

Level II – Category B: Professional and Scholarly Activities

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

| Earned Date (mm/dd/yyyy) | Course Title | College/University | Credit Hours | # of CEUs |
|--------------------------|--------------|--------------------|--------------|-----------|
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Level II – Category D: Non-Approved Provider Programs

| Earned Date (mm/dd/yyyy) | Activity Type | Activity Title | # of CEUs |
|--------------------------|---------------|----------------|-----------|
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| | | | |
| | | | |

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 – Documentation must be submitted with this form. |
|--------------------------|-----------------------|--|
| | | |
| | | |

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 (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 two 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,” or I have reported any non-compliance.
- I am aware that I am required to maintain ongoing certification in emergency cardiac care throughout the reporting period and I must keep these records for at least two years after the reporting period has ended.
- I have paid or will pay the 2020 and 2021 certification maintenance fees by 12/31/2021.
- 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 12/31/2021 deadline.
- I am aware that my name, location and certification status, certification number and expiration date 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 suspension of my BOC certification.

Signature: _____ Date: _____