non-Category 1 credit to fulfill the Boards' Continuing Education requirement for licensure. This form is provided to assist licensees in documenting these credits and can be found on our websites at www.dos.pa.gov/med and www.dos.pa.gov/ost.

Name: _____

License No. _____ **CE Hours for Biennial Period: Jan 1,** _____ **to Dec 31,** _____

The American Board of Cardiovascular Perfusion defines non-Category 1 activities as those which have not been formally designated for Category 1 credit. Non-Category 1 activities include reading journal articles.

Information regarding the requirements to obtain Category 1 credit can be found at www.abcp.org.

***Credit claimed should be commensurate with the actual time spent on an activity*.**

THIS FORM SHOULD BE USED TO RECORD ONLY NON-CATEGORY 1 ACTIVITIES			
Date of Activity	**Activity Title (i.e., Name of Journal, Online Activity, etc.)**	**Subject or Content Area (i.e., Article Title, etc.)**	**Credits Claimed**