



THE AMERICAN BOARD OF
CARDIOVASCULAR PERFUSION

1975-2025 50th Anniversary

2024 ANNUAL REPORT

Published January 28, 2025

555 E. Wells Street, Suite 1100

Milwaukee, Wisconsin 53202

FROM THE PRESIDENT:

Greetings,

As the current President of the ABCP, I am honored, humbled and eager to introduce our 2024 annual report, and to kick off the 50th anniversary year of the ABCP. Adding to the excitement is our projection to reach 5,000 active Certified Clinical Perfusionists (CCPs) worldwide in 2025 – what a coincidence! The following entry describing the inception of the ABCP is taken from the [Background](#) section of our newly revised website:

In July 1972, the American Society of Extra-Corporeal Technology (AmSECT) administered the first perfusion certification examination. This was the culmination of five years of work by the AmSECT Certification and Education Committee. This examination was conducted in 1973 and 1974. During this time, it was given on a grandfather only basis in order to establish a knowledge database. Grandfather was defined as a candidate who had two years of clinical experience in cardiovascular perfusion and who had conducted 100 clinical perfusions as of July 19, 1972. In 1974, with a suitable database established, it was given for the first time on a pass/fail basis.

Those involved in the certification program were aware from the inception that AmSECT would be unable to continue certification. In 1975, AmSECT relinquished the duties of certification and recertification to the American Board of Cardiovascular Perfusion (ABCP).

The thoughtful and patient-focused creation of the ABCP certification exam and recertification process is reflected and carries on through the ABCP mission statement:

The American Board of Cardiovascular Perfusion will strive to develop and maintain quality standards in cardiovascular perfusion that promote safety and protection of the public. These standards will include the attainment and enhancement of knowledge, skills and ethical professional conduct of Certified Clinical Perfusionists by supporting preservice and inservice education. This support will emanate from the design, implementation and administration of the credentialing process. Additionally, this support will include stimulation of innovative educational activities and promotion of ethical professional development.

The ABCP board of directors and our management partners had a very busy 2024. We devised, promoted and continue to monitor many important initiatives to protect the designation of Certified Clinical Perfusionist, and to accommodate our ever-growing community of CCPs. Protecting the CCP designation and therefore promoting patient safety is accomplished through diligence, collaboration and perseverance with a touch of diplomacy. This evolution is typically obvious and with widespread benefit at face value. Occasionally, sacrifice and compromise are essential to moving our profession forward by staying current with the increasingly complex business of medicine. No decision made by the ABCP board is taken lightly and we have strived to surround ourselves (and therefore the CCP designation) with the best and brightest consultants to guide our conversations and decisions. We have leveraged our partnership with Executive Director, Incorporated (EDI) to enlist a team of legal, financial, IT and psychometric exam partners to ensure the action items emanating from the board room lead to predictable and beneficial policies and initiatives.

The outward-facing body of work launched in the last year intended to promote and protect the role of CCPs directly caring for patients includes:

- [NRP/Ex-Vivo position statement](#)
 - Once we had the endorsement of multiple perfusion and cardiac surgery related organizations we shared this out to the larger transplant medicine community and licensure boards across the country.
- [Strength of Credential statement](#)
 - We collaborated with Professional Testing, Incorporated (PTI) to draft a summary of the procedures, methodologies and policies in place to ensure a high-quality examination process.
- [Ancillary Certification statement](#)
 - The current ABCP board of Directors revised the original statement on “micro-certifications” to display our support of continuing education for all clinicians, while reiterating the strength of the CCP designation as a standalone competency statement when wielded appropriately.

Ongoing ABCP workflow processes and newly implemented projects to ensure a robust, equitable and high-quality examination and certification process include:

- Thorough exam question review and data-driven knowledge base assessment
 - Exam question quality assurance and improvement have been fundamental to the ABCP since its inception. Over the past year the board has performed an exhaustive review of the entire exam question bank by applying recent knowledge base survey results. The goal of this periodic review is to maintain a collection of questions that is reflective of our current clinical subject matter. This project was complementary to the group revising or removing questions with questionable performance history and/or exposure online.
- [Academic Integrity statement](#)
 - In December of 2024 an Academic Integrity Statement went out to all perfusion school program directors in the United States and Canada. This statement was meant to be a reminder of the ethical standards that apply to the ABCP examination process, and an offer for partnership to attenuate unfair and unethical study and examination techniques.
- [Online exam application](#)
 - One of the more intensive IT projects completed in 2024 was to move to an online PBSE and CAPE examination application process. This new platform modernized and simplified the steps required to apply for the exams and as a direct benefit, the exam application window remains open later, closer to the date of each exam. This allows candidates to apply for an exam closer to the actual exam date than what would be possible with paper-based applications.
- [Practice exam](#)
 - It had come to our attention that there are numerous practice exams modeled after the ABCP PBSE and CAPE exams. These mostly-online offerings run the gamut of accuracy and legitimacy. After a hiatus, we are very pleased to offer an ABCP-endorsed practice exam to our candidates, but they are available to anyone who would like to take them.

The annual Booklet of Information has been revised for quick reference and ease of use. It also includes many revised or devised policies and features to accommodate our community of CCPs and make the recertification process efficient and intuitive, such as:

- [Prorated Clinical Recertification](#) policy
 - The ABCP clinical activity requirements are in place to ensure the utmost strength of the CCP designation by implementing minimal thresholds for hands on perfusion-related patient care. Meeting this requirement can become a challenge for people in a huge range of situations. In the event a CCP is unable to work due to instances that qualify for Family Medical Leave Act (FMLA) absences, the ABCP will prorate the clinical case requirement per the terms of this brand-new policy.
- Streamlined [conditional and extended leave](#) policies
 - For CCPs who are unable to satisfy clinical or professional activity requirements, there are processes in place to maintain certification while their clinical activity and/or CEU thresholds are met. This process was confusing for many and inefficient for our National Office to process. We are pleased to roll out revised conditional and extended leave policies for CCPs who need extra time to meet their requirements.
- Improved ethical reporting process
 - We are a large community of professionals located in all corners of the world. As such, it is incumbent on all of us as CCPs to act as a first line of defense against potential violations of the ABCP Code of Ethics. Please review the ABCP [Code of Ethics](#) as often as needed to be able to recognize and act upon such infractions. Recent revisions to the ethical reporting process make for an intuitive means for anyone (CCP or not) to register ethical concerns and/or complaints.
- Modernized and intuitive [website](#)
 - Allow me to speak for the ABCP board of directors and our National Office in saying that we hope recent and ongoing improvements to our website make for an efficient experience no matter what the reason for visiting the site may be.

- Fully functional online filing system with file transfer capability
 - Our online filing system (OFS) has gone through many impactful revisions over the last five years. Our IT group has strengthened the server platform, eliminated redundancies and errors, and reorganized the page for the most user-friendly platform possible. I am extremely proud and happy to announce a return of the CSV file transfer feature for this upcoming recertification period!

This summary of improvements and new offerings is a product of thousands of hours of collaboration and hard work. As we launch this huge collection of new features we are likely to encounter some bugs and bumps in the road, and for this we ask for your patience and feedback. We listen when our community of CCPs speaks and I am hopeful that we are adequately addressing many questions, concerns and ideas that have come to us over the past few years. As broad as this list of projects may be, there are many other works in progress intended to improve how the ABCP operates on all facets and these will be rolled out as they are ready. There are many other notable and impactful items throughout this annual report so I am hopeful that it will be met with enthusiasm and pride. This is our profession, and as a small representative group of board directors we always have the best interest of the greater CCP community in mind.

I wish you a safe, prosperous and peaceful 2025.



A handwritten signature in black ink that reads "William D. Riley".

William Riley, CCP
President
American Board of Cardiovascular Perfusion

ABCP BOARD OF DIRECTORS



William Riley, CCP



Emily Saulitis
Collins, CCP



Kirsten Kallies,
CCP



Emily Thunstrom-
Kahring, CCP



David Boyne, CCP



Jwana Ibsies, CCP



Scott Noesges, CCP



Caleb Varner, CCP

ABCP STAFF

In early 2023, we notified you about several changes happening within ABCP. We had recently changed testing companies, changed the exam results reporting structure and had changed and started transitioning to a new management company, Executive Director, Inc. (EDI).

Along with the change to EDI, we were assigned a new ABCP Executive Director, Jeanne Rhodes. As the message back then was about the inevitability of change, we wanted to inform you about a recent staff change. Jeanne Rhodes, who served us extremely well during our two-year transition, moved to a different position at EDI. We want to thank Jeanne for her incredible dedication and hard work on behalf of ABCP during this transition period. The entire Board of Directors wants to express their deepest gratitude to Jeanne.

We are pleased to say that Phillip Bailey, who was our Senior Certification Manager, has been promoted to Executive Director of ABCP.

In the future, please watch for emails from Phillip as he fully integrates into his new role. We are excited to move into the next phase for ABCP.

ABCP BUSINESS MEETINGS

The American Board of Cardiovascular Perfusion (ABCP) held three meetings throughout the year; February 22-24, 2024, June 19-22, 2024, and October 3-5, 2024.

Representatives of the ABCP attended virtual and in person 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 2024.

ABCP ELECTIONS

At the February 24, 2024, business meeting, the following officers were elected: President William Riley, CCP; Vice President Emily Saulitis Collins, CCP; Secretary Kirsten Kallies, CCP; and Treasurer Emily Thunstrom-Kahring, CCP. Jwana Ibsies, CCP was elected as a new director. David Boyne, CCP, Scott Noesges, CCP, and Caleb Varner, CCP continued to serve their current terms.

Biographical information regarding ABCP Officers, Directors, and National Office staff is available on the ABCP website [here](#).

ABCP LIAISON PANEL

The ABCP Liaison Panel meeting was held on Saturday, February 10, 2024, in Nashville, Tennessee, in conjunction with the AACP Meeting. The meeting was well attended and provided an opportunity for representatives to share the work of their perfusion organizations. Those representatives joining ABCP Directors and Staff were as follows:

American Board of Cardiovascular Perfusion

David Boyne, CCP

William Riley, CCP

Kirsten Kallies, CCP

Scott Noesges, CCP

Emily Thunstrom-Kahring, CCP

Accreditation Committee - Perfusion Education

Linda Cantu, CCP, AC-PE Chairperson

American Academy of Cardiovascular Perfusion

David Fitzgerald, CCP, AACP President

American Society of ExtraCorporeal Technology

Scott Snider, CCP

Canadian Society of Clinical Perfusion

Naresh Tinani, CCP, CSCP President, (virtually)

Latin American Perfusion Society

Brigida Aguerrevere, CCP (virtually) and

Alileni Perez (virtually)

Perfusion Program Directors' Council

Edward Delaney, CCP and

Deborah Adams, CCP, PPDC Chairperson

BEYOND THE PUMP AND IN MEMORIAM

You can read on the ABCP website about interesting perfusionists who contribute to the profession and realize great accomplishments. Tell us about a perfusionist whose profile should be shared through the "Beyond the Pump" contact link on the ABCP website. Click [here](#) to view our most recent profile of Mary Ann Overton.

An additional feature of the ABCP website is the In Memoriam report which honors those CCPs who have passed away 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.

EXAMINATION DEVELOPMENT

In 2024, the ABCP administered 304 *Perfusion Basic Science Examinations (PBSE)* and 289 *Clinical Applications in Perfusion Examinations (CAPE)* through Pearson VUE Testing Centers.

The Directors of the ABCP meet annually to review the results of the previous years' testing and to develop new examination items. The 2023 meeting included a review of existing questions and the blueprint was evaluated against the results of the Knowledge Base Survey. The Board and the psychometrician identified areas for exam development.

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*. 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.

PBSE CASE DEFINITION

In 2024, the Directors met and defined what quality Primary Clinical Perfusion Activities for students on their *PBSE* applications. These case definitions and requirements are intended to provide clarity as a student applicant works towards their application process. These definitions can be found in the newly updated Booklet of Information on our website (link), and in the list below.

Definitions of Qualifying Primary Clinical Perfusion Activities:

- a. 1P - Cardiopulmonary Bypass: 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. A cardiopulmonary bypass case requires the following:
 - Pre-op patient assessment
 - Equipment selection
 - Circuit Preparation
 - Initiation of Cardiopulmonary bypass
 - Physiologic management of the patient on CPB
 - Termination of CPB
 - Post bypass instructor debriefing

A pediatric cardiopulmonary bypass observation requires the following:

- Equipment selection briefing
- Observation of circuit preparation
- Observation of initiation of CPB
- Observation of physiologic management during CPB
- Observation of termination of CPB
- Post bypass debriefing
 - Must be physically present in the room

- b. 3P - ECMO: the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure. The CCP candidate 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. An ECMO case requires the following:
- ECMO patient assessment;
 - ECMO circuit preparation; and
 - ECMO initiation, stabilization, and management for four hours
 - **or** ECMO patient assessment and six hours of bedside monitoring (in place of other options above)
- c. 6P - VAD: primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart. A VAD case requires the following:
- VAD patient assessment;
 - VAD preparation or observation of preparation; and
 - VAD initiation, stabilization, and management for four hours
 - **or** VAD patient assessment and six hours of bedside monitoring (in place of other options above)

In addition to these PBSE Case definitions, all PBSE cases performed August 1, 2024 forward must take place in the United States, U.S. territories, or Canada. PBSE cases still require a minimum of 75 cardiopulmonary bypass (CPB) cases. Five of the 75 Primary Clinical Perfusion Activities (PCPA) must qualify as 3P - ECMO or 6P - VAD cases and the remaining 70 (or more) PCPA must qualify as 1P - primary cardiopulmonary bypass (CPB) per the definitions provided. A minimum of 10 clinical pediatric cases requiring cardiopulmonary bypass must be observed or performed for the certification process. There are updated forms on the [ABCP website](#) to match these requirements.

COMPUTER-BASED TESTING

The Perfusion Basic Science Examination (PBSE) and the Clinical Applications in Perfusion Examination (CAPE) are administered at Pearson VUE testing centers in the United States, U.S. Territories, and Canada. The examination windows are in April and October; the exact time frame will be posted to the [website](#) and sent to each examinee by email. Examinations may be taken during that time period only. The duration of each examination is four hours and both examinations may be taken on the same day, depending on test site availability.

Prior to registering for the examination(s) with Pearson VUE, the examinee must complete the ABCP application process and meet the [ABCP deadlines](#). Spring 2025 applications must be received between November 15, 2024 and March 10, 2025. A late fee will be assessed on Spring 2025 applications from March 11 – 24, 2025. No Spring 2025 applications will be processed after March 24, 2025. Fall 2025 applications must be received between May 15, 2025 and September 15, 2025. A late fee will be assessed on Fall 2025 applications from September 16 – 29, 2025. No Fall 2025 applications will be processed after September 29, 2025.

Once the application process has been completed, the ABCP National Office will upload applicant information to Pearson VUE. Once approved, Pearson VUE will issue an approval email to the email address provided with your applications where you may schedule, cancel, or reschedule your test online. Available test sites, times, and locations will be identified upon scheduling.

In order to register online, you must have a valid email address. Examinees can also register using the Pearson VUE telephone system 877-839-7768 in U.S./Canada (Monday–Friday 7 a.m. to 7 p.m. U.S. Central Time). In order to ensure the best selection of testing sites and times, please register as soon as possible after being notified by the ABCP National Office that you have been accepted to sit for the examination(s).

Each candidate is required to present one form of primary ID (government issued with name, recent recognizable photo, and signature). You can find a list of acceptable ID's here: [Acceptable Identification](#).

The name on the Pearson VUE reservation must match the name on your ID or you may be denied admission. For example, if your driver's license is issued to Robert L. Doe and you have registered with ABCP using your nickname Larry Doe, you will be denied admission. Contact the ABCP National Office immediately if there is a discrepancy between the name on the reservation and your photo ID.

You may cancel or reschedule up to 24 hours before your appointment at no cost (via online or phone). Pearson VUE will send you a confirmation email each time you reschedule or cancel an appointment. There are multiple steps to reschedule online, so be sure that you complete all steps until the “Your appointment is rescheduled” screen is displayed. If you do not receive a confirmation email, please recheck the status of your appointment.

If you fail to cancel 24 hours prior to your appointment, or if you miss your appointment, show up late, or provide inadequate identification, you will not be able to make a new appointment without paying the ABCP exam retest fee.

Additional information is available via the links provided in your email from Pearson VUE.

Preliminary examination results will be provided at the end of each testing session. Official examination results **will be provided by the ABCP National Office four to six weeks following the exam.**

EXAMINATOR SCORING

Scaled scores are created when the number of questions that candidates answer correctly is mathematically transformed. Scaled scoring is utilized by many other prominent exams, such as the SAT, ACT, LSAT, and MCAT. The ABCP has implemented scaled scoring for both the CAPE and PBSE examinations using a scaled score with a range of 120 to 480, with the cut score set at 400.

The use of scaled scores does not affect whether or not individuals pass or fail the examination. The pass/fail decision is always made by comparing the number of questions answered correctly to the passing score that was established using a criterion referenced process. All candidates who correctly answer more items than are required to pass the examination form that they took will obtain scaled scores that are between 400 and 480. Candidates who did not answer enough items to pass will obtain scaled scores between 120 and 399.

The use of scaled scores allows for the direct comparison of scores from one examination form to another because the passing standard will remain constant at a scaled score of 400. This process will allow candidates to better understand their exam performance when comparing their score from one exam form to another, regardless of when they test.

Immediately after completing the examination, examinees will receive a **preliminary** pass/fail result as a print-out from the Pearson VUE location administering the exam. **This result is not used for credentialing.** The National Office must receive final, numbered scores from the test company for credentialing purposes. **The final, official scores will be provided to examinees on an individual basis by the National Office four to six weeks after the exam(s).**

2024 EXAMINATION RESULTS

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Pearson VUE Examination Centers on April 16-20, 2024.

The results were as follows:

Perfusion Basic Science Examination

Total: 60 examinees – passed 51 (85.0%), failed 9 (15.0%)

1st Time Takers: 45 examinees – passed 42 (93.3%), failed 3 (6.7%)

Clinical Applications in Perfusion Examination

Total: 64 examinees – passed 60 (93.5%), failed 4 (6.3%)

1st Time Takers: 59 examinees – passed 58 (98.3%), failed 1 (1.7%)

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Pearson VUE Examination Centers on October 22-26, 2024.

The results were as follows:

Perfusion Basic Science Examination

Total: 244 examinees – passed 209 (85.7%), failed 35 (14.3%)

1st Time Takers: 235 examinees – passed 209 (88.9%), failed 26 (11.1%)

Clinical Applications in Perfusion Examination

Total: 225 examinees – passed 183 (81.3%), failed 42 (18.7%)

1st Time Takers: 222 examinees – passed 183 (82.4%), failed 39 (17.6%)

RECERTIFICATION UPDATES

In 2024, there were no changes made to Tables A and B recertification charts. There were also no changes to Professional Activity requirements in 2024. Please review all updates to alternative statuses below noting that **Extension has now been removed, but this has been replaced with the Prorated Clinical Recertification policy.**

Fee Increase

After over a decade of no change in fee for annual recertification, starting on April 1, 2025, the recertification fee will be increased to \$180. This fee will automatically go into effect in the Online Filing System on April 1st.

Annual Recertification Letters and Certificates

Starting in 2023 these items were moved to a digital platform inside the Online Filing System (OFS). Within 24 hours after you successfully file your annual recertification each year your digital materials will update with your new paid through date. You will no longer need to wait until the end of the year for these materials to arrive in the mail! You can access them at any time and from anywhere. Cycle 2 will receive one last physical copy of a certificate sent to the mailing address on file. Additionally, ABCP offers a [verification tool](#) on the website. If you are in need of any state licensure letter or any additional verification information, please contact the National office at info@abcp.org or 414-918-3008.

Prorated Clinical Recertification Policy

The ABCP will provide a mechanism for CCPs to have prorated relief for recertification clinical case requirements when a qualifying life event has occurred. The list of acceptable types of leave can be found on the [website](#). A maximum of 26 weeks of relief, whether the days are consecutive or not, can be applied for in any annual recertification cycle (7/1 to 6/30). Prorated relief will apply to Certified, Conditional Certification, and Extended Leave statuses. Case counts will round up to the nearest whole number for Primary Clinical Perfusion Activities (PCPA) and round down for Secondary Clinical Perfusion Activities (SCPA). The National Office will review the submission and issue approval with the revised case count requirements to the CCP for the upcoming filing deadline. The submission is due at least 4 weeks before the annual recertification filing deadline of July 31st. If the prorated relief is not approved, the CCP may write an appeal for committee review within 30 days. No approval will be granted after the annual recertification filing deadline has passed. No relief will be granted for the required continuing education units required for the Professional Activity Report. The three-year CCP filing cycle will remain active regardless of the period of leave.

Conditional Certification

A CCP who fails to submit the completed recertification report with appropriate fee by the July 31st deadline will be placed on conditional certification.

A CCP on conditional certification must complete the following requirements before the next July 31st filing deadline:

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 spanning two years, comprising 80 cases total; a minimum of 50 cases must be Primary Clinical Perfusion Activities (PCPA); and the remaining cases may be Secondary Clinical Perfusion Activities (SCPA) found in Tables A and B; and
 - a. Prorated relief will apply to Certified, Conditional Certification, and Extended Leave statuses. If you qualify, please contact the National Office.
3. Payment of a \$200.00 Late Filing Fee *PLUS* the current filing fee and any other outstanding fees including past or missed recertification fees.

Extended Leave

If unable to successfully complete the requirements for conditional certification, a CCP may request *extended leave* status in writing prior to the July 31st 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 spanning three years, comprising 120 cases total; a minimum of 75 cases must be Primary Clinical Perfusion Activities (PCPA); and the remaining cases may be Secondary Clinical Perfusion Activities (SCPA), found in Tables A and B; and
 - a. Prorated relief will apply to Certified, Conditional Certification, and Extended Leave statuses. If you qualify, please contact the National Office.
2. Payment of a \$200.00 Late Filing Fee *PLUS* the current filing fee and any other outstanding fees including past or missed recertification fees.

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

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 July 31st deadline of the extended leave year, it will be necessary to successfully complete all steps listed in the [Re-entry into the Certification Process](#).

2024 RECERTIFICATION RESULTS UPDATE

A total of 4753 CCPs recertified by the 2024 filing deadline. Additionally, 63 candidates completed the certification process in the spring of 2024 and 172 candidates completed the certification process in the fall of 2024. There were 112 CCPs on Conditional Certification, 24 CCPs on extension, and 9 CCPs on Extended Leave, for a grand total of 4988 Certified Clinical Perfusionists. Ninety perfusionists lost certification on December 31, 2024.

Following is a chart that depicts the certification and recertification trends for the past 24 years.

YEAR	TOTAL RECERTS	SPRING CERTS	FALL CERTS	TOTAL 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
2022	4233	52	185	237	189/13	78	4750	132
2023	4351	50	203	253	197/18	59	4878	62
2024	4753	63	172	235	112/9	24	4988	90

Following is a list of Certified Clinical Perfusionists residing in the United States, Canada, and other locations as of December 31, 2024.

State	Certified	Lost	New	State	Certified	Lost	New
Alabama	77		4	Nebraska	49		4
Alaska	6			Nevada	43	1	3
Arizona	87	3	1	New Hampshire	21		1
Arkansas	39	1	1	New Jersey	162	5	10
California	361	2	16	New Mexico	17		
Colorado	78	1	3	New York	259	4	16
Connecticut	81	2	4	North Carolina	138		7
Delaware	13			North Dakota	15	1	2
District of Columbia	13			Ohio	247	5	6
Florida	358	10	14	Oklahoma	44		1
Georgia	120	3	3	Oregon	48	2	
Hawaii	13			Pennsylvania	272	6	9
Idaho	20		1	Puerto Rico	15		
Illinois	171	4	7	Rhode Island	5		
Indiana	88	1	7	South Carolina	98	1	2
Iowa	36		3	South Dakota	13		1
Kansas	48		3	Tennessee	126	2	5
Kentucky	71		3	Texas	426	4	20
Louisiana	67		2	Utah	44	1	3
Maine	20			Vermont	5		
Maryland	78	1	2	Virginia	107	1	8
Massachusetts	102	3	10	Washington	86		6
Michigan	159	3	11	West Virginia	28	1	2
Minnesota	94	4	6	Wisconsin	112	6	9
Mississippi	37	1		Wyoming	3		
Missouri	100	3	2				
Montana	18	1		Canada	209	5	17
				Other	9	2	0
				TOTALS	4956	90	235



ABCP NATIONAL OFFICE

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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.