BOC Continuing Education Reporting Form  
(due by 12/31/2019)

*** Record only activities for the CE accumulation period ending 12/31/2019 ***

If you choose NOT to submit your CE online using BOC Central™ at www.bocatc.org, you must complete and submit this reporting sheet with credit card information via fax to (402) 561-0598 or mail it along with a check or money order made payable to the BOC in the amount of $25 to the following address:

Board of Certification  
Attn: CE Reporting  
1415 Harney St Ste 200  
Omaha NE 68102-2250

NOTE: The BOC requests paper CE submissions be postmarked by December 1 of the reporting year to allow time for processing by the December 31 deadline.

Total CEUs Due can be found on your personal profile in BOC Central™. Please refer to 2018-2019 Certification Maintenance Requirements, available at www.bocatc.org, for CE requirements.

### Payment Information - $25 Processing Fee

**PLEASE PRINT OR TYPE:**

- □ CHECK BOX IF NEW ADDRESS BELOW

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<thead>
<tr>
<th>9 or 10-digit BOC Certification #:</th>
<th>Name:</th>
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<tr>
<td>Telephone #: (H) (W)</td>
<td>Address:</td>
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<td>Email Address:</td>
<td>City/State/ZIP:</td>
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**Level I – EBP Category: BOC Approved EBP Programs**

- ATs with 50 CEUs due must complete at least 10 EBP CEUs
- ATs with 25 CEUs due must complete at least 5 EBP CEUs

<table>
<thead>
<tr>
<th>Earned Date (mm/dd/yyyy)</th>
<th>Program Title</th>
<th>Provider #</th>
<th>Provider Name/Program Name/Journal</th>
<th># of CEUs</th>
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**Level I – Category A: BOC Approved Provider Programs**

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<tr>
<th>Earned Date (mm/dd/yyyy)</th>
<th>Program Title</th>
<th>Provider #</th>
<th>Provider Name</th>
<th># of CEUs</th>
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**Level II – Category B: Professional and Scholarly Activities**

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<thead>
<tr>
<th>Earned Date (mm/dd/yyyy)</th>
<th>Activity Type</th>
<th>Title of Publication/Textbook/Presentation</th>
<th># of CEUs</th>
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**Level II – Category C: Post-Certification College/University Coursework**

<table>
<thead>
<tr>
<th>Earned Date (mm/dd/yyyy)</th>
<th>Course Title</th>
<th>College/University</th>
<th>Credit Hours</th>
<th># of CEUs</th>
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**Level II – Category D: Non-Approved Provider Programs**

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<tr>
<th>Earned Date (mm/dd/yyyy)</th>
<th>Activity Type</th>
<th>Program Title/Sponsor Name</th>
<th># of CEUs</th>
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**Total CEUs**

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<tr>
<th>EBP</th>
<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
<th>Category D</th>
<th>GRAND TOTAL</th>
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**Emergency Cardiac Care (ECC)**

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<tr>
<th>Earned Date (mm/dd/yyyy)</th>
<th>Exp Date (mm/dd/yyyy)</th>
<th>Provider Name/Course Title</th>
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Please check the appropriate box:

- I have maintained ongoing certification in ECC for this reporting period and possess documentation for all ECC entries listed above.
- I have not maintained ongoing certification in ECC for this reporting period, or I no longer possess documentation for all ECC entries listed above. If audited, I am aware that I may be required to provide a written explanation if my ECC certification lapsed during any portion of this reporting period or I am unable to provide documentation of ECC certification.

**Certification Maintenance Confirmation Statements**

- 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 2018 (unless newly certified in 2018) and 2019 recertification fees by 12/31/2019.
- 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 I will be subject to an audit if this form is received after the 12/31/2019 deadline.
- 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: ___________________________