AMERICAN BOARD OF CARDIOVASCULAR PERFUSION
Professional Activity Documentation Form

CATEGORY III ACTIVITY REVIEW REPORT
DIRECTIONS

♦ ALL REPORTS MUST HAVE COMPLETE REVIEWER INFORMATION.

♦ ALL REPORTS MUST HAVE COMPLETE ACTIVITY REFERENCE INFORMATION. This information should allow the ABCP to find and retrieve this material for review.

♦ ACTIVITY REVIEWS MUST INCLUDE:
  A description of the type of Program/Presentation/Article
  A review of the material presented/reviewed
  A review of the results
  A review of the conclusions
  A statement by the reviewer about the clinical relevance of this study to their clinical practice
  The reviewer’s signature

♦ THE REVIEW MUST BE TYPED, COMPUTER PROCESSED, OR PRINTED LEGIBLY.

♦ THIS FORM MAY BE DOWNLOADED FROM THE AMERICAN BOARD WEBSITE AT www.abcp.org.

All documentation must be retained by the CCP. A random audit will be conducted from current Professional Activity Reports submitted by CCPs. Upon audit, all documentation must be submitted to the National Office of the American Board of Cardiovascular Perfusion.
NAME: ________________________________________________________________

ABCP ID NUMBER: _____________ DATE OF REVIEW: _________________

TYPE OF ACTIVITY: (Circle one.)

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<td>Presentation at Non-Perfusion Meeting</td>
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REFERENCE INFORMATION:

Author/Presenter: Date:

Title: Time:

Reference Information:

ACTIVITY REVIEW:

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Signature: ___________________________