



# THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION

**1975-2025 50th Anniversary**

## BOOKLET OF INFORMATION

**2025**

**ABCP National Office  
555 E. Wells Street, Suite 1100  
Milwaukee, WI 53202  
(414) 918-3008  
Fax: (414) 276-3349  
Email: [info@abcp.org](mailto:info@abcp.org)  
Website: [www.abcp.org](http://www.abcp.org)**

*Version 1.0*

## OFFICERS AND DIRECTORS

William D. Riley, CCP  
President

Emily Saulitis Collins, CCP  
Vice President

Kirsten R. Kallies, CCP  
Secretary

Emily L. Thunstrom-Kahring, CCP  
Treasurer

David Boyne, CCP  
Director

Jwana Ibsies, CCP  
Director

Scott M. Noesges, CCP  
Director

Caleb S. Varner, CCP  
Director

The credential CCP is a registered trademark of the American Board of Cardiovascular Perfusion, Inc.

## NATIONAL OFFICE STAFF

Tara Withington, CAE  
Consulting Partner  
[twithington@execinc.com](mailto:twithington@execinc.com)

Phillip Bailey  
Executive Director  
[pbailey@abcp.org](mailto:pbailey@abcp.org)

Alyssa Lynch  
Communications Manager  
[alynch@abcp.org](mailto:alynch@abcp.org)

Ellie Punzel  
Administrative Coordinator  
[epunzel@abcp.org](mailto:epunzel@abcp.org)

ABCP National Office  
555 E. Wells Street, Suite 1100  
Milwaukee, WI 53202  
(414) 918-3008  
Fax: (414) 276-3349  
Email: [info@abcp.org](mailto:info@abcp.org)  
Website: [www.abcp.org](http://www.abcp.org)

## TABLE OF CONTENTS

MISSION STATEMENT.....	3
INTRODUCTION AND PURPOSE.....	3
DIRECTORS.....	4
RECOGNIZED ACCREDITING AGENCY.....	4
EDUCATION PROGRAM ACCREDITATION.....	4
Accreditation.....	4
List of Accredited Schools.....	4
CERTIFICATION.....	5
PERFUSION BASIC SCIENCE EXAMINATION.....	6
Eligibility Criteria.....	6
Application Procedure.....	8
PBSE Audit.....	8
CLINICAL APPLICATIONS IN PERFUSION EXAMINATION.....	9
Eligibility Criteria.....	9
Table A – Primary Clinical Perfusion Activities (PCPA).....	10
COMPLETION OF EXAMINATION PROCESS.....	12
Computer-Based Examination.....	12
Examination Guidebook.....	12
Practice Examination.....	12
Scoring.....	12
Awarding of Certification.....	13
RECONSIDERATION REQUESTS.....	13
RECERTIFICATION.....	14
Introduction.....	14
Online Filing.....	14
Clinical Activity Requirement.....	14
Table A – Primary Clinical Perfusion Activities (PCPA).....	15
Table B – Secondary Clinical Perfusion Activities (SCPA).....	17
Clinical Activity Report.....	18
Audit of Clinical Activity.....	19
Professional Activity Requirement.....	19
Professional Activity Report.....	19
Audit of Professional Activity.....	20
Recertification Filing Deadline and Updated Fee.....	20
Late Fees.....	20

Recertification Notification .....	20
Extension of Certification Period .....	21
Prorated Recertification .....	21
Conditional Certification .....	22
Extended Leave .....	23
Professional Activity for Conditional Certification, Extended Leave, .....	23
and Prorated Leave .....	23
Loss of Certification .....	24
Re-entry into the Certification Process .....	24
Inactive Status .....	24
CCP Emeritus .....	25
Contact Information .....	25
CONTINUING EDUCATION .....	26
Category Description .....	26
Documentation .....	26
CONTINUING EDUCATION PROGRAM APPROVAL .....	30
Category I CEU Approval Procedure .....	30
CEU Attendance Verification Policy .....	30
Category I Self-Directed Continuing Education (SDCE) Approval Procedure .....	31
SDCE Attendance Verification Policy .....	32
APPENDIX I .....	33
FORMER OFFICERS OF THE BOARD .....	33
President .....	33
Vice President .....	33
Secretary-Treasurer .....	34
Secretary .....	34
Treasurer .....	34
Executive Director .....	35
Executive Secretary .....	35
FORMER DIRECTORS OF THE BOARD .....	35
APPENDIX II .....	37
USE OF CREDENTIAL TRADEMARK POLICY .....	37
APPENDIX III .....	39
ETHICAL STANDARDS OF THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION .....	39



## **MISSION STATEMENT**

The American Board of Cardiovascular Perfusion acknowledges that peer recognition is responsible for the quality assurance involved in the credentialing process that is available to the perfusion community. The American Board of Cardiovascular Perfusion respects its position and responsibility in that process and acknowledges the many Certified Clinical Perfusionists, educational program directors, collaborating organizations, and others in the perfusion community for their continued support of the American Board of Cardiovascular Perfusion and its credentialing process. In accordance with its commitment to establish and maintain communication with individuals, institutions, and organizations, the American Board of Cardiovascular Perfusion respectfully submits the following Mission Statement to guide its growth and development:

*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 American Board of Cardiovascular Perfusion, in acknowledging the leadership role of a professional credentialing body, will aspire to provide exemplary, responsible, and ethical leadership in all of its endeavors.

## **INTRODUCTION AND PURPOSE**

The American Board of Cardiovascular Perfusion (ABCP) was established in 1975. The primary purpose of the ABCP, and therefore its most essential function, is the protection of the public through the establishment and maintenance of quality standards in the field of cardiovascular perfusion. To achieve this objective, the ABCP has established qualifications for examination to be initially certified and procedures for recertification. Its requirements and procedures are reviewed and modified periodically as necessary.

Certification in cardiovascular perfusion is evidence that perfusionists' qualifications for operation of extracorporeal equipment are recognized by their peers. It 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. Certification of clinical perfusionists does not relieve an employer from determining the professional responsibilities of cardiovascular perfusionists in their specific clinical setting.

The ABCP will report the status of a perfusionist as certified, not certified, or has made an application and has been accepted for examination.

## DIRECTORS

The American Board of Cardiovascular Perfusion is comprised of no fewer than eight and no more than fourteen directors, all Certified Clinical Perfusionists, who serve four-year terms. A director can serve a maximum of three terms. Each director participates in the development of the perfusion certification examination and serves on assigned committees. Directors are chosen from those Certified Clinical Perfusionists who meet the eligibility and scope of commitment requirements established by the ABCP. Former Officers and Directors of the American Board of Cardiovascular Perfusion are listed in [Appendix I](#).

## RECOGNIZED ACCREDITING AGENCY

The American Board of Cardiovascular Perfusion recognizes the Accreditation Committee for Perfusion Education (AC-PE) in cooperation with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Equal™ Canada division of Accreditation Canada as the official accrediting agencies for perfusion education programs. (See [AC-PE](#) for more information).

## EDUCATION PROGRAM ACCREDITATION

### Accreditation

Any student who completes a perfusion program that was accredited by CAAHEP at any time during their matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program. The school director is responsible for notifying their students of the program accreditation status.

### List of Accredited Schools

For a list of Accredited Schools of Cardiovascular Perfusion, see [our website](#).

# CERTIFICATION

Certification in Clinical Perfusion is attained by satisfactory performance on the American Board of Cardiovascular Perfusion certification examination. The certification examination is composed of two parts. Part I, the *Perfusion Basic Science Examination (PBSE)* is an approximate 220-item, multiple-choice examination designed to cover perfusion basic sciences and extracorporeal support. 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 II 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. The applicant meeting all requirements to take the *Perfusion Basic Science Examination* and meeting all other criteria may sit for the *Clinical Applications in Perfusion Examination* within the same examination window. Eligibility and application procedures are in the sections to follow.

The examinations are based on topics in the American Board of Cardiovascular Perfusion knowledge base. The 11 major sections of the knowledge base are as follows:

1. Anatomy & Physiology
2. Pharmacology
3. Pathology
4. Laboratory Analysis
5. Quality Assurance
6. Devices & Equipment
7. Clinical Management
8. Special Patient Groups
9. Special Procedures/Special Techniques
10. Catastrophic Events & Device Failure
11. Monitoring

The questions used on the *PBSE* are designed primarily to test the examinees' knowledge of basic science as it applies to clinical perfusion. The questions used in the *CAPE* are designed to measure the examinees' understanding of the practice of clinical perfusion and the application of scientific knowledge therein. While questions relating to all eleven aspects of the knowledge base may be found on either examination, the emphasis is placed on understanding processes in the *PBSE* and on application of knowledge in the *CAPE*.



# PERFUSION BASIC SCIENCE EXAMINATION

## Eligibility Criteria

The criteria for application to take the *Perfusion Basic Science Examination* are as follows:

1. The applicant must fulfill **one** of the following criteria:
  - a. The applicant must have graduated from, or be currently enrolled in, an accredited cardiovascular perfusion education program, and anticipating graduation prior to the date of the examination; or
  - b. The applicant must have been admitted to the examination process before April 15, 1981, or have been previously certified by the ABCP.
2. Applicants for the examination must have the following on file in the National Office prior to the examination:
  - a. A current official transcript of credits from the accredited school of cardiovascular perfusion, indicating date of graduation.
  - b. A written statement of satisfactory clinical competency from the Clinical Competency Committee of the school.
  - c. **Documentation** of a minimum of 75 cardiopulmonary bypass (CPB) cases performed during the education program. A minimum of 10 clinical pediatric cases requiring cardiopulmonary bypass must be observed or performed for the certification process. Pediatric cases performed may count toward the 75 minimum cardiopulmonary bypass case requirements; observational pediatric cases do not count toward the 75 minimum cardiopulmonary bypass case requirements.
    - i. Credit will be considered for perfusion experience only when the following criteria are met:
      - A. The student performed all seventy-five (75) cases, after 08/01/24, within the United States of America, U.S. Territories, and/or Canada.
      - B. The student participated in the preoperative planning and selection of equipment used during the perfusion.
      - C. The student performed those technical manipulations that constituted the essential parts of the procedure itself.
      - D. An instructor must be physically present during cardiopulmonary bypass cases and that instructor must be a Certified Clinical Perfusionist (CCP).

***Please Note: Beginning July 1, 2023:***

*5 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 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)

The number of times that the *Perfusion Basic Science Examination* can be taken is not limited.

## Application Procedure

**Updated!** Application window opens [May 15<sup>th</sup>](#) for the fall exam and [November 15<sup>th</sup>](#) for the spring exam.

Applicants are required to submit the following:

1. A completed [PBSE application](#); and
2. The *Perfusion Basic Science Examination* fee (\$360.00).

**New!** An [online application](#) is now available for the PBSE and the CAPE. The online application will require the use of the same email address previously provided to the National Office, if you have previously applied for an examination or were a previous CCP. The online application is a one-stream process in which the applicant enters all required information, uploads all required documents (except for the official transcripts as they are required to be sent to the National Office directly from the school or an authorized third-party), and pays at once.

Applicants are required to submit or arrange to submit all required documents (detailed in the Eligibility section above) to the National Office prior to the examination.

Applicants retaking the *Perfusion Basic Science Examination* are NOT required to resubmit or arrange for resubmission of items 1-3, the Clinical Education Record, the official transcript, and the Clinical Competency statement. These items will remain on file from the previous application.

**A late filing fee of \$100.00 will be applied to all applications received after March 10<sup>th</sup> for the spring exam and September 15<sup>th</sup> for the fall exam.**

**All files MUST be complete by March 24<sup>th</sup> for the spring exam and September 29<sup>th</sup> for the fall exam. Eligibility to reserve a seat with the Testing Site is contingent upon receipt of all documentation by the National Office.**

**NO REFUNDS WILL BE GIVEN.**

### PBSE Audit

**New!** The National Office conducts random audits of all PBSE case records submitted. Applicants selected for audit and their Program Director will be given notice that the PBSE record submitted for that student will be audited. The Clinical Site Coordinator or Site Representative for each hospital listed on the case record must be the one to verify the cases submitted. Each Clinical Site Coordinator or Site Representative will be provided an "Authorization for Release" form signed by the student and a copy of the submitted PBSE case record prior to their verification. Verification must happen within 14 days of the first notice. If verification is not received within 30 days of the first notice, an investigation may be started by the Credentials Committee for further actions.



# CLINICAL APPLICATIONS IN PERFUSION EXAMINATION

## Eligibility Criteria

The criteria for application to take the *Clinical Applications in Perfusion Examination* are as follows:

1. The applicant must fulfill one of the following criteria:
  - a. The applicant must have graduated from, or be currently enrolled in, an accredited cardiovascular perfusion education program, and anticipating graduation prior to the date of the examination; or
  - b. The applicant must have been admitted to the examination process before April 15, 1981, or have been previously certified by the ABCP.
2. Applicants for the examination must have the following on file in the National Office prior to the examination:
  - a. All documentation as needed for the *Perfusion Basic Science Examination*; and
  - b. [A clinical record](#) itemizing 40 independent clinical perfusions after graduation from the accredited school of perfusion. Cases must come from [Table A – Primary Clinical Perfusion Activities \(PCPA\)](#).

The number of times that the *Clinical Applications in Perfusion Examination* can be taken is not limited.

## Application Procedure

**Updated!** Application window opens [May 15<sup>th</sup>](#) for the fall exam and [November 15<sup>th</sup>](#) for the spring exam.

Applicants are required to submit the following:

1. A completed [CAPE application](#); and
2. *Clinical Applications in Perfusion Examination* fee (\$360.00).

**New!** An [online application](#) is now available for the PBSE and the CAPE. The online application will require the use of the same email address previously provided to the National Office, if you have previously applied for an examination or were a previous CCP. The online application is a one-stream process in which the applicant enters all required information, uploads all required documents (except for the official transcripts as they are required to be sent to the National Office directly from the school or an authorized third-party), and pays at once.

Applicants are required to submit or arrange to submit all required documents (detailed in the Eligibility section above) to the National Office prior to the examination.

Applicants retaking the *Clinical Applications in Perfusion Examination* are NOT required to resubmit the clinical record.

*Section continued on the next page.*

A late filing fee of \$100.00 will be applied to all applications received after March 10<sup>th</sup> for the spring exam and September 15<sup>th</sup> for the fall exam.

All files **MUST** be complete by March 24<sup>th</sup> for the spring exam and September 29<sup>th</sup> for the fall exam. Eligibility to reserve a seat at a testing site is contingent upon receipt of all documentation by the National Office.

**NO REFUNDS WILL BE GIVEN.**

**Table A – Primary Clinical Perfusion Activities (PCPA)**

Primary Clinical Perfusion Activities (PCPA)	Clinical Definition	Core Element
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  <b>(Not eligible for PBSE or CAPE examination cases.)</b>	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.



<p>3P</p> <p>Extra-Corporeal Membrane Oxygenation (ECMO), Primary</p>	<p>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.</p> <p>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.</p>	<p>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.</p>
<p>4P</p> <p>Normothermic Regional Perfusion (NRP), Ex Vivo Organ Perfusion, Primary</p> <p><b>(Not eligible for PBSE examination cases.)</b></p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of an (1) extracorporeal device/system used during organ recovery that require extracorporeal circulation, used to manage the patient's physiological status or of an (2) 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.</p>	<p>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.</p>
<p>5P</p> <p>Veno-Venous or Left Heart Bypass, Isolated Limb, Primary</p> <p><b>(Not eligible for PBSE examination cases.)</b></p>	<p>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. the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ and manages the patient's physiological status.</p>	<p>Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.</p>
<p>6P</p> <p>Ventricular Assist Device (VAD), Primary</p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.</p>	<p>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.</p>

Updated 01/22/2024

# COMPLETION OF EXAMINATION PROCESS

## Computer-Based Examination

The *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* are administered in testing facilities located throughout the United States. After being approved for examination by the ABCP, candidates register online to take the ABCP examinations at a testing site that is most convenient for them. Information for registration is provided to candidates after their application and acceptance for examination by the ABCP.

The candidate is required to present one form of original (no photocopy or digital ID), valid (unexpired) ID; government-issued with name, recent recognizable photo, and signature. You can find a list of acceptable ID's here: [Identification Requirements](#).

## Examination Guidebook

The Examination Guidebook will be provided to all applicants and is available on the ABCP website. Click [here](#) for the Examination Guidebook.

## Practice Examination

After much consideration by the Board and support by the community, we are excited to relaunch the official ABCP practice examinations on a new platform! These online practice examinations have been created by our third-party testing company, Professional Testing, Inc., and their partner company, to mirror the actual examinations on a smaller scale. The practice examinations aim to reduce testing anxiety and give candidates a feel for the actual examinations. Please follow this [link](#) to register for the practice examinations!

## 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 PBSE and CAPE 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 testing 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).

### **Awarding of Certification**

Each applicant must pass both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* in order to attain certification. Upon successful completion of the certification process, the new CCP will receive an official communication from the National Office as well as a physical certificate.

A listing of all current Certified Clinical Perfusionists can be found on the ABCP website. Click [here](#) to search all current CCPs.

## **RECONSIDERATION REQUESTS**

In the unlikely event that factors or circumstances beyond the individual's or ABCP's control cause an individual to desire a reconsideration of any action or decision made by or on behalf of the ABCP, regarding stated positions, interpretation of policy and/or procedure, an individual may request a review. The cost of the review shall be borne by the individual making the request, and the approximate cost must be advanced prior to the inception of the review. Those costs may be obtained from the National Office. Costs for review include, but are not limited to, the following items:

1. site costs;
2. travel expenses of those involved in the review;
3. administrative costs;
4. clerical costs; and/or
5. legal costs.

A protocol has been established for review and shall be followed. Presently, this protocol will require, at minimum, a deliberation of the request by appropriate directors of the ABCP, with possible further review.

# RECERTIFICATION

## Introduction

All Certified Clinical Perfusionists (CCPs) must recertify annually. Recertification is designed to ensure that CCPs, through continuing education and clinical activity, continue to meet standards and possess current and adequate knowledge in the field.

Recertification contains two components:

1. Clinical activity (reported every year)
2. Professional activity (reported every third year)

## Online Filing

CCPs may access the Online Filing System and record cases and professional activity throughout the reporting period. To use the Online Filing System, go to the [ABCP website](#) and click on the [Online Filing System](#). The ABCP National Office will provide assistance to CCPs who have questions or issues using the Online Filing System.

## Clinical Activity Requirement

A Certified Clinical Perfusionist (CCP) is required to perform a minimum of 40 clinical activities annually (July 1<sup>st</sup> – June 30<sup>th</sup>). Of the 40 clinical activities, a minimum of 25 activities must be documented as [Table A – 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 at least 60% of the case and whom the hospital/institution recognizes and is documented as the primary perfusionist. Only one perfusionist may submit for primary perfusionist per clinical case.

If a CCP is unable to attain 40 primary clinical perfusion activities, a maximum of 15 activities may be documented as [Table B – 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.

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 B](#) on the following pages.

Clinical specialists or sales representatives shall not receive case credit for cases for which they provide clinical support as an industry representative.



**Table A – Primary Clinical Perfusion Activities (PCPA)**

Primary Clinical Perfusion Activities (PCPA)	Clinical Definition	Core Elements
<p>1P Cardiopulmonary Bypass (CPB), Primary</p>	<p>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</p>	<p>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.</p>
<p>2P Instructor CPB Bypass, Primary  <b>(Not eligible for PBSE or CAPE examination cases.)</b></p>	<p>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.</p>	<p>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.</p>
<p>3P Extra-Corporeal Membrane Oxygenation (ECMO), Primary</p>	<p>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.</p>	<p>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.</p>



<p>4P</p> <p>Normothermic Regional Perfusion (NRP), Ex Vivo Organ Perfusion, Primary</p> <p><b>(Not eligible for PBSE examination cases.)</b></p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of an (1) extracorporeal device/system used during organ recovery that require extracorporeal circulation, used to manage the patient's physiological status or of an (2) 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.</p>	<p>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.</p>
<p>5P</p> <p>Veno-Venous or Left Heart Bypass, Isolated Limb, Primary</p> <p><b>(Not eligible for PBSE examination cases.)</b></p>	<p>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. the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ and manages the patient's physiological status.</p>	<p>Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.</p>
<p>6P</p> <p>Ventricular Assist Device (VAD), Primary</p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.</p>	<p>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.</p>

*Updated 01/22/2024*

**Table B – Secondary Clinical Perfusion Activities (SCPA)**

Secondary Clinical Perfusion Activities (SCPA)	Clinical Definition	Core Elements
1S 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 on concurrent operative procedures. Multiple pump runs per one OR visit equal one secondary case credit.
2S 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 CPB machine which is used during cardiac surgeries 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.
3S 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 a SCPA.
4S Normothermic Regional Perfusion (NRP), Ex Vivo Organ Perfusion, First Assistant	A Certified Clinical Perfusionist (CCP) who is the secondary operator of an extracorporeal device/system (1) used to manage the physiologic state of isolated and separated human organs from the body, for potential transplant opportunities (2) used to manage the patient physiological status.	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.

<p>5S</p> <p>High Fidelity Perfusion Simulation (HFPS)</p>	<p>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.</p>	<p>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.</p>
--	---	---

Updated 01/22/2024

### Clinical Activity Report

Each Certified Clinical Perfusionist (CCP) must file an annual online *Clinical Activity Report*, which contains the following:

1. Clinical case summary
2. *Authorization for Release of Information* form
3. Hospital Address and Designated Authority information
4. Recertification fee must be paid online; checks **will not** be accepted for recertification fees.

Login to the Online Filing System for filing the annual *Clinical Activity Report* on the ABCP website.

The first *Clinical Activity Report (CAR)* for newly certified perfusionists is due July 31<sup>st</sup> at 11:59 PM Pacific Standard Time (PST), in the year following the year in which they successfully complete the examination process. New CCPs that become certified in the fall (in the middle of the reporting cycle) will be required to submit 20 cases on the *CAR* for their first reporting cycle only. If a CCP that becomes certified in the fall is unable to attain 20 primary clinical perfusion activities, a maximum of 8 activities may be documented as Table B – Secondary Clinical Perfusion Activities (SCPA) and will count towards the 20-case requirement. The reporting period will be from the date of the certification through June 30<sup>th</sup> of the following year to resume regular reporting requirements of 40 cases (July 1<sup>st</sup> through June 30<sup>th</sup>) in subsequent years.

**All *Clinical Activity Reports* are due on July 31<sup>st</sup> at 11:59 PM PST and cover the period of**



July 1<sup>st</sup> of the previous year through June 30<sup>th</sup>.

The recertification reports and fees must be submitted online.

### **Audit of Clinical Activity**

The American Board of Cardiovascular Perfusion conducts an audit to ensure the accuracy of all reports in order to maintain high standards and quality assurance. A percentage of submitted reports *are chosen randomly* each year for audit.

The Clinical Activity Report (CAR) audit process is conducted by the Chief Perfusionist, Operating Room Director, or other designated hospital authority. The *Clinical Activity Report* and the signed *Authorization for Release of Information* form are sent to the designated authority for verification.

It is necessary for each CCP to list a designated hospital authority for each hospital in which cases are reported. The designated hospital authorities and the addresses for the authorities must be included when entering each case on the Online Filing System.

If the cases cannot be verified by the designated authority, the CCP is contacted to provide verification of the cases and explain discrepancies. The CCP is ultimately responsible for providing verification of the cases and explaining discrepancies. Should fraudulent cases be discovered, the issue is submitted to the ABCP Ethics Committee for appropriate action.

### **Professional Activity Requirement**

During each three-year reporting period, each Certified Clinical Perfusionist must earn 45 Continuing Education Units (CEUs). A minimum of 15 CEUs must be earned in Category I. (See [Continuing Education](#) for more information.)

### **Professional Activity Report**

Each CCP must file a *Professional Activity Report* every third year, which contains the following:

1. Documentation of continuing education efforts totaling at least 45 CEUs. (See [Continuing Education](#) for more information.) Documentation is based on the Continuing Educational Unit (CEU); one CEU or contact hour activity is defined as 50 minutes spent in an organized, structured or unstructured learning experience.
2. Documentation is to be retained by the CCP. If selected for an audit, the CCP will supply the necessary documentation to the office for proof of attendance.

When submitting annual recertification, the OFS will not allow filing until both the CAR report and the PAR report have the necessary case count and CEU's. Partial submission is not allowed in the OFS. When the OFS recognizes the correct case count you can file and pay using the appropriate button on the dashboard. Login to the Online Filing System for filing the *Professional Activity Report & Clinical Activity Report* on the ABCP website.

The period covered in a *Professional Activity Report* is from July 1<sup>st</sup> of one year through June 30<sup>th</sup> three years later. Filing the *Professional Activity Report* is determined by the ABCP Cycle number, which is assigned at the time of certification. Cycle numbers are referenced on all recertification correspondence.

Cycle one (1) must file professional activity from July 1, 2023 through June 30, 2026.

Cycle two (2) must file professional activity from July 1, 2022 through June 30, 2025.

Cycle three (3) must file professional activity from July 1, 2024 through June 30, 2027.

## **Audit of Professional Activity**

The American Board of Cardiovascular Perfusion conducts an audit to ensure the accuracy of all reports in order to maintain high standards and quality assurance. A percentage of submitted reports are chosen randomly each year for audit.

The Professional Activity Report (PAR) audit process is conducted by the CCP. The CCP must provide proof of attendance and CEU's earned for both category 1 and category 2 CEU's reported on the PAR report. Category 3 CEU's will need appropriate documentation that is outlined later in this document.

The CCP is ultimately responsible for providing verification of the CEUs and explaining discrepancies. Should fraudulent CEUs be discovered, the issue is submitted to the ABCP Ethics Committee for appropriate action.

## **Recertification Filing Deadline and Updated Fee**

All reporting periods end on June 30<sup>th</sup>. CCPs are given a 31-day period after June 30<sup>th</sup> to complete and submit annual recertification. All reports must be completed and filed online with the annual recertification fee of \$180 no later than 11:59 PM PST, July 31<sup>st</sup>.

## **Late Fees**

Certified Clinical Perfusionists submitting recertification reports from August 1<sup>st</sup> through August 31<sup>st</sup> will be assessed a late fee of \$100.00.

**No late recertification reports will be accepted as of September 1<sup>st</sup>.**

## **Recertification Notification**

**Updated!** Starting in 2024, upon receipt of a completed recertification report and appropriate fee(s), a digital time-limited certificate and annual recertification letter will be issued to each CCP every year. These documents can be found inside the Online Filing System (OFS) within 24-hours after successfully filing annual recertification. All future CCPs will receive only one physical certificate at the time of successful completion of the certification process. The certificates issued by the ABCP are the sole property of the ABCP and may be canceled at its discretion. By acceptance of the certificate, the holder agrees to return the certificate to the ABCP upon demand. Presentation and display of the certificate are permitted only when it is



current and valid. Presentation, display, or any other use of an outdated, invalid certificate is expressly prohibited.

## Extension of Certification Period

**Updated!** Certified Clinical Perfusionists (CCP) who are unable to fulfill recertification requirements by the end of a reporting period are **no longer eligible to request an extension**. All CCPs that are unable to fulfill recertification requirements are automatically moved into the Conditional Certification Status.

## Prorated Recertification

**New!** 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 below. A maximum of 26 weeks of relief, whether the days are consecutive or not, can be applied for in any 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 recertification filing deadline of July 31<sup>st</sup>. 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 filing deadline has passed. No relief will be granted for continuing education units required for the Professional Activity Report. The three-year CCP filing cycle will remain active regardless of the period of leave.

The required documents for prorated recertification submission:

1. An explanatory letter detailing reason(s) requirements were not met; and
2. Legal documentation/proof of qualifying leave type as stated below.

Types of leave or other qualifying events for prorated recertification clinical case relief:

- Maternity/Paternity
- Military Deployment
- Jury Duty
- Family Medical Leave Act (FMLA)
- Short-Term Disability
- Long-Term Disability

Examples include:

- a. a CCP is on 3 months of qualifying leave during the normal filing period, they would be required to submit:
  - i. an explanatory letter detailing reason(s) requirements were not met, and
  - ii. Legal documentation/proof of qualifying leave and;
  - iii. a completed recertification report, comprising 30 cases; a minimum of 19 cases must be Primary Clinical Perfusion Activities

- (PCPA); and the remaining cases may be Secondary Clinical Perfusion Activities (SCPA), [Tables A or B](#);
- iv. normal recertification filing fees.
- b. If the above CCP is unable to fulfill the prorated case count they will move to conditional certification status and be required to provide the prorated amount of cases in addition to the normal conditional case requirements. The required documentation would include:
- i. an explanatory letter detailing reason(s) requirements were not met, and
  - ii. Legal documentation/proof of qualifying leave and;
  - iii. a completed recertification report, comprising 70 cases; a minimum of 44 cases must be Primary Clinical Perfusion Activities (PCPA); and the remaining cases may be Secondary Clinical Perfusion Activities (SCPA), [Tables A or B](#);
  - iv. a \$200 Conditional Late Filing Fee PLUS the current filing fee and any other outstanding fees.

### **Conditional Certification**

**Updated!** A Certified Clinical Perfusionist (CCP) who fails to submit the completed recertification report with the appropriate fee by the July 31<sup>st</sup> deadline will be placed on Conditional Certification Status.

A CCP on Conditional Certification Status must apply to the ABCP for reinstatement before the next July 31<sup>st</sup> 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 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.

**While in Conditional Certification, using the Online Filing System for submitting cases is PROHIBITED.**

## Extended Leave

**Updated!** If unable to successfully complete the reinstatement requirements for conditional certification, the Certified Clinical Perfusionist (CCP) must request *Extended Leave* status in writing prior to the July 31<sup>st</sup> deadline of the conditional certification year.

Extended leave gives the CCP placed on Conditional Certification status 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.

**While in Extended Leave, using the Online Filing System for submitting cases is PROHIBITED.**

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 31<sup>st</sup> 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.

## Professional Activity for Conditional Certification, Extended Leave, and Prorated Leave

CCPs on clinical activity Conditional Certification and Extended Leave statuses are required to complete the *Professional Activity Report (PAR)* during the Conditional Certification period. A CCP that has not fulfilled Professional Activities Report (PAR) requirements is moved to Conditional Certification status and given until the next filing year to accumulate forty-five (45) CEUs. They will then have the remaining 2 years of their filing period to obtain the subsequent required forty-five (45) CEUs. The CCP is required to submit the Case Activity Report (CAR) for each year.



## Loss of Certification

Certified Clinical Perfusionists will **lose certification** if they:

1. Are on Conditional Certification or Extended Leave and do not successfully meet the requirements for reinstatement;
2. Are found guilty of unethical conduct as described in the *Ethical Standards of the American Board of Cardiovascular Perfusion* (**See [Appendix III](#)**);
3. Falsify any portion of a recertification report; or
4. Choose to relinquish their CCP to inactive status.

The American Board of Cardiovascular Perfusion shall be the sole judge of whether or not the information before it is sufficient to require or permit revocation of any certificate issued by the ABCP, and the decision of the ABCP thereon shall be final. Certified Clinical Perfusionists who lose, or are in danger of losing, certification may make formal written appeal to the ABCP.

## Re-entry into the Certification Process

A perfusionist may petition the ABCP for re-entry into the certification process, and then meet the following stipulations:

1. Apply for, take, and pass the appropriate examination(s):
  - a. If uncertified for less than three years, applicant must take the *Clinical Applications in Perfusion Examination* only. **No perfusionist may utilize this option in two consecutive recertification cycles.**
  - b. If uncertified for three years or more, the applicant must take both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* and submit a list of 40 cases from **Table A – Primary Clinical Perfusion Activities (PCPA)** performed since the date of the request, and submit a letter of clinical competency from a supervisor;
2. Remit the appropriate examination fee(s); and
3. Remit a **Reinstatement Fee** of \$250.00.

The ABCP must approve re-entry for perfusionists who have lost certification because of unethical conduct.

## Inactive Status

At times, a CCP will be unable to maintain certification because of a deficiency in either clinical and/or professional activity. For this reason, and because many individuals wish to maintain an acknowledgment of having been certified, an inactive status may be requested. Individuals on Inactive Status will receive all publications from the ABCP and have their names published on the ABCP website. Click [here](#) for a listing of all CCPs on Inactive Status.

The mechanism for obtaining inactive status is:

1. After notification of loss of certification, notify the ABCP National Office of the desire to be placed on Inactive Status;
2. Sign an agreement to discontinue the use of the title, “CCP”; and
3. Remit annual inactive status fee of \$25 per year to the ABCP National Office by July 31<sup>st</sup> each year.

## CCP Emeritus

Beginning January 1, 2014, the American Board of Cardiovascular Perfusion approved the designation of *CCP Emeritus* to recognize retiring CCPs with 20 or more cumulative years of experience as a CCP in good standing and to acknowledge 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<sup>st</sup> of the year that certification is lost).
2. The retiring CCP 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. The retiring CCP must maintain a current mailing/email address on file with the ABCP National Office.
4. The qualified retiring CCP may sign a waiver statement to forego the Conditional Certification year. Upon receiving the signed waiver, the National Office will place the individual in the *CCP Emeritus* status.

Once the *CCP Emeritus* status is conferred, their names will be published on the [ABCP website](#) with the title of *CCP Emeritus*, and they will be provided with a certificate recognizing their service as a CCP. The *CCP Emeritus* will also receive the *ABCP Annual Report* and any other appropriate ABCP publications. There is no fee associated with this status.

## Contact Information

Certified Clinical Perfusionists are responsible for informing the National Office of the American Board of Cardiovascular Perfusion of their contact information. The CCP should update the Online Filing System with any changes to their email address or mailing address. If the CCP needs to apply for a name change, please contact the National Office for the necessary requirements.



# CONTINUING EDUCATION

## Category Description

Continuing Education Units (CEUs) are categorized according to the type of educational activity. The following table gives a description of the various continuing education categories.

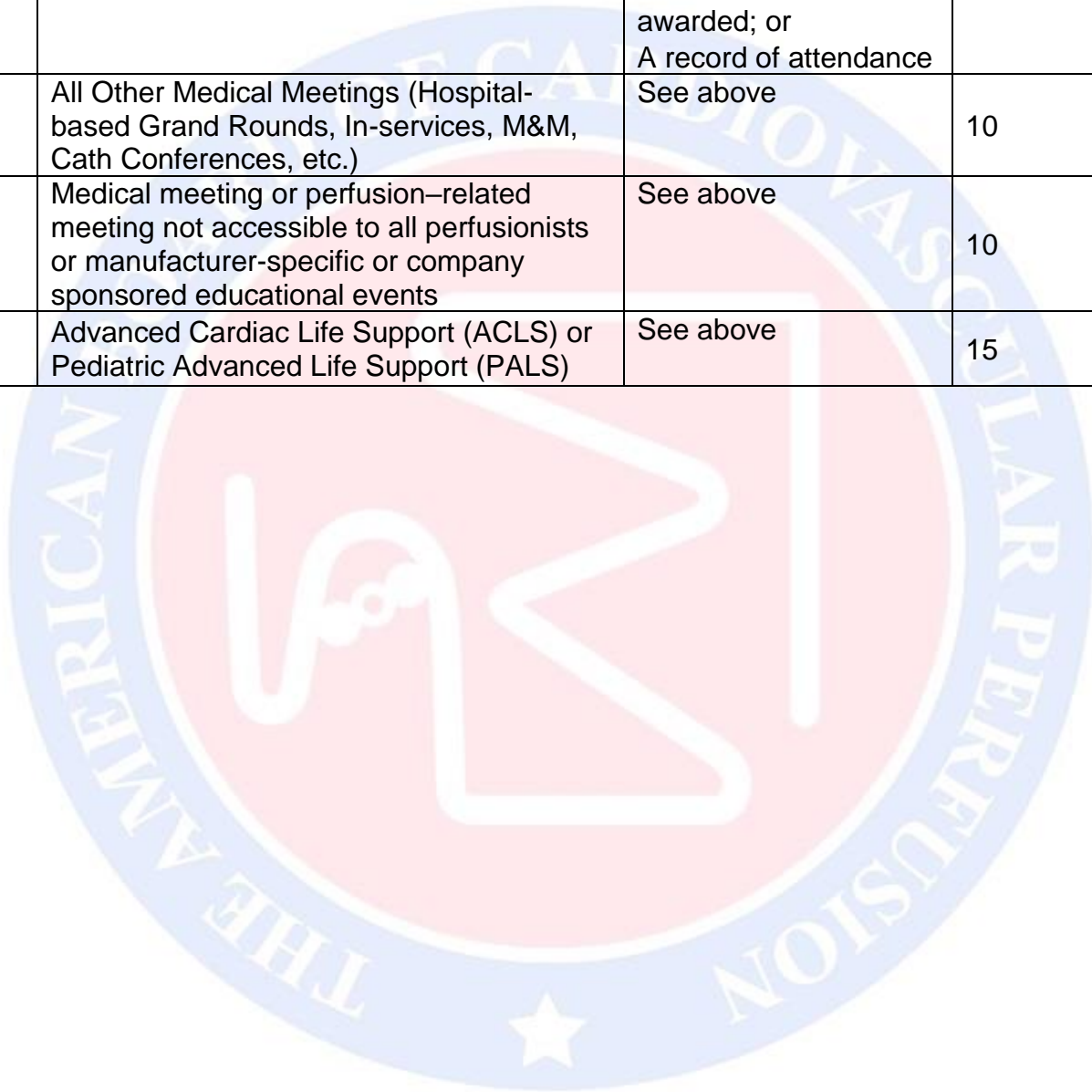
## Documentation

Documentation is based on the Continuing Educational Unit (CEU); **one CEU or contact hour activity is defined as 50 minutes spent in an organized, structured or unstructured learning experience.** It is the responsibility of each CCP to retain supporting documentation reflecting the activity in which they have been engaged which would support professional activities. Random audits will be performed annually on a percentage of *Professional Activity Reports* as a validating procedure. Failure to produce the necessary documentation, should the perfusionist be the subject of the random audit, could result in loss of the CCP credential. The perfusionist is ultimately responsible for providing verification of professional activity and explaining discrepancies. Acceptable documentation is listed in the table below for each corresponding activity.

Maximum CEUs Per Activity	Activity	Documentation	Maximum CEUs In 3-Year Period
	<b>CATEGORY I – ABCP Approved Perfusion Meetings and Related Activity</b> <b>[A minimum of 15 CEUs must be from this category]</b> <i><b>Updated!</b> Perfusion meetings are those programs and seminars in which a minimum of 90% of the contact hours consists of perfusion-related or relevant cardiac surgery-related material. All educational content will receive CEUs regardless of content (up to 10% can be unrelated to cardiac surgery/perfusion). Category I programs must be equally accessible to the general CCP community.</i>		
No maximum	Attendance at an ABCP approved Perfusion-related Meeting; Live, Interactive Webcast or Webinar ( <b><u>independent of an on-site meeting</u></b> ) approved by the ABCP	An official document from the meeting sponsor documenting attendance and the number of CEUs received	None
5	Authors listed in a publication of Perfusion-Related Book Chapter, or Article in Professional Journal ( <i>Society newsletters and correspondences are <b>not</b> included</i> )	Complete reference of book or article (authors, title, journal, and date/volume of journal)	10
5	Presentation of a Talk at an ABCP-approved perfusion-related meeting; Presentation of a Talk during a Live, Interactive Webcast or Webinar approved by the ABCP	Copy of program agenda	10

2	Editorial Review of Perfusion Journal Articles; Presentation of a Poster or Other Exhibit at an ABCP approved perfusion-related meeting ( <i>Presenter(s) must be present for discussion during poster session</i> )	Complete reference of journal article (authors, title, journal, and date/volume of journal)	6
5	Participation in ABCP Knowledge Base Survey	Documentation will be kept by the ABCP	5
No maximum	High Fidelity Perfusion Simulation (HFPS) event that is associated with an approved Category I meeting	Approved Perfusion Meeting, Live, Interactive Webinars, and non-case credit Simulation Activities: An official document from the activity sponsor documenting attendance and the number of CEUs received	None
3 (per year)	Serving as Clinical Instructor in an Accredited Perfusion Training Program	Clinical instructors in accredited programs must provide a letter of confirmation of their status from the Program Director	9
No maximum	Completion of ABCP approved <b><u>Self-Directed Continuing Education</u></b> material. Self-Directed Continuing Education (SDCE) is defined as individual participation in previously recorded electronic or written educational material as an individual, without the ability to interact with other participants or a moderator. This activity may be either online or in written format. Participant must take the required post-test and achieve a minimum score of 80% to receive credit.	An official document from the sponsor documenting successful completion of post-test on ABCP approved material and number of CEUs awarded.	10

<b>CATEGORY II – (Assigned per Non-Approved Perfusion Meetings Meeting) and Other Medical Meetings</b>			
15	Perfusion-related meeting or medical meeting NOT approved by the ABCP	A certificate of attendance issued by a professional organization that states the CEUs awarded; or A record of attendance	None
5	All Other Medical Meetings (Hospital-based Grand Rounds, In-services, M&M, Cath Conferences, etc.)	See above	10
5	Medical meeting or perfusion-related meeting not accessible to all perfusionists or manufacturer-specific or company sponsored educational events	See above	10
10	Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS)	See above	15



<b>CATEGORY III -- Individual Educational And Other Self-Study Activities</b> <i>Credit in Category III is acquired on an hour-for-hour basis of the time spent in these non-approved or non-supervised activities.</i>			
1 (per activity)	Reading Scientific Journals Use of Audiovisual Devices/ Podcasts/Additional SDCEs Participation in Electronic Forums; Podcasts; a Journal Club Participation in degree oriented, professionally related coursework Self-Learning Activities Self-Study modules Basic Life Support (BLS) training	All activities will require an official record of completion or <u>written summary</u> of the activity with a completion date.	15
1 (per activity)	Presentation at non-approved meeting	Copy of program agenda	3
1 (per contact hr.)	Serving as a Didactic Instructor in an Accredited Perfusion Training Program	Didactic instructors in accredited programs must provide a letter of confirmation of their status from the Program Director; course title and contact hours must be documented by the Program Director	6
5 (per activity)	Participation as an AC-PE Site Visitor	Documentation of date, site visited, and attendees	10
1 (per activity)	Membership in a professional perfusion organization at the international, national, or state level	Documentation of membership in a professional perfusion organization will be required for the period reported	3
1 (per contact hr.)	Simulation activities not occurring at an approved Category I meeting	Documentation of simulation activity, date, who supervised, and location	15



# CONTINUING EDUCATION PROGRAM APPROVAL

## Category I CEU Approval Procedure

Only in person attendance at perfusion meetings, and live, interactive webcasts and webinars approved in advance by the ABCP, may qualify for Category I CEUs. Category I programs must be equally accessible to the general CCP community. Meeting sponsors must complete all requirements for approval prior to the date of the meeting. No meeting will be approved for Category I CEUs after the date of the meeting.

The ABCP does not authorize the use of phrases indicating that approval by the ABCP is pending. The advertising or marketing of a meeting as having ABCP approval without written confirmation is expressly prohibited.

The procedure for obtaining ABCP approval for programs seeking Category I CEUs is as follows:

- A. The ABCP National Office should receive requests at least 30 days prior to the date of availability to CCPs. All information must be transmitted using the [online application](#).
- B. A completed application must be submitted including:
  - a. the completed [Basic Meeting Schedule Form](#) or [Concurrent Session meeting Schedule Form](#). Applicants must give details with name(s) of educator(s) and the length of time needed for the program session(s); the weblink to the Live Interactive Webinar;
  - b. a sample of the course evaluation form, electronic attendance method, and a certificate or letter of CEU credit;
  - c. a list of faculty with titles, credentials, affiliations and/or qualifications; and
  - d. an application fee from the tiered list, which may be paid by check or credit card.
    - i. CEU Fee Structure:
      1. Tier I – from 1-10 CEUs = \$200 application fee *PLUS* \$10/CEU
      2. Tier II – from 11-20 CEUs = \$350 application fee *PLUS* \$10/CEU
      3. Tier III – from 21-30 CEUs = \$450 application fee *PLUS* \$10/CEU
      4. Tier IV – for 31 or more CEUs = \$600 application fee *PLUS* \$10/CEU

The ABCP National Office will notify the meeting sponsor of any deficiency in the application. Upon receipt of a completed application, the ABCP will assign the appropriate CEUs and notify the sponsor within 14 days. Applications not completed 30 days prior to date of meeting must include a \$150.00 Late Fee. **Applications not completed by the date of the meeting will NOT be approved for Category I CEUs.**

## CEU Attendance Verification Policy

Meeting sponsors are required to provide verification to all attendees in the form of an official document such as a letter or certificate, specifying the total number of CEUs earned by each individual. This letter or certificate will serve as official verification of attendance and CEUs earned. Sponsors are required to maintain attendance records for 4 years.

## Category I Self-Directed Continuing Education (SDCE) Approval Procedure

The procedure for obtaining ABCP approval for SDCE programs seeking Category I CEUs is as follows:

- A. The ABCP National Office should receive requests at least 30 days prior to the date of availability to CCPs. All information must be transmitted in electronic format.
- B. A completed application must be submitted including:
  - a. the completed **Professional Self-Directed Continuing Education Request for Program Approval** form including *Form* and *Day* schedule tabs. The application forms are available on our website: [Annual Modules](#) or [Multiple Days](#). Applicants must give details with name(s) of the educator(s) and the length of time needed for the program session(s); the weblink to the Webinar;
  - b. a list of faculty with titles, credentials, affiliation, and/or qualification;
  - c. 50 minutes of activity or ten full pages of text per CEU;
  - d. a sample of the course evaluation form, electronic attendance method, and a certificate or letter of CEU credit confirming the completion of the SDCE post-test; and
  - e. an application fee from the tiered list, which may be paid by check or credit card.
    - i. SDCE Fee Structure
      1. Tier I – from 1-10 CEUs = \$200 application fee *PLUS* \$10/CEU
      2. Tier II – from 11-20 CEUs = \$350 application fee *PLUS* \$10/CEU
      3. Tier III – from 21-30 CEUs = \$450 application fee *PLUS* \$10/CEU
      4. Tier IV – for 31 or more CEUs = \$600 application fee *PLUS* \$10/CEU
- C. **Updated!** SDCE activities submitted for ABCP Category I CEUs must have a minimum of 90% perfusion or relevant cardiac surgery material.
- D. Sponsor of SDCE materials must advertise that SDCE activities are limited to a maximum of 10 Category I CEUs within the three-year reporting period.
- E. SDCE CEU approval is valid for one year from time of original approval by the ABCP but can be renewed annually if approved by resubmitting to the ABCP all updated application materials and fees.
- F. A post-test that contains a minimum of eight questions per CEU. (Post-tests are to be graded by the sponsor and participants must achieve an 80% pass rate in order to receive credit.)

The ABCP National Office will notify the sponsor of any deficiency in the application. Upon receipt of a completed application, the ABCP will assign the appropriate SDCE CEUs and notify the sponsor within 14 days. Applications not completed 30 days prior to date of availability to CCPs must include a \$150.00 Late Fee. **Applications not completed by the date of availability to CCPs will NOT be approved for Category I SDCE CEUs.**

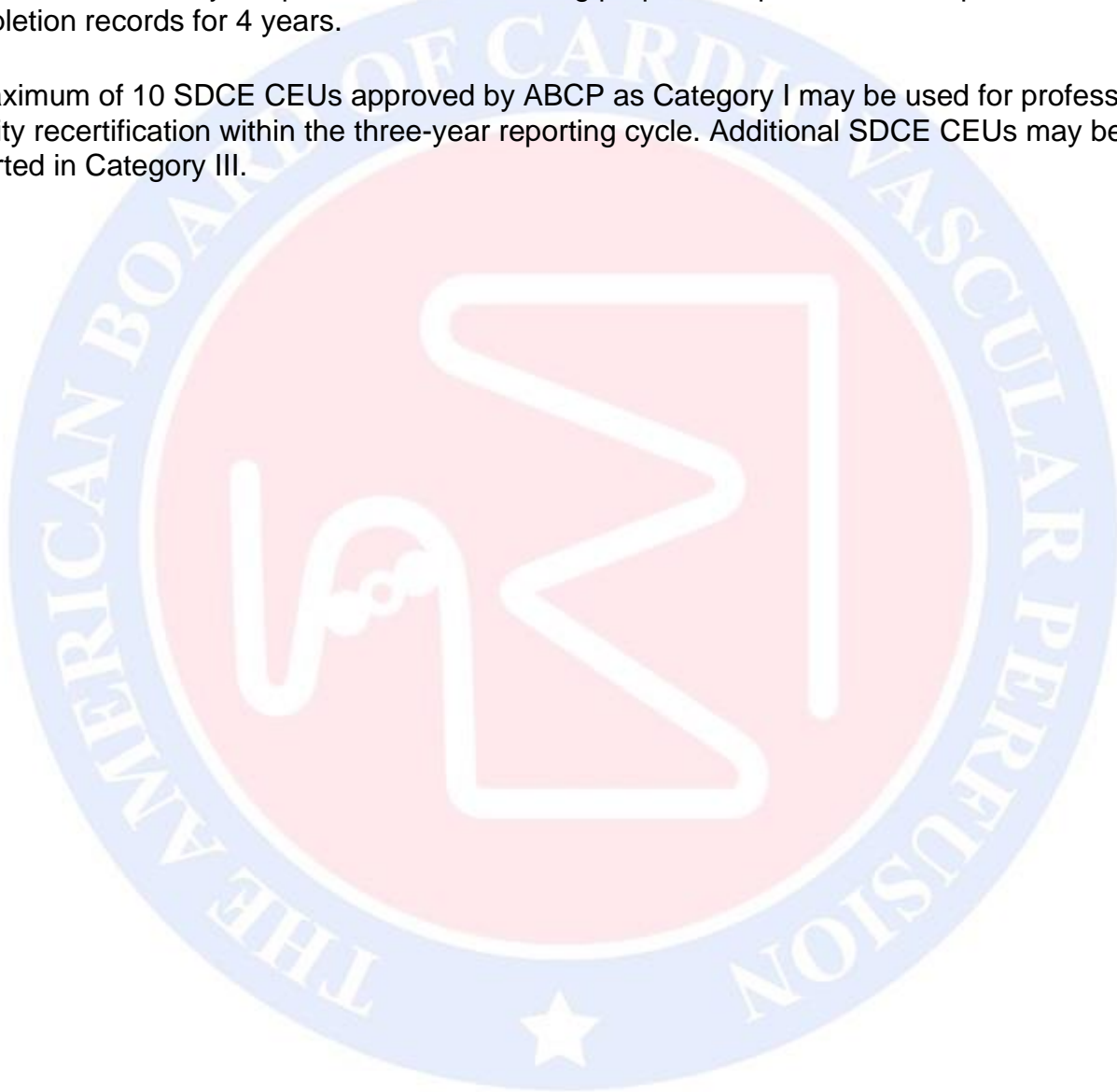
**All other SDCE activities that do not meet the above criteria will be considered a Category III activity.**

## **SDCE Attendance Verification Policy**

All Category I SDCE approved activities will require participation in coursework and achieving an 80% pass rate on the posttest verified by the sponsor.

SDCE sponsors are required to provide verification to all attendees in the form of an official document such as a letter or certificate, specifying the total number of SDCE CEUs earned by each individual. This letter or certificate will serve as official verification of SDCE CEUs earned and must be saved by the perfusionist for auditing purposes. Sponsors are required to maintain completion records for 4 years.

A maximum of 10 SDCE CEUs approved by ABCP as Category I may be used for professional activity recertification within the three-year reporting cycle. Additional SDCE CEUs may be reported in Category III.



## APPENDIX I

### FORMER OFFICERS OF THE BOARD President

Charles C. Reed	1975-1979
A. Earl Lawrence	1979-1983
William J. Horgan	1983-1987
Larry W. Cavanaugh	1987-1992
Mary Hartley	1992-1995
Thomas W. Utsey	1995-1999
Brian R. O'Connor	1999-2001
David G. Bishop	2001-2005
Linda B. Mongero	2005-2009
Linda G. Cantu	2009-2010
Gregory A. Mork	2010-2013
David A. Palmer	2013-2016
Edward R. DeLaney	2016-2019
Bradley T. Kulat	2019-2022
Ann Guercio	2022-2023
David Boyne	2023-2024
William Riley	2024-2025

### Vice President

James P. Dearing	1975-1978
Aaron G. Hill	1978-1982
William J. Horgan	1982-1983
Mark Kurusz	1983-1985
Larry W. Cavanaugh	1985-1986
Mary Hartley	1986-1992
Bradford D. Smith	1992-1994
Eric A. Wise	1994-1995
Sandra C. Pfefferkorn	1995-1998
Brian R. O'Connor	1998-1999
Roy E. Bolles	1999-2001
John M. Toomasian	2001-2005
Leonard Munari	2005-2008
Gregory A. Mork	2008-2010
Melinda M. Blackwell	2010-2010
Deborah L. Adams	2010-2011
David A. Palmer	2011-2013
Edward R. DeLaney	2013-2016



Kyle Spear	2016-2021
Ann Guercio	2021-2022
David Boyne	2022-2023
Carol Ann E. Rosenberg	2023-2024
Emily Saulitis Collins	2024-2025

### Secretary-Treasurer

Jeri L. Dobbs	1975-1979
William J. Horgan	1979-1982
Robert O. Pfefferkorn	1982-1986
Kathleen S. Music	1986-1987
Sandra C. Pfefferkorn	1987-1995
David A. Palmer	2010-2011

### Secretary

Eric A. Wise	1995-1998
Roy E. Bolles	1998-1999
David A. Ogella	1999-2000
Roger A. Vertrees	2000-2001
Thomas G. McDonough	2001-2008
Melinda M. Blackwell	2008-2010
Edward R. DeLaney	2011-2013
Ann C. Guercio	2013-2014
Bradley T. Kulat	2014-2019
David Boyne	2019-2021
Emily Saulitis Collins	2021-2024
Kirsten Kallies	2024-2025

### Treasurer

Frank B. Hurley	1995-1999
Linda B. Mongero	1999-2005
Linda G. Cantu	2005-2009
Deborah L. Adams	2009-2010
Deborah L. Adams	2011-2012
Kyle Spear	2012-2016
Ann Guercio	2016-2020
David Boyne	2021-2022
William Riley	2022-2024
Emily Thunstrom-Kahring	2024-2025

## Executive Director

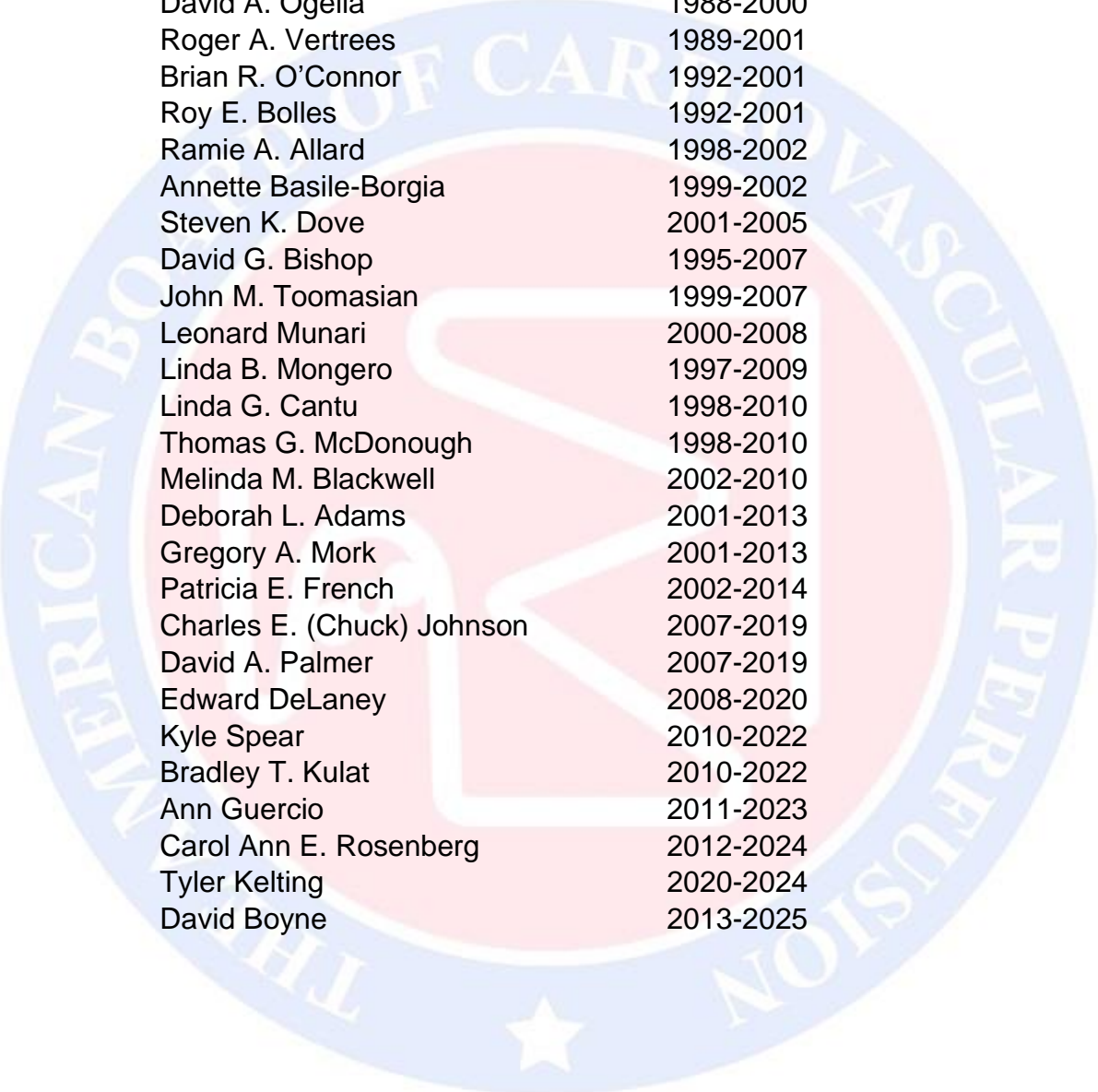
Thomas Wharton, CCP	1975-1976
Diane Clark, CCP	1976-1977
Mark G. Richmond, Ed.D.	1980-2009
Beth A. Richmond, PhD	1980-2022
Stephen E. Oshrin, PhD	2009-2022
Jeanne Rhodes	2022-2024
Phillip Bailey	2024-2025

## Executive Secretary

Kathy Atkinson	1978-1979
Sue Brown (Reaves)	1979-1980

## FORMER DIRECTORS OF THE BOARD

Charles C. Reed	1975-1979
James P. Dearing	1975-1978
Jeri L. Dobbs	1975-1979
LeRoy H. Ferries	1975-1976
Calvin R. Scott	1975-1978
Larry D. Shelton	1975-1976
Diane Clark	1975-1976
F. Michael Burgess	1975-1980
Aaron G. Hill	1976-1982
A. Earl Lawrence	1976-1984
Diane Clark	1977-1979
Talara J. Hill	1977-1982
Michael Dunaway	1979-1980
Mark Kurusz	1979-1985
Dennis R. Williams	1980-1983
Phillip K. Spohn	1980-1981
Robert O. Pfefferkorn	1981-1986
John J. Meserko	1981-1984
William J. Horgan	1978-1987
Jerry W. Richmond	1979-1987
Kathleen S. Music	1980-1987
Ronald M. Babka	1980-1987
L. Douglas Baxter	1984-1988
L. Douglas Baxter	1989-1992
Larry W. Cavanaugh	1983-1992
Bradford D. Smith	1986-1994
Mary Hartley	1984-1996



Sandra C. Pfefferkorn	1986-1998
Eric A. Wise	1986-1998
Patricia A. Brueggeman	1986-1998
Carl Dinger, Jr.	1987-1998
Robin G. Sutton	1996-1999
Frank B. Hurley	1987-1999
Thomas W. Utsey	1987-1999
David A. Ogella	1988-2000
Roger A. Vertrees	1989-2001
Brian R. O'Connor	1992-2001
Roy E. Bolles	1992-2001
Ramie A. Allard	1998-2002
Annette Basile-Borgia	1999-2002
Steven K. Dove	2001-2005
David G. Bishop	1995-2007
John M. Toomasian	1999-2007
Leonard Munari	2000-2008
Linda B. Mongero	1997-2009
Linda G. Cantu	1998-2010
Thomas G. McDonough	1998-2010
Melinda M. Blackwell	2002-2010
Deborah L. Adams	2001-2013
Gregory A. Mork	2001-2013
Patricia E. French	2002-2014
Charles E. (Chuck) Johnson	2007-2019
David A. Palmer	2007-2019
Edward DeLaney	2008-2020
Kyle Spear	2010-2022
Bradley T. Kulat	2010-2022
Ann Guercio	2011-2023
Carol Ann E. Rosenberg	2012-2024
Tyler Kelting	2020-2024
David Boyne	2013-2025

## APPENDIX II

### USE OF CREDENTIAL TRADEMARK POLICY

#### I. Ownership.

The “CCP” credential is the sole and exclusive property of ABCP and is subject to all applicable trademark and other rights of ABCP as owner under United States intellectual property law and international conventions. Individuals shall not use the credential or any other intellectual property owned by ABCP except as expressly authorized in this policy or otherwise authorized in advance and in writing by ABCP.

#### II. License.

For the duration of certification, ABCP will permit the certified individual to use the credential for the sole purpose of indicating certification by ABCP. All goodwill associated with the credential and logo as used by individuals inures solely to the benefit of ABCP.

#### III. Conditions of Use.

- A. All use of the credential must be accurate and supportive of ABCP objectives and must do so in a manner that is compatible with the mission of the ABCP.
- B. All use of the credential must be truthful and not misleading. Specifically, an individual shall **not**:
  - a. use the credential unless ABCP has made an official certification award;
  - b. use the credential on reports or correspondence for areas in which a Perfusionist is not certified;
  - c. use the credential in any manner that reflects negatively on ABCP or its activities;
  - d. use the credential in any manner that conflicts with ABCP policies and procedures;
  - e. suggest or imply that the individual has any relationship with ABCP other than as a certified individual; or
  - f. suggest or imply that ABCP is endorsing or guaranteeing any product or service offered by the individual.
- C. All use of the credential must (i) conform to the design standards issued by ABCP (a current copy of which will be provided), and (ii) be appropriate and dignified as befits the public image of ABCP.
- D. Materials in which the credential appears must contain the following acknowledgement: “The CCP credential is a registered trademark owned by ABCP and is used by permission.”
- E. Individuals shall not use the CCP credential (or a word or design that is confusingly similar to the CCP credential) as part of the individual’s business name, logo, domain name, or product or service name.
- F. Upon the termination or expiration of certification, or for the duration of any probation or suspension regarding certification, the individual shall:
  - a. cease use of the credential;
  - b. return all certificates and other items provided by ABCP, without retaining copies; and
  - c. not distribute any materials containing the credential that a Perfusionist might already



have prepared.

- G. The individual is responsible for correcting (at one's expense) any outdated or otherwise inaccurate use of the credential.

#### **IV. Permitted Uses.**

Individuals may use the credential on:

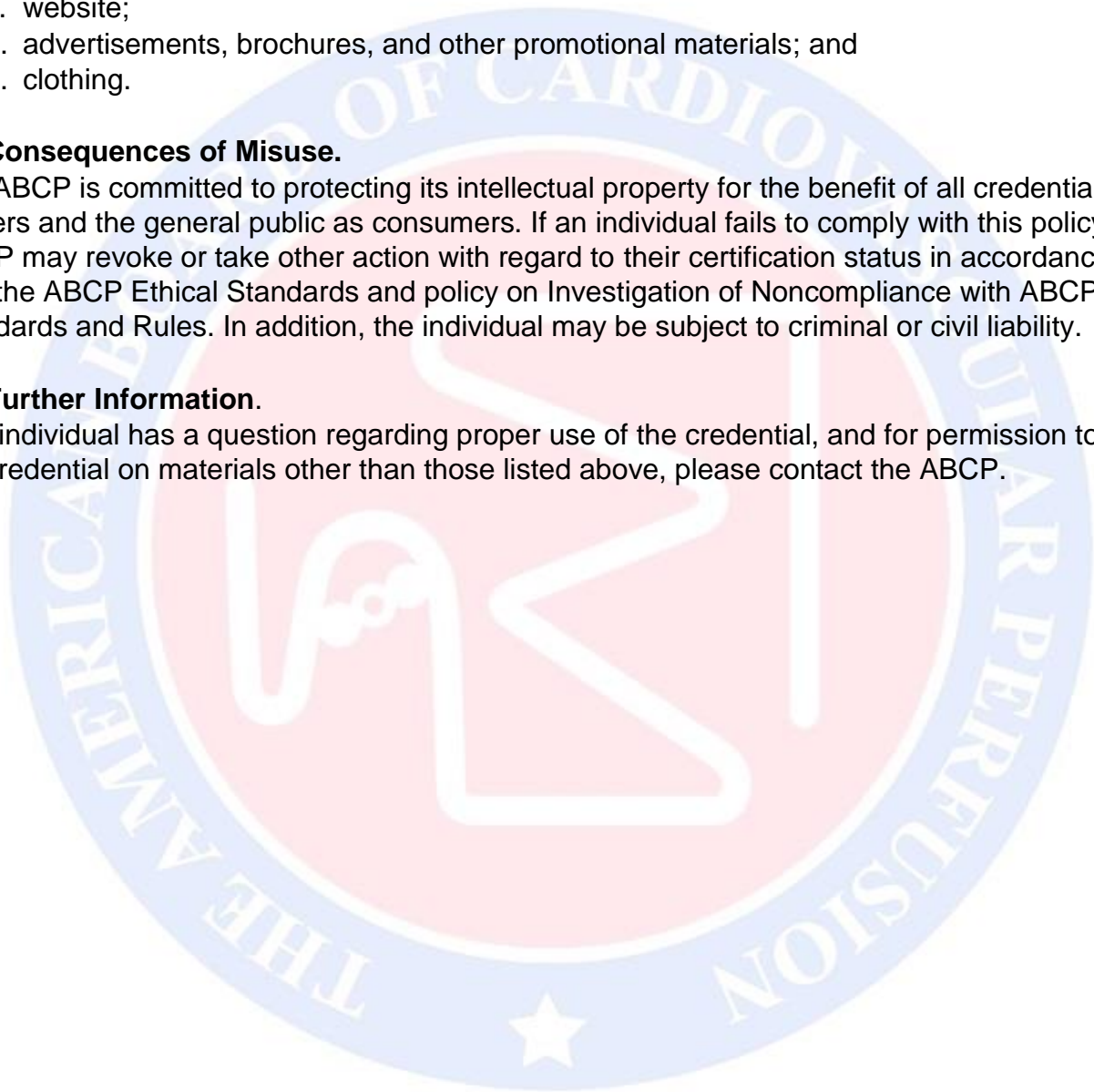
- A. letterhead and business cards;
- B. website;
- C. advertisements, brochures, and other promotional materials; and
- D. clothing.

#### **V. Consequences of Misuse.**

The ABCP is committed to protecting its intellectual property for the benefit of all credential holders and the general public as consumers. If an individual fails to comply with this policy, the ABCP may revoke or take other action with regard to their certification status in accordance with the ABCP Ethical Standards and policy on Investigation of Noncompliance with ABCP Standards and Rules. In addition, the individual may be subject to criminal or civil liability.

#### **VI. Further Information.**

If an individual has a question regarding proper use of the credential, and for permission to use the credential on materials other than those listed above, please contact the ABCP.



## APPENDIX III

### ETHICAL STANDARDS OF THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION

The American Board of Cardiovascular Perfusion (ABCP) is dedicated to the provision of safe, competent medical care for any and all patients. To that end, the ABCP administers certification examinations and monitors recertification and therefore requires those participating in these credentialing processes to ascribe to the following ethical standards.

- I. Each Certified Clinical Perfusionist (CCP) and applicant (or candidate for certification), (hereinafter, referred to as “individual,”) shall comply and will comply with all existing and future rules, regulations and standards of the ABCP and will bear responsibility for demonstrating compliance with same. An individual is eligible to apply for and to maintain certification/recertification only when in compliance with all ABCP rules, regulations and standards.

***If an individual is not in compliance with ABCP rules, regulations or standards, the ABCP may impose one or more of the following sanctions: deny or suspend eligibility; deny, revoke, refuse to renew, or suspend certification; issue a reprimand; or take other corrective action regarding certification or recertification.***

- II. The individual shall not willfully fail to promote the safety and welfare of the public, whether through negligent acts, acts of omission or through misrepresentation. Failure to promote public safety and welfare or the provision of safe, competent medical care includes (but is not limited to):
  - A. Impairment of professional performance because of habitual use of alcohol, drugs, or other substance, or any physical or mental condition;
  - B. Gross or repeated negligence or malpractice in professional work;
  - C. Noncompliance with laws related to the profession;
  - D. Failure to maintain a current professional credential as required by the jurisdiction in which the individual practices (this may include a license, certificate, or registration);
  - E. The conviction of, plea of guilty to, or plea of *nolo contendere* to a felony related to public health and safety or the profession; and
  - F. Disciplinary action by a licensing board or professional organization other than ABCP.
- III. The individual convicted of, or pleading guilty or *nolo contendere* to, a felony directly related to public health and safety or the provision of safe, competent medical care shall be considered ineligible to apply for certification/recertification for a period of one year from the exhaustion of the appeals, proceeds or final release from confinement (if any), or the end of probation, whichever is later. An individual who is incarcerated, or

for whom incarceration is pending, as of the application deadline date is ineligible for certification or recertification to the end of incarceration.

***Felony convictions considered for this standard include, but are not limited to, fraud, actual or threatened use of a weapon or violence, rape, sexual abuse of a patient or child, or prohibited sale, distribution, or possession of, or misuse of controlled substances.***

- IV. The individual shall not engage in unauthorized possession or misuse of ABCP's credential, examinations, and other intellectual property. The individual shall respect ABCP's intellectual property rights and comply with the ABCP Use of Credential Trademark Policy.
- V. The individual shall not misrepresent their certification status or misuse any title or membership in any professional organization or community.
- VI. The individual shall abide by ABCP's reasonable test administration rules. The individual shall have had no unauthorized possession of, use of, or access to any examination documents or materials. The individual shall not receive any unauthorized assistance, copy examination materials, or cause a disruption in the testing area during a test administration or the conduction of any portion of the certification examination. The individual shall not subsequently use or divulge information gained from his/her examination experience for any reason.
- VII. The individual must truthfully complete and sign an application in the form provided by the ABCP, pay the required fees, and provide additional information as requested. The individual shall not make any material misrepresentation of fact during application for certification/recertification. Ineligibility for certification, regardless of when the ineligibility is discovered, is grounds for disciplinary action.
- VIII. The individual shall report possible violations of these Ethical Standards and any other development bearing on certification in writing to the Executive Director of the ABCP. Other persons concerned with possible violation of ABCP rules are encouraged to contact the ABCP. The person making the complaint should identify themselves by name, address, email address, and telephone number. However, ABCP may consider anonymous complaints.

***This report should include information regarding the identity of the person(s) involved in the alleged misconduct with as much specific detail and documentation as possible. The identity of the person making the report must be made known as well as others with knowledge of the facts and circumstances surrounding the alleged misconduct.***

*On occasion, the American Board of Cardiovascular Perfusion may make changes to the existing policies and procedures that may not be reflected in this Booklet of Information. In the event of such changes, an appropriate and timely attempt will be made to notify the perfusion community through our website, mailouts, email notifications and appropriate professional journals. Such changes will not invalidate the unaffected portions of the instrument.*