

Level II – Category B: Professional and Scholarly Activities

Earned Date (mm/dd/yyyy)	Activity Type	Title of Publication/Textbook/Presentation	# of CEUs

Level II – Category C: Post-Certification College/University Coursework

Earned Date (mm/dd/yyyy)	Course Title	College/University	Credit Hours	# of CEUs

Level II – Category D: Non-Approved Provider Programs

Earned Date (mm/dd/yyyy)	Activity Type	Program Title/Sponsor Name	# of CEUs

Total CEUs

EBP	Category A	Category B	Category C	Category D	GRAND TOTAL

Emergency Cardiac Care (ECC)

Earned Date (mm/dd/yyyy)	Exp Date (mm/dd/yyyy)	Provider Name/Course Title

Please check the appropriate box:

- I have maintained ongoing certification in ECC for this reporting period and have entered all cards above.
- I have not maintained ongoing certification in ECC for this reporting period. I am aware, if my ECC certification lapsed during any portion of this reporting period, I may be required to provide a written explanation of this lapse if audited.

Certification Maintenance Confirmation Statements (all boxes must be checked for form to be processed)

- The information contained in this report is a true and accurate statement of my continuing education activities.
- I am submitting no less than the minimum number of CEUs required for the current reporting period, including the required EBP Category CEUs.
- I am in possession of and prepared to present all original documentation confirming participation in reported activities. I am aware I must keep these records for at least 2 years after the reporting period has ended.
- I have conducted myself as a Certified Athletic Trainer in accordance with the *BOC Standards of Professional Practice*.
- I am aware that I am required to maintain ongoing certification in Emergency Cardiac Care (ECC) throughout the reporting period and I must keep these records for at least 2 years after the reporting period has ended.
- I have paid or will pay the 2016 (unless newly certified in 2016) and 2017 recertification fees by 12/31/2017.
- I am aware that the BOC reserves the right to audit me at any time and that failure to comply with BOC audit policies may result in the suspension of my BOC certification.
- I am aware that my name, location and certification status will be available online through the BOC certification verification system to potential employers, state licensing officials and others.
- I am aware that falsification of this report may result in the revocation of my BOC certification.

Signature: _____ Date: _____