

# 2021 ANNUAL REPORT

2903 Arlington Loop

Hattiesburg, Mississippi 39401

## FROM THE PRESIDENT:

“It is not the strongest of the species that survives, nor the most intelligent. It is the one most adaptable to change” -- Charles Darwin. Although my children think I am old enough to have sailed on the *Beagle* with Darwin, this quote has stuck in my mind since my college days as a Biology/Anthropology major, and it is still in a way applicable to the times in which we currently live.

I was hoping that the *2021 Annual Report* would be a retrospective reflection on the dedication and resilience of the Certified Clinical Perfusionists (CCPs) during the COVID 19 pandemic. Well unfortunately, we are still in the seemingly endless grips of the pandemic and we, yet again, are being challenged and our workforce is being stressed.

The ABCP has been working diligently throughout the pandemic to assure that the CCPs’ certification standards remain intact and that the CCP workforce continues to survive and to thrive. Since the beginning of the pandemic, the ABCP has found it necessary to adapt to the pandemic’s impact on perfusion educational goals and on the CCPs’ recertification requirements. Perfusion schools did a remarkable job and adapted to the pandemic world and found a way to continue providing strong didactic and clinical education in a difficult learning environment. However, early on in the pandemic the ABCP also had to adapt to the perfusion schools shutting down and clinical rotations suspending rotations by accepting clinical requirements “as is” on March 13, 2020. As COVID vaccinations became readily available and the pandemic impact on schools became manageable, the ABCP was able to return to its standard requirement for exam entry later in 2020.

Early on in the pandemic it was a challenge to even administer ABCP examinations at all because testing centers were closing all over North America. In response to the pandemic, the ABCP understood the dire importance of certifying more clinical perfusionists and getting them into the workforce. The ABCP even considered the worse-case scenario of going back to paper exams! But because of readily adapting to the challenges posed during the pandemic, the ABCP has successfully been able to administer 473 PBSE and 489 CAPE examinations during the pandemic. The ABCP was able to add a total of 449 new CCPs from spring of 2020 to fall of 2021 to keep our profession strong and to serve the needs of our patients.

Throughout the pandemic, the ABCP also adapted to the needs of the CCPs and automatically accepted any extension and waived extension fees due to COVID related hardships in clinical case loss or continuing education shortfalls. In addition, the ABCP has also worked hand-in-hand with State Licensure Boards to make sure that proper certification documents were promptly provided to the states to assure a strong active CCP workforce in licensure states.

Not everything has been readily adaptable to change for the ABCP during the pandemic. The ABCP initially wanted to update and modernize the recertification online filing system (OFS). This project was conceptualized in 2018 and started in late 2019, then the pandemic hit. The web developer that was vetted out and hired for this colossal project was hit hard by the pandemic and initially had to delay the project and then eventually disbanded his company. As many of you have noticed, the OFS is not perfect or even close to what we envisioned. The

ABCP is committed to keep on working to improve the OFS. Please continue to bear with us.

Perfusion modalities, such as, ECMO and VADs, have always been an important part of perfusion practices, and the ABCP is adapting to keep these modalities essential practices to the CCP. The 2021 ABCP Recertification Survey data will soon be released, and it will demonstrate that 63.7% of CCPs regularly cover ECMO shifts and 44% of CCPs regularly cover VAD shifts at their primary institutions. Past surveys show even greater CCP involvement in ECMO (71% in a 2017 ABCP survey. Surveys can be found at [abcp.org](http://abcp.org)); however, this change could be because of the overwhelming COVID pandemic that may have caused institutions to rely more on ECMO specialists and does not cover outside per diem CCP coverage. In addition, the ABCP is perpetually revising, studying, and adding questions to the ABCP examination question bank. Over the past few years, the ABCP has focused on revising and fortifying ECMO, VAD, and pediatric examination questions in its test bank. For example, over the summer of 2021, the ABCP added over 50 new ECMO questions to the ABCP test bank.

As a further commitment to ECMO and VAD modalities, the ABCP Board of Directors voted in favor of adopting new ECMO/VAD clinical case requirements in order for perfusion students to gain entrance into the ABCP examination process. The new requirement will bring clinical case requirements more in line with what is being tested in the ABCP examinations, taught in schools, and practiced in clinical settings by CCPs and make their clinical experiences more well-rounded. Ultimately, the patients that we care for will benefit by this new examination entrance requirement by establishing clinical exposure and experience in these modalities. The following new requirement will take effect in July of 2023:

*Of the 75 CPB clinical case requirement, 5 of these cases must be an ECMO or VAD case. Please note that 70 CPB cases will still be required for entrance into the ABCP examination process. The ECMO/VAD clinical case requirement must follow the current core elements defined for ECMO (4P) and VAD (6P) cases for CCPs (please see ABCP BOI). The 5 ECMO/VAD case requirement will also abide by the current requirement of direct supervision by a CCP and be documented by the applicant's educational program.*

In 2022, the ABCP will also be adapting and changing the company that administers the ABCP examinations. The ABCP will be using Professional Testing (PTI) to administer the PBSE and CAPE examinations starting in the spring of 2022. The ABCP feels that the change in examination centers has many benefits including a quicker return of examination results to the examinees so they will be able to solidify their workforce positions as CCPs in a timelier manner.

As we all adapt to the continuous changes in our world, our practices, and our home lives, it is also a time for transition and for the ABCP to adapt to a new leader. It has been an incredible honor serving our CCPs over the past 12 years and the past three years as President of the ABCP. While I may not be the strongest or smartest, I have honored Darwin's theory and have been willing to guide the ABCP to accept and adapt to change to overcome challenges in order to thrive.

On behalf of the ABCP Directors and its Executive Directors, I thank you for your dedication and professionalism during another troubling year. As the new year dawns, I wish you a healthy, happy, and prosperous 2022. Stay strong.



Bradley Kulat, CCP  
President

American Board of Cardiovascular Perfusion

## BUSINESS MEETINGS

In 2021, because of the continuing COVID-19 pandemic, the American Board of Cardiovascular Perfusion (ABCP) conducted the annual winter business meeting virtually, via Zoom, on February 20, 2021. The annual test development and business meeting was held in person in St. Petersburg, Florida, on June 21-25, 2021. An additional business meeting was held in Santa Fe, New Mexico, on October 6-10, 2021

Representatives of the ABCP attended virtual meetings of the Accreditation Committee – Perfusion Education (AC-PE), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and various perfusion forums and educational meetings. This report will summarize the highlights of the year 2021.

## 2021 EXAMINATION RESULTS

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Prometric Computer Examination Centers on March 24-27, 2021.

The results were as follows:

### Perfusion Basic Science Examination

Total: 39 examinees – passed 33 (85%), failed 6 (15%)

1st Time Takers: 32 examinees – passed 29 (91%), failed 3 (9%)

### Clinical Applications in Perfusion Examination

Total: 61 examinees – passed 52 (85%), failed 9 (15%)

1st Time Takers: 48 examinees – passed 45 (94%), failed 3 (6%)

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Prometric Computer Examination Centers on October 13-16, 2021.

The results were as follows:

### Perfusion Basic Science Examination

Total: 203 examinees – passed 190 (94%), failed 13 (6%)

1st Time Takers: 197 examinees – passed 187 (95%), failed 10 (5%)

### Clinical Applications in Perfusion Examination

Total: 199 examinees – passed 192 (96%), failed 7 (4%)

1st Time Takers: 183 examinees – passed 178 (97%), failed 5 (3%)

## ABCP ELECTIONS

At the February 20, 2021, business meeting, the following officers were elected:

President Bradley Kulat, CCP; Vice President Ann Guercio, CCP; Secretary Emily Saulitis Collins, CCP; and Treasurer David Boyne, CCP. Other current directors of the ABCP include: Tyler J. Kelting, CCP, William Riley, CCP, Carol Ann Rosenberg, CCP, Kyle Spear, CCP, and Emily Thunstrom-Kahring, CCP.

Biographical information regarding ABCP Directors and National Office staff is available on the ABCP website at

[www.abcp.org/board.htm](http://www.abcp.org/board.htm)

## ABCP LIAISON PANEL

Because of pandemic restrictions, the ABCP Liaison Panel did not meet in 2021. The Liaison Panel will hold the 2022 meeting on February 12, 2022, at the *2022 Annual American Academy of Cardiovascular Perfusion (AACP) Seminar* which will take place in Austin, Texas.

## BEYOND THE PUMP AND IN MEMORIAM

In response to inspiring stories that the ABCP National Office often receives regarding achievements and recognitions of both current and retired CCPs, the ABCP added a new feature to the ABCP website under the tab entitled *Beyond the Pump*. The purpose of this section on the website will be to salute stories of interest that recognize CCPs both active and retired.

The ABCP requests that CCPs submit stories of interest regarding current or retired CCPs to the National Office for possible inclusion on the website.

An additional new feature of the ABCP website is the *In Memoriam* report to honor those CCPs who have deceased each year. This feature is based on reports to the National Office and reviews of published obituaries. The ABCP requests that CCPs and families report any deaths that may have been inadvertently omitted so that those deceased CCPs may be memorialized on the website.

## CERTIFICATION

Candidates for ABCP certification must be graduates of an accredited cardiovascular perfusion education program or have been admitted to the examination process before April 15, 1981. The ABCP recognizes the Accreditation Committee – Perfusion Education (AC-PE) in cooperation with the Commission for Accreditation of Allied Health Education Programs (CAAHEP) and the EQual™ Canada division of Accreditation Canada as the official accrediting agencies for perfusion education programs.

The American Board of Cardiovascular Perfusion (ABCP) periodically reviews the examination entrance requirements to determine if its entrance requirements accurately reflect the content of the ABCP examination process. Upon this periodic review in 2021, the ABCP determined that its current clinical entrance requirements to the examination process are incongruous with what is contained within the ABCP examinations, what is being taught in perfusion schools, and what is practiced in clinical settings by CCPs. Currently, the clinical requirements for entrance into the ABCP examination process are 75 CPB cases and 10 pediatric observations.

Extracorporeal technologies such as ECMO, VAD, autotransfusion, blood therapy, pediatric perfusion, and adult perfusion are included in the consensus curriculum developed by the Accreditation Committee of Perfusion Education (AC-PE) and are followed by CAAHEP accredited perfusion education programs, and further validated by the ABCP's Knowledge Base Survey of practicing Certified Clinical

Perfusionists (CCPs). All of these perfusion-related modalities are taught in perfusion programs, examined by the ABCP in the certification examination, and practiced by CCPs in clinical practice.

Perfusion modalities, such as, ECMO, and VAD have always been an important and essential part of perfusion practice. A soon to be published survey (2021 ABCP Recertification Survey) demonstrates that 63.5% of CCPs regularly cover ECMO shifts, and 44% of CCPs regularly cover VAD shifts at their primary institutions. Past surveys show even greater CCP involvement in ECMO (71% in a 2017 ABCP survey. Surveys can be found at [abcp.org](http://abcp.org)); however, this change could be because of the overwhelming COVID pandemic that may have caused institutions to rely more on ECMO specialists or on per diem CCPs outside of their regular practice. In addition, the ABCP is perpetually revising, studying, and adding questions to the ABCP examination question bank. Over the past few years, the ABCP has focused on revising and fortifying ECMO, VAD, and pediatric examination questions in its test bank. For example, over the summer of 2021, the ABCP added over 50 new ECMO questions to the ABCP test bank.

The ABCP has thoughtfully debated changing the clinical entrance requirements since 2020. At the October 2021 ABCP meeting, the ABCP Directors voted in favor of adjusting the clinical requirements for entrance into the ABCP examination process to bring it more in line with what is being tested in the ABCP examinations, taught in schools, and practiced in clinical settings. The ABCP feels that this requirement will benefit perfusion students by giving them clinical experience in these modalities, in addition to the perfusion community by providing entry level CCPs with some clinical exposure in these modalities and making them more well-rounded in clinical experiences. Ultimately, the patients will benefit from this entrance requirement by establishing clinical exposure and experience in these modalities.

The ABCP also recognizes that change may require adjustment in clinical settings and is giving perfusion programs a grace period of a full cycle of 18 months from passage of this requirement to come into compliance. The official start date of this clinical entrance requirement is July 1, 2023.

The clinical requirement change that was approved by the ABCP is as follows:

*Of the 75 CPB clinical case requirement, 5 of these cases must be an ECMO or VAD case. Please note that 70 CPB cases will still be required for entrance into the ABCP examination process. The ECMO/VAD clinical case requirement must follow the current core elements defined for ECMO (4P) and VAD (6P) cases for CCPs (please see ABCP BOI). The 5 ECMO/VAD case requirement will also abide by the current requirement of direct supervision by a CCP and be documented*

*by the applicant's educational program. This will go into effect on July 1, 2023.*

## EXAMINATION DEVELOPMENT

In 2021, ABCP administered 242 *Perfusion Basic Science Examinations (PBSE)* and 260 *Clinical Applications in Perfusion Examinations (CAPE)* through the Prometric Testing Centers. Although COVID testing requirements were not as restrictive as in 2020, there were minor adjustments to testing sites in the spring examination window that had to be accommodated. The ABCP worked on a daily basis with Prometric to minimize disruptions and accommodate examinees as much as possible. For those examinees affected by the complications caused by the COVID pandemic, the ABCP wishes to express appreciation for your patience and understanding.

The Directors of the ABCP meet annually to review the results of the previous year's testing and to develop new examination items. The 2021 annual examination development meeting was held in person following the previous year's pandemic-related virtual Zoom examination development meetings.

The 2021 meeting included a further review of existing pediatric perfusion, ECMO, and VAD questions, as well as the additional development of new questions in these relevant areas and the other extracorporeal technology topics found in the ABCP Knowledge Base Survey and the AC-PE curriculum.

During these intensive work sessions, the Directors propose, review, and approve new items for inclusion in the *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* test banks. Items proposed for inclusion in the *PBSE* test bank are reviewed for accuracy, validity, relevance, and difficulty before being approved for use in the examination. Scenarios proposed for the *CAPE* are reviewed not only for accuracy, validity, relevance, and difficulty but also for appropriate situational sequence and flow. The correct answer to each *CAPE* question is required to be determinable from information provided in the scenario, ensuring that an incorrect answer on any *CAPE* question does not bias a response on any subsequent question in that scenario. The Directors also reviewed item statistics for questions used on both forms of the previous year's *PBSE* and *CAPE*. Test items that are not scored because they do not meet the statistical requirements for measurement accuracy are carefully reviewed and revised before being approved for future use. Historical information is maintained for each item on the *PBSE* and *CAPE* to provide data about item consistency and performance. Adhering to the best practices for test development and subjecting test bank items to careful statistical review ensures that the ABCP examination process remains consistent and fair.

## COMPUTER-BASED TESTING

Both the *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* are administered in Testing Centers as computer-based examinations. Computer-Based Testing (CBT) allows candidates to take their certification examinations in a computer center in or near their home cities. The close proximity of the testing centers reduces or eliminates the costs of lodging and travel for the candidates and offers a more secure and convenient examination environment.

In 2022, the ABCP will be changing the company that administers the ABCP examinations. The ABCP will be using Professional Testing (PTI) to administer the PBSE and CAPE examinations starting in the spring of 2022. The change in examination centers has many benefits including a quicker return of examination results to the examinees so they will be able to solidify their workforce positions as CCPs in a timelier manner.

The application and registration process will not change with the new testing company. As in the past, when the application process is completed and the examinees have been cleared for examination by the ABCP National Office, they log into the PTI website to reserve a location and time for taking their examinations. The ABCP works closely with the testing company to schedule examinations at times that the test centers are not experiencing heavy traffic. It is imperative, however, that examinees understand that they must reserve their test site seat and time as early as possible. This helps ensure that examinees take the test at the time and in the location of their choosing.

Computer-Based Testing works to the strong advantage of the examinees, as it minimizes travel and time requirements as compared to the traditional mode of testing. For each examination, the *PBSE* and the *CAPE*, there are four days scheduled for examination. Once the National Office validates their application materials and they are cleared for examination, examinees may pick any day in that window and choose which examination they wish to take first. The examinations are given twice annually, in the spring and in the fall.

*The American Board of Cardiovascular Perfusion Examination Guidebook* is now available online at [www.abcp.org](http://www.abcp.org) > For Students > Information or, direct link: [http://www.abcp.org/pd/exam\\_guidebook.pdf](http://www.abcp.org/pd/exam_guidebook.pdf)

## Clinical Activity

A Certified Clinical Perfusionist (CCP) is required to perform a minimum of 40 clinical activities annually. Of the 40 clinical activities, a minimum of 25 activities must be documented from Table A as Primary Clinical Perfusion Activities (PCPA). Clinical case credit is only given to the perfusionist who is considered the primary perfusionist in a primary clinical perfusion activity. A primary perfusionist is defined as the perfusionist who is responsible for the conduct of perfusion for 60% of the case and whom the hospital/institution recognizes as the primary perfusionist. Only one perfusionist may submit for primary perfusionist per clinical case.

If a CCP is unable to obtain 40 primary clinical perfusion activities, a maximum of 15 activities may be documented from Table B as Secondary Clinical Perfusion Activities (SCPA) and will count towards the 40-case requirement. Only one SCPA case credit will be allowed during the conduction of one perfusion procedure.

The CCP must be documented at the institution as a member of the patient care team for that period, and a physician name must accompany the case in the Clinical Activity Report.

All clinical cases must be performed on human patients and documentable in an audit. Clinical activities and core elements of the clinical activity are defined in Tables A and Table B.

In 2021, the only revision to Tables A and B was the clarification statement regarding CPB credit: Multiple pump runs per one OR visit equal 1 primary case credit.

The changes are found in Table A 1P and Table B 1S in the clinical recertification charts below.

## RECERTIFICATION

**TABLE A – PRIMARY CLINICAL PERFUSION ACTIVITIES (PCPA)**

	Primary Clinical Perfusion Activities (PCPA)	Clinical Definition	Core Elements
1P	Cardiopulmonary Bypass (CPB), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient's physiological status.	Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring. Multiple pump runs per one OR visit equal 1 primary case credit.
2P	Instructor CPB Bypass, Primary  (Not eligible for examination cases.)	A Certified Clinical Perfusionist (CCP) who serves as a clinical instructor to a student enrolled in an accredited perfusion program during primary clinical perfusion activities that require extracorporeal circulation, used to manage the patient's physiological status.	Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/ lab value monitoring. Primary clinical perfusion activities (PCPA) performed as clinical instructor in an accredited program are considered a primary perfusion activity and will receive full case credit. During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by the clinical instructor. Students may also receive credit toward certification eligibility for the same case.
3P	Extra-Corporeal Membrane Oxygenation (ECMO), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure.  The CCP must be documented at the institution as a member of the patient care team for that period and a physician name must accompany the case in the Clinical Activity Report.	Extracorporeal circuit, oxygenator, heat exchanger used accordingly with hemodynamic/lab value monitoring. For each ECMO case, one case credit per 24 hours will be awarded for initiating and bedside managing ECMO (4-hour minimum) or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple ECMO patients in this time period.
4P	Isolated Limb, Ex Vivo Organ Perfusion, Primary	A Certified Clinical Perfusionist (CCP), who is (1) the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ that manages the patient's physiological status or (2) the primary operator of an extracorporeal device, including an oxygenator/de-oxygenator and pump, used to manage the physiologic state of isolated and separated human organs from the body, for potential transplant opportunities.	Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring. No simultaneous credit will be awarded for managing multiple organs.
5P	Veno-Venous or Left Heart Bypass, Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse specific vascular regions within the circulatory system or recirculate venous blood for purposes such as clot/tissue removal.	Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.
6P	Ventricular Assist Device (VAD), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.	For each VAD case, one case credit per 24 hours will be awarded for initiating and managing VAD or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple VAD patients in this time period.

**TABLE B – SECONDARY CLINICAL PERFUSION ACTIVITIES (SCPA)**

	<b>Secondary Clinical Perfusion Activities (SCPA)</b>	<b>Clinical Definition</b>	<b>Core Elements</b>
<b>1S</b>	CPB, First Assistant	The “CPB First Assistant” is the Certified Clinical Perfusionist (CCP) whom the hospital/ institution recognizes as the assistant to the primary perfusionist during the conduction of perfusion.	The “CPB First Assistant” must be documented within the operating suite and actively assisting during the operative case. Multiple First Assistant credits will not be allowed during concurrent operative procedures. Multiple pump runs per one OR visit equal one secondary case credit.
<b>2S</b>	Ex Vivo, First Assistant	A Certified Clinical Perfusionist (CCP) who is the secondary operator of an extracorporeal device, used to perfuse isolated and separated human organs from the body, for potential transplant opportunities.	Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring. No simultaneous credit will be awarded for managing multiple organs.
<b>3S</b>	Intraperitoneal Hyperthermic Chemoperfusion or Intrapleural Hyperthermic Chemoperfusion (HIPEC)	A Certified Clinical Perfusionist (CCP) who is the primary operator of an intraperitoneal or intrapleural device.	A device with pump flow, circulation, temperature, monitoring, and regulation of chemotherapeutic fluids within abdominal or thoracic cavity for periods exceeding 30 minutes. Syringe infusion devices will not be counted as an SCPA.
<b>4S</b>	Cardiopulmonary Bypass (CPB) Standby Procedures, and Extracorporeal Membrane Oxygenation (ECMO) Standby Procedures	A Certified Clinical Perfusionist (CCP) who is the primary standby operator of the heart- lung machine which is used during cardiac surgery that may require extracorporeal circulation to manage the patient’s physiological status or is the primary standby operator of the Extracorporeal Membrane Oxygenator (ECMO) that provides life support for respiratory and /or cardiac failure.	Any procedure that may require immediate and onsite extracorporeal circulatory support. Standby procedures must be documented, requested by the attending physician, and verifiable in an audit.
<b>5S</b>	High Fidelity Perfusion Simulation (HFPS)	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine or ECMO circuit, used to manage physical and physiological variables during simulated perfusion scenarios taking place at an ABCP- recognized HFPS center.	HFPS is the use of simulation modalities or mechanisms to create a realistic patient model or perfusion situation. HFPS must be an interactive process facilitated by a CCP using standardized medical simulation devices that integrate realistic perfusion events experienced during CPB procedures in a realistic surgical setting using a conventional heart-lung machine or ECMO circuit. Each HFPS or series of HFPS must have an education/briefing, simulation, and debriefing. The simulation/simulation series length must be no less than 50 minutes of active simulation activity. One case credit is awarded for each HFPS activity that meets or exceeds these guidelines. Each HFPS must include and retain a participant evaluation form.

**PROFESSIONAL ACTIVITY**

There were no changes to Professional Activity requirements in 2021; however, the terminology was revised to be clear and concise.

A summary of professional activity requirements may be found in the following charts.

## SUMMARY OF PROFESSIONAL ACTIVITY

### CATEGORY I — ABCP Approved Perfusion Meetings and Related Activity

[A minimum of 15 CEUs must be from this category]

Maximum CEUs per activity	Activity	Maximum CEUs in 3-year period
No maximum	Attendance at an ABCP-approved perfusion-related meeting; Live Interactive Webcast or Webinar <u>(independent of an on-site meeting)</u> Approved by the ABCP	None
5	Publication of Perfusion-Related Book Chapter or Article in Professional Journal	10
5	Presentation of a Talk at an ABCP-approved perfusion-related meeting	10
2	Presentation of a Poster or Other Exhibit at an ABCP-approved perfusion-related meeting Editorial Review of Perfusion Journal Articles.	6
5	Participation in ABCP Knowledge Base Survey	5
No maximum	SDCE	10
No maximum	High Fidelity Perfusion Simulation (HFPS) event that is associated with an approved Category I meeting	None
3 (per year)	Serving as a Clinical Instructor in an Accredited Perfusion Training Program	9

### CATEGORY II — Non-Approved Perfusion Meetings and Other Medical Meetings

Maximum CEUs per activity	Activity	Maximum CEUs in 3-year period
15	Perfusion-related meeting or medical meeting NOT approved by the ABCP	None
5	Medical meeting or perfusion-related meeting not accessible to all perfusionists or manufacturer-specific or company sponsored educational events	10
5	All other medical meetings (Hospital-based Grand Rounds, In-services, M&M, Cath Conferences, etc.)	10
10	Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS)	15

### CATEGORY III — Individual Education and Other Self-Study Activities

Maximum CEUs per activity	Activity	Maximum CEUs in 3-year period
1 (per contact hr)	Serving as a Didactic Instructor in an Accredited Perfusion Training Program	6
2 (per contact hr)	ABCP Examination Development Workshop	6
5 (per contact hr)	Participation in an AC-PE Site Visitors Workshop/or as an AC-PE Site Visitor	10
1 (per activity)	Self-Learning Activities <ul style="list-style-type: none"> <li>• Use of Audiovisual Devices/ Electronic Forums/ Podcasts/Additional SDCEs</li> <li>• Reading Scientific Journals</li> <li>• Participation in Journal Club</li> <li>• Participation in degree oriented, professionally related coursework</li> <li>• Self-study modules</li> <li>• Basic Life Support (BLS)</li> </ul>	15
1 (per activity)	Presentation at non-approved meeting	3
1 (per activity)	Membership in a professional perfusion organization at the international, national, or state level	3

## ABCP RECOGNIZED HIGH-FIDELITY PERFUSION CENTERS

High-Fidelity Perfusion Simulation (HFPS) was added as a secondary perfusion activity following collaboration with the ABCP Liaison Panel representatives over a period of several years. For HFPS case credit to be awarded to a CCP, the administering HFPS Center is required to be recognized by the ABCP as having met the criteria that are deemed essential for receiving HFPS case credits. To attain recognition, HFPS centers seeking recognition must submit an application that may be found on the ABCP website at: [www.abcp.org](http://www.abcp.org). > For CEU Provider > Application Forms > Simulation. Recognition will be awarded for one year and renewed annually. The ABCP appreciates the value of HFPS and supports the development and use of HFPS technology to educate the CCP and to promote safety for the public.

In 2021, the Rush Center for Clinical Skills and Simulation (RCCSS) made application and has been approved beginning January 1, 2022, and is listed with the recognized HFPS centers.

The following HFPS Centers are recognized by the ABCP for the awarding of secondary clinical case credits:

- The Biomed Simulation Training and Education Center  
Administrator: Robin Sutton, MS, CCP, CHSE  
Email address: [robin@biomedsimulation.com](mailto:robin@biomedsimulation.com)  
Phone number: 630-336-2146  
Web address: <http://www.biomedsimulation.com>
- Children's Hospital of Pittsburgh Perfusion Simulation Center  
Administrator: David A. Palmer, Ed.D., CCP, LP  
Email address: [palmerda@upmc.edu](mailto:palmerda@upmc.edu)  
Phone number: 412-692-7187  
Web address: None
- Comprehensive Care Simulation Center  
Administrator: Patty Fanelli, BS, CCP  
Email address: [pfanelli@ccsperfusion.com](mailto:pfanelli@ccsperfusion.com)  
Phone number: 734-525-9712  
Web address: [www.ccsperfusion.com](http://www.ccsperfusion.com)
- Innovative ECMO Concepts, Inc.  
Administrator: Hayden Miller, AAS, RRT, BS, CCP, LP  
Email address: [hayden@innovativeecmo.com](mailto:hayden@innovativeecmo.com)  
Phone number: 405-639-8715  
Web address: [www.innovativeecmo.com](http://www.innovativeecmo.com)
- InvoSim - Center of High-Fidelity Extracorporeal Simulation  
Administrator: Giovanni Cerere, MS, CCP  
Email address: [gio@ivosurg.com](mailto:gio@ivosurg.com)  
Phone number: 617-699-7043  
Web address: <http://www.ivosurg.com>
- Massachusetts General Hospital- Perfusion Simulation Training Unit  
Administrator: Joseph Catricala, MS, CCP, LP  
Email address: [jcatricala@partners.org](mailto:jcatricala@partners.org)  
Phone number: 871-727-6099  
Web address: <https://www.massgeneral.org/>
- The Medical University of South Carolina (MUSC) Cardiovascular Perfusion Simulation Center  
Administrator: Joseph J. Sistino, Ph.D., CCP, FPP, Division Director  
Email address: [sistinoj@musc.edu](mailto:sistinoj@musc.edu)
- The Biomed Simulation Training and Education Center  
Phone number: 843-792-9262  
Web address: <http://academicdepartments.musc.edu/chp/cvp-el/>
- Medtronic Mounds View Central Virtual Cardiac OR  
Administrator: Michael Cristoforo, CCP  
Email address: [Michael.j.cristoforo@medtronic.com](mailto:Michael.j.cristoforo@medtronic.com)  
Phone number: 414-326-5216  
Web address: None
- Michigan Medicine Simulation Center  
Administrator: David Strummer, B.S., CCP  
Email address: [dsturmer@med.umich.edu](mailto:dsturmer@med.umich.edu)  
Web address: <http://medicine.umich.edu/dept/clinical-simulation-center>
- State University of New York (SUNY) Upstate Medical University High Fidelity Extracorporeal Simulation Center  
Administrator: Bruce Searles, MS, CCP, LP  
Email address: [KennedyL@upstate.edu](mailto:KennedyL@upstate.edu)  
Phone number: 315-464-6933  
Web address: <http://www.upstate.edu/chp/programs/cp>
- The University of Colorado Hospital Perfusion Simulation Program  
Administrator: George Justison  
Email address: [georgejustison@uchealth.org](mailto:georgejustison@uchealth.org)  
Phone number: 720-848-6860  
Web address: <https://www.uchealth.org/>
- The University of Pittsburgh Medical Center (UPMC)/ Procirca Simulation Center  
Administrator: Robert Dyga, BS, CCP, LP  
Email address: [DygaRM@upmc.edu](mailto:DygaRM@upmc.edu)  
Phone number: 412-578-9602  
Web address: <http://www.procirca.com/perfusion-services/Pages/simulation-education-center.aspx>
- The Rush Center for Clinical Skills and Simulation (RCCSS)  
Administrator: Julie A. Collins MS, CCP, LP  
Email Address: [Julie\\_A\\_Collins@rush.edu](mailto:Julie_A_Collins@rush.edu)  
Phone number: 312-942-0515  
Web address: None

CCPs may receive CEUs for professional activity if they participate in simulation activities at an approved Category I professional meeting. Simulation activities not occurring at an approved Category I meeting may be documented as Category III with fifty minutes of simulation activity being awarded one Category III CEU.

If CEUs are awarded to a simulation activity at an approved Category I professional meeting, CCPs may NOT submit that activity for secondary case credit for the Clinical Activity Report.

## EXTENSION OF CERTIFICATION PERIOD

CCPs who are unable to fulfill recertification requirements by the end of a reporting period may request an extension of the filing deadline as follows:

- Requests must be made in writing by the August 1st filing deadline.
- The appropriate report(s) (*Clinical Activity Report* and/or *Professional Activity Report*) must be submitted, complete with all activity up to June 30th and the appropriate filing fee.
- If approved, the deadline will be extended to December 31st of the same year at which time the report(s) must be completed, and a late fee (\$81.00) paid.
- For those CCPs who requested an extension due to COVID-19, the extension fee was waived for 2021.
- An extension will not be granted to an individual more than once during a three-year period or to an individual on conditional certification. Due to pandemic-related issues, this requirement was waived in 2020-2021.

## CONDITIONAL CERTIFICATION

A CCP who fails to submit the completed recertification report with appropriate fee by the August 1st deadline and does not formally request an extension will be placed on conditional certification.

A CCP on conditional certification must apply to the ABCP for reinstatement before the next August 1st filing deadline. The petition statement must include:

1. An explanation in writing of the reasons for not completing the recertification requirements (clinical activity) for the previous year;
2. A completed recertification report for the current reporting year comprising 40 cases with the first 25 cases cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and
3. Payment of all normal filing fees, a \$81.00 Late Filing Fee, and a Reinstatement Fee of \$81.00.

## EXTENDED LEAVE

If unable to successfully complete the reinstatement requirements for conditional certification, a CCP may request *extended leave* status in writing prior to the August 1st deadline of the conditional certification year.

Extended leave gives the CCP placed on conditional certification for clinical inactivity an additional year after the conditional certification year to complete the following clinical requirements:

1. A completed recertification report for the current reporting year comprising 40 cases with the first 25 cases cardiopulmonary bypass (CPB) which are supervised and verified by a current CCP; and
2. Payment of all normal filing fees, a \$81.00 Late Filing Fee, and a Reinstatement Fee of \$81.00.

If unable to satisfy the above requirements, reinstatement will be granted upon successful completion of the *Clinical Applications in Perfusion Examination* prior to the deadline of the *extended leave* year.

If none of the above requirements are completed by the August 1st deadline of the extended leave year, it will be necessary to successfully complete all steps listed in the *Re-entry into the Certification Process* section of the Booklet of Information.

## PROFESSIONAL ACTIVITY

CCPs on clinical activity conditional certification and extended leave are required to complete the *Professional Activity Report (PAR)* during the conditional certification period.

## ONLINE FILING

The recertification ABCP Online Filing System (OFS) was used for the 19th year for the 2021 recertification process. The ABCP requires all CCPs to file recertification reports into the OFS. The ABCP National Office provides support to CCPs who need assistance with online filing.

In response to input from CCPs, the ABCP is currently transitioning to a new OFS in order to streamline the reporting process. The OFS is being updated to be available on any online platform. Additionally, the OFS will have the capability of harvesting essential recertification clinical data that will assist the ABCP in evaluating the needs of CCPs and identifying clinical trends in perfusion. The ABCP appreciates your patience with the transition to the new OFS.

The National Office will be glad to offer assistance to anyone having questions about using the new Online Filing System. Reminder electronic postcards and other notifications will be sent in May.

## 2021 RECERTIFICATION RESULTS UPDATE

A total of 4154 CCPs recertified in August of 2021. An additional 51 candidates completed the certification process in the spring of 2021 and an additional 188 completed the certification process in the fall of 2021 for a total of 4373. Including 148 CCPs on conditional certification and 114 CCPs on extension, there are currently 4655 Certified Clinical Perfusionists. A total of 106 perfusionists lost certification December 31, 2021.

Following is a chart that depicts the certification and recertification trends for the past 20 years.

YEAR	TOTAL RECERTS	SPRING CERTS	FALL CERTS	NEW CERTS	CONDITIONAL/ EXTENDED LEAVE	EXTENSION	TOTAL CERTIFIED	LOST CERTS
2000	3073	71	71	142	118	42	3375	83
2001	3120	80	60	140	120	45	3425	86
2002	3158	78	82	160	108	49	3475	103
2003	3238	75	77	152	110	43	3543	73
2004	3279	74	54	128	124	45	3576	95
2005	3302	52	67	119	148	40	3609	84
2006	3328	75	73	148	135	46	3657	89
2007	3396	83	44	127	127	32	3682	89
2008	3403	47	102	149	129	51	3732	96
2009	3464	64	51	115	108	68	3755	83
2010	3490	68	69	137	127	57	3811	72
2011	3562	57	61	118	93	71	3844	73
2012	3595	76	83	159	111	54	3919	79
2013	3669	53	108	161	88/11	58	3987	80
2014	3724	55	101	156	95/13	66	4054	84
2015	3758	44	141	185	127/12	53	4135	76
2016	3819	36	134	170	100/13	81	4183	120
2017	3873	58	114	172	90/7	89	4234	119
2018	3912	63	154	217	87/13	67	4323	69
2019	3881	46	176	222	73/7	102	4418	116
2020	4066	37	173	210	110/5	131	4522	94
2021	4154	51	188	239	135/13	114	4655	106

Following is a list of Certified Clinical Perfusionists residing in the United States as of December 31, 2021.

State	Certified	Lost	New	State	Certified	Lost	New
Alabama	68	1	5	Nebraska	44	1	2
Alaska	6	0	0	Nevada	36	1	2
Arizona	66	3	5	New Hampshire	18	0	1
Arkansas	42	1	1	New Jersey	138	3	4
California	338	9	18	New Mexico	15	0	0
Colorado	66	1	3	New York	234	7	18
Connecticut	69	1	5	North Carolina	126	5	6
Delaware	11	0	0	North Dakota	10	0	2
District of Columbia	11	0	0	Ohio	232	4	2
Florida	333	6	7	Oklahoma	41	2	5
Georgia	101	2	9	Oregon	41	1	0
Hawaii	12	0	0	Pennsylvania	242	7	17
Idaho	15	1	1	Puerto Rico	16	0	0
Illinois	151	2	9	Rhode Island	4	1	0
Indiana	88	2	3	South Carolina	81	4	2
Iowa	28	1	4	South Dakota	9	1	0
Kansas	41	0	3	Tennessee	107	5	7
Kentucky	62	0	9	Texas	345	8	21
Louisiana	70	3	0	Utah	38	0	0
Maine	19	0	1	Vermont	5	0	1
Maryland	66	0	5	Virginia	95	1	6
Massachusetts	85	0	7	Washington	74	3	4
Michigan	143	4	4	West Virginia	26	2	1
Minnesota	85	1	7	Wisconsin	105	1	4
Mississippi	34	2	4	Wyoming	4	0	0
Missouri	97	0	4	<b>TOTALS</b>	<b>4212</b>	<b>97</b>	<b>220</b>
Montana	19	0	1				

*This does not include CCPs living outside the United States.*

## AUDIT PROCEDURES

The ABCP recertification clinical case reporting procedures are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards; therefore, hospital case numbers are not required on the *Clinical Activity Report*. This change in reporting resulted in a change in the audit process. Rather than the cases being verified by the Medical Records Department, the audit is conducted by the Chief Perfusionist, the Operating Room Director, or another hospital authority designated by the CCP. This designated authority is asked to verify the accuracy of the cases in the audit. If the cases cannot be verified by the designated authority, the perfusionist is contacted to provide verification of the cases and explain discrepancies. The revised audit process has been in effect since 2003 and has worked smoothly for 18 years without major problems. If fraudulent reporting of cases is discovered, the issue is submitted to the ABCP Ethics Committee for appropriate actions. The perfusionist is ultimately responsible for providing verification of the cases and explaining discrepancies.

Audits of *Professional Activity Reports* were performed in 2021 in accordance with the revision of the system for documenting professional activity that was implemented in 2001. Since 2001, each CCP is responsible for retaining supporting documentation for his/her professional activity reported on the *Professional Activity Report*, which is submitted every three years. Prior to 2001, the CCP mailed the documentation to the ABCP with the *Professional Activity Report*; under the current system, the CCP retains all documentation for the three-year period. Random audits are performed annually on a percentage of *Professional Activity Reports* as a validating procedure.

Failure to produce the necessary documentation, should the CCP be a subject of the random audit, can result in loss of the CCP credential. The CCP is ultimately responsible for providing verification of professional activity and for explaining discrepancies in reports.

## STATUS OF CCP EMERITUS

The American Board of Cardiovascular Perfusion (ABCP) confers the designation of CCP Emeritus to recognize retiring CCPs, with 20 or more cumulative years of experience as a CCP in good standing, to maintain acknowledgement of their former certified status.

To be conferred with this status the following stipulations must be met:

1. The retiring CCP, with 20 or more cumulative years of experience as a CCP in good standing, must request the CCP Emeritus status within 30 days of losing certification (January 31 of the year that certification is lost).
2. He/she must agree to use the title CCP Emeritus and **not** to use the title CCP, CCP-R, Certified Clinical Perfusionist, or Certified Clinical Perfusionist Retired.
3. He/she must maintain a current mailing/email address on file with the ABCP National Office.

Once the CCP Emeritus status is conferred, his/her name is published on the ABCP website with the title of CCP Emeritus, and each CCP Emeritus will be provided with a certificate recognizing his/her service as a CCP. He/she will also receive the *ABCP Annual Report* and any other appropriate ABCP publications. There is no fee associated with this status.

The CCP Emeritus status has received a positive response from CCPs and has been especially popular with retired CCPs. At the current time, 656 retired CCPs have received the CCP Emeritus designation. The National Office encourages any eligible retirees seeking this status, who may not have been previously notified, to contact the office by telephone (601-268-2221) or email ([ABCP@abcp.org](mailto:ABCP@abcp.org)).

## ABCP COLLABORATION WITH STATE LICENSURE OF PERFUSIONISTS

The ABCP has been collaborating with licensure states since perfusion state licensure was initiated in 1996. The National Office of the ABCP provides the following certification and recertification information as specifically requested from the various licensure states:

- Following each examination session, a list of candidates who passed or failed (all licensure states do not require this)
- Following each examination session, a list of newly certified perfusionists
- Annual lists of CCPs who recertified
- Verification of ABCP certification for CCPs moving to a licensure state
- Other specific information as requested on an individual state basis.

The following states currently require the ABCP to supply certification information for licensure: Arkansas, Connecticut, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin.

The New York State Licensure process ended their grandfathering period October 20, 2018. Please visit the following website for information: <http://www.op.nysed.gov/prof/perfusion/perflic.htm>

## CCP INFORMATION DOCUMENT FOR HOSPITAL HR DEPARTMENTS

In response to input from the ABCP Liaison Panel representatives, the ABCP developed the following information document for HR departments in hospitals.

### American Board of Cardiovascular Perfusion (ABCP) Certification Job Description Resource Document for the Certified Clinical Perfusionist (CCP) Credential

#### Perfusionist Definition

A "Perfusionist" is a person, qualified by academic and clinical education, to operate the extracorporeal circulation equipment during any medical situation where it is necessary to support or

replace a person's cardiopulmonary, circulatory, or respiratory function. A perfusionist is responsible for the selection of appropriate equipment and techniques necessary for support, treatment, measurement, or supplementation of the cardiopulmonary and circulatory system of a patient, including the safe monitoring, analysis, and treatment of physiologic conditions under an order and under the supervision of a physician. A CCP validates his/her mastery of these clinical skills, knowledge, and abilities through certification and meets ongoing continuing education and practice requirements through recertification.

### **Certification Background**

The American Board of Cardiovascular Perfusion (ABCP) is the certifying body for Certified Clinical Perfusionists (CCPs). Established in 1975, the primary purpose of the ABCP, and therefore its most essential function, is protection of the public through the establishment and maintenance of standards in the field of cardiovascular perfusion. To achieve this objective, the ABCP has established qualifications for certification examination and procedures for recertification. Its requirements and procedures are reviewed and modified by the Directors of the ABCP as necessary.

### **Certification**

Certification in Clinical Perfusion is attained by meeting specific educational and clinical requirements and satisfactory performance on the American Board of Cardiovascular Perfusion certification examination. Certification in cardiovascular perfusion is evidence that a perfusionist's qualifications for operation of extracorporeal circulation equipment are validated by his/her peers. Certification is not intended to define requirements for employment, to gain special recognition or privileges, to define the scope of extracorporeal circulation, or to state who may not engage in cardiovascular perfusion.

Extracorporeal technologies such as ECMO, VAD, autotransfusion, blood therapy, pediatric perfusion, and adult perfusion are included in the consensus curriculum developed by the Accreditation Committee of Perfusion Education (AC-PE) and are followed by The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited perfusion education programs. It is the ABCP position that all CCPs have acquired knowledge and have demonstrated through the certification process a validated level of knowledge in these areas.

To be eligible to sit for the ABCP examination process, a perfusionist must have graduated from an accredited cardiovascular perfusion education program. The certification examination is composed of two parts. Part I, the *Perfusion Basic Science Examination (PBSE)*, is a 220-item, multiple-choice examination designed to cover perfusion basic sciences and cardiopulmonary bypass. Part II, the *Clinical Applications in*

*Perfusion Examination (CAPE)*, is also a multiple-choice format where a series of clinical scenarios are presented, each with a series of questions. The number of questions on the Part 2 examination may vary from 200 to 230, depending on the scenarios used. Both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* are given twice a year, in the spring and in the fall.

### **Recertification**

Recertification is designed to ensure that Certified Clinical Perfusionists, through continuing education and clinical activity, continue to meet professional standards and possess current and adequate knowledge in the field. CCPs are required to recertify every year. A CCP is required to perform a minimum of 40 clinical activities annually. Of the 40 clinical activities, a minimum of 25 activities must be documented as Primary Clinical Perfusion Activities (PCPA). During each three-year reporting period, every CCP must earn 45 Continuing Education Units (CEUs). See the ABCP Booklet of Information for detailed recertification information: <http://abcp.org/>.

### **Primary Source Verification**

- The ABCP National Office provides primary source verification of the CCP credential through the following sources:
  - Names of currently certified perfusionists are listed on the ABCP website: [www.abcp.org](http://www.abcp.org) > CCP Status Lists > CCPs > ABCP-Certified Perfusionists.
  - Verification can be provided via telephone, fax, email, or USPS.
    - telephone number for a verbal verification: 601-268-2221;
    - fax number: 601-268-2229;
    - email address: [ABCP@ABCP.ORG](mailto:ABCP@ABCP.ORG);
    - mailing address: ABCP, 2903 Arlington Loop, Hattiesburg, MS 39401-7115.
- All the methods listed are considered "primary source" verification.
  - If you request written verification by email and require a mailed or faxed response on ABCP letterhead, please include a fax number and your address with your request.
  - The National Office will gladly respond using the preferred method in a timely manner.

### **For more information on perfusion certification, contact us:**

**ABCP National Office**  
**2903 Arlington Loop**  
**Hattiesburg, MS 39401-7115**  
**(601) 268-2221**  
**(601) 268-2229 Fax**  
**<http://www.abcp.org/>**

## **AMERICANS WITH DISABILITIES ACT**

The ABCP examinations are conducted in compliance with the Americans with Disabilities Act. Individuals with disabilities who are otherwise qualified for the ABCP certification process should write the National Office of the ABCP to request reasonable accommodations for the examinations. The request must be made at least four weeks prior to the examination date. Appropriate documentation will be required for all disability requests.

## **MAILING LIST**

Professional organizations may use the ABCP mailing list provided those organizations send the materials that are to be mailed to the ABCP National Office. The National Office will then mail all materials and charge the organization an appropriate fee. A schedule of fees is available from the ABCP National Office.

## **USE OF THE ABCP CODE OF ETHICAL STANDARDS**

Professional organizations may freely publish the *Ethical Standards of the American Board of Cardiovascular Perfusion* provided the ABCP is appropriately credited in the publication



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CARDIOVASCULAR PERFUSION**  
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## **ADDRESS SERVICE REQUESTED**

## **USE OF CCP**

The credential CCP is a registered trademark of the American Board of Cardiovascular Perfusion, Inc. The title is reserved for those active perfusionists who annually submit documentation for recertification. Further, the ABCP zealously protects the title on behalf of those currently holding certification.

## **CHANGE OF ADDRESS**

If you have moved, or are anticipating a move, please notify the National Office, in writing or by telephone, of your change of address and update your Online Filing System [Profile Page](#).



## **ABCP NATIONAL OFFICE ADDRESS**

Dr. Beth A. Richmond  
Dr. Stephen Oshrin  
*Executive Co-Directors*

Ms. Pat Kirkland, *Administrative Assistant for the National Office*  
Ms. Kathy McNair, *Secretary for the National Office*  
Ms. Kathrine Byrd, *Office Assistant*  
Ms. Angela Emmons, *part-time Office Assistant*

2903Arlington Loop • Hattiesburg, MS 39401-7115  
Telephone: (601) 268-2221 • Fax: (601) 268-2229  
E-mail: [abcp@abcp.org](mailto:abcp@abcp.org) • Website: [www.abcp.org](http://www.abcp.org)

*The National Office welcomes your telephone calls, emails and requests for information. It is the role of the National Office to encourage certification and recertification for those who are eligible and to make those processes as efficient as possible, and we will do everything that we can to assist you. Additionally, we solicit your input concerning the improvement of our operations.*