



The American Board of Cardiovascular Perfusion **2022**

ANNUAL REPORT

555 E. Wells Street, Suite 1100

Milwaukee, Wisconsin 53202

FROM THE PRESIDENT:

Welcome 2023! I think most of us are looking forward with hope and cautiously optimistic to see the worst of the COVID pandemic in the rear-view mirror. We might all agree with the lyric from the Grateful Dead song Truckin: “What a long, strange trip it’s been”.

In the perfusion community and on the American Board of Cardiovascular Perfusion (ABCP), it would be fair to say that lately, the only constant is change. In 2022, the ABCP changed testing companies, changed the exam results reporting structure and most recently, transitioned and changed to a new management company, Executive Director, Inc. (EDI). While the current Board of Directors may have thought this is the most rapid change cycle in the history of the ABCP, we were reminded that previous Directors have dealt with similar daunting tasks. Several past ABCP Directors joined us for a few days this Fall to reunite and celebrate the retiring co-executive Directors of the ABCP, Beth Richmond, the late Mark Richmond, and Steve Oshrin. Through this Reunion, we learned much about our perfusion education and credential journey. I realized how grateful I am for the ones before me that paved the way for the high standard and CCP credential we enjoy and may take for granted today. We really do stand on the shoulders of those early perfusion pioneers.

Knowing the past is important, but our perfusion path forward is top of mind for the ABCP. With a new management company comes new ways of doing things, new ideas, and new opportunities. I think as perfusionists, we can all relate to the saying, “you don’t know it til you’re in it”. While we can plan for and talk through scenarios, nothing compares to the experience of doing it. Our new Executive Director, Jeanne Rhodes, from EDI and her team started immersing themselves in the CCP community this past December. With the guidance and experience of outgoing National Office personnel, EDI began answering the phones, receiving emails, vetting examination applications and distributing certification, recertification and licensure materials. It was necessary for EDI to begin these processes while still having a guiding presence to affirm and explain the multi-faceted matters of perfusion. Thank you for your patience as they continue to become familiar and comfortable with us all. They are excited to be hearing from the perfusion community and committed to fulfilling your needs.

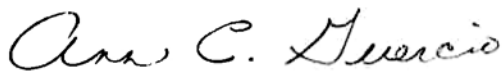
There are also ongoing challenges that EDI has inherited, the most prominent being the Online Filing System (OFS). As I write this, it is disappointing that the ABCP is not in a better place with the OFS than a year ago. As an end user, I also experience the glitches and aspects that result in a dissatisfying if not frustrating experience. Without getting into the weeds, EDI’s internal IT department has made strides in getting into the existing platform to diagnose issues and understand the end user needs and expectations. A seamless and innovative online filing experience is of the highest priority for the ABCP and EDI. We must do better for all involved.

While an important goal is to ensure that current processes and routines stay consistent, we don’t plan to stay still. Part of the management transition involved evaluating and quantitating every aspect of daily operations. In doing so, opportunities for streamlining and innovation were identified. The ABCP looks forward to implementing improvements while maintaining the proven procedures that compel the prominent CCP credential. We strive for a collaborative process that includes engagement with the CCP community. While I know sometimes we all experience “survey fatigue”, the annual ABCP survey linked to the OFS recertification platform is an important tool we utilize to hear from you. It is designed to be short and substantive. Please take time to give us your feedback. Also, as part of the ABCP mission, we provide a Knowledge Base Survey to all active CCP’s. The survey occurs every five to seven years and will be open in 2023 for several months. The goal of the survey is to refine the established knowledge base for perfusion technology in terms of required knowledge and its importance in the everyday practice of perfusion. While lengthy, the survey is very

important in ABCP examination development, and upon completion, will provide you with 5 Category 1 CEU's towards the professional activity requirement. We hope to offer this survey in a format that allows you to complete it in phases, if preferred, as well as a one-time submission. Please look for communication from the ABCP when the survey opens, currently planned for the first quarter of 2023.

In closing, this is my one and only President's Message as I come to term limits on the American Board of Cardiovascular Perfusion in February of 2023. I was privileged to serve on the ABCP for three four year terms, the maximum allowed by ABCP Bylaws. Many former ABCP Directors also volunteered their time and talents at this maximal level. We sometimes refer to each other as ABCP "lifers". Believe it or not, the time went by swiftly; and while there were many "discussions" and some tears, there was also much laughter and friendships that will last a lifetime. Consider serving within this unique credentialing body that liaisons with all facets of our profession, from accreditation and education to professional organizations both national and international, all for the highest quality and standards for the communities and patients we serve. I'm not hanging up my pump clamps just yet, so instead of saying "goodbye", I prefer to say "see you soon". On behalf of the ABCP Directors and Executive Directors, you are appreciated for all you do each and every day.

All the best in 2023 and beyond,

A handwritten signature in black ink that reads "Ann C. Guercio". The signature is written in a cursive, flowing style.

Ann Guercio CCP
President
American Board of Cardiovascular Perfusion

ABCP BOARD OF DIRECTORS



Ann Guercio, CCP



David Boyne, CCP



William Riley, CCP



Emily Saulitis Collins, CCP



Kirsten Kallies, CCP



Tyler Kelting, CCP



Scott Noesges, CCP



Carol Ann Rosenberg, CCP



Emily Thunstrom-Kahring, CCP

ABCP BUSINESS MEETINGS

In 2022, the American Board of Cardiovascular Perfusion (ABCP) annual winter business meeting was held in Tucson, Arizona, on February 24-26, 2022. The annual test development and business meetings were held in Vail, Colorado, on June 20-25, 2022. An additional business meeting was held in Charleston, South Carolina, on October 6-8, 2022.

Representatives of the ABCP attended virtual meetings of the Accreditation Committee – Perfusion Education (AC-PE), the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and various perfusion forums and educational meetings. This report will summarize the highlights of the year 2022.

ABCP ELECTIONS

At the February 26, 2022, business meeting, the following officers were elected: President Ann Guercio, CCP; Vice President David Boyne, CCP; Secretary Emily Saulitis Collins, CCP; and Treasurer William Riley, CCP. William Riley, CCP, was elected for a third term as director, and Emily Thunstrom-Kahring was elected for a second term as director. Kirsten Kallies and Scott Noesges were elected as new directors.

The other current director of the ABCP is Carol Ann Rosenberg, CCP who is serving a third term.

Biographical information regarding ABCP Officers, Directors, and National Office staff is available on the ABCP website at <https://www.abcp.org/about-us/directors-and-staff>

2022 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 20-23, 2022.

The results were as follows:

Perfusion Basic Science Examination

Total: 53 examinees – passed 37 (70%), failed 16 (30%)

Clinical Applications in Perfusion Examination

Total: 58 examinees – passed 51 (88%), failed 7 (12%)

The *Perfusion Basic Science Examination (PBSE)* and the *Clinical Applications in Perfusion Examination (CAPE)* were administered at Pearson Vue Examination Centers on October 12-15, 2022.

The results were as follows:

Perfusion Basic Science Examination

Total: 213 examinees – passed 193 (91%), failed 20 (9%)

Clinical Applications in Perfusion Examination

Total: 197 examinees – passed 187 (95%), failed 10 (5%)

ABCP LIAISON PANEL

The ABCP Liaison Panel meeting was held on Saturday, February 12, 2022, in the Robertson-Leftwich Room of the Hyatt Regency, Lost Pines Resort and Spa, in Lost Pines, Texas. The meeting was well attended and provided an opportunity for representatives to share the work of their perfusion organizations. Those representatives attending were as follows:

Accreditation Committee - Perfusion Education

David Palmer, CCP

American Academy of Cardiovascular Perfusion

William D. Riley, CCP, President, AACP

American Society of ExtraCorporeal Technology

James Reagor, CCP, President AmSECT – Virtually

Canadian Society of Clinical Perfusion

Paul Hunter, CCP, Vice President, CSCP

Extracorporeal Life Support Organization

Desiree Bonadonna, CCP, ELSO – Virtually

Latin American Perfusion Society

Brigida Aguerrevere, CCP, ALAP

Perfusion Program Directors' Council

Edward DeLaney, CCP, PPDC

The 2023 Liaison Meeting will be held in conjunction with the AmSECT International meeting which is scheduled for March 23-26, 2023 in Orlando, Florida.

EXAMINATION DEVELOPMENT

In 2022, the ABCP administered 266 *Perfusion Basic Science Examinations (PBSE)* and 255 *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 year's testing and to develop new examination items. The 2022 meeting included a review of existing pediatric perfusion, ECMO, and VAD questions, as well as the additional development of new questions in these relevant areas and the other extracorporeal technology topics found in the ABCP Knowledge Base Survey and the AC-PE curriculum.

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

COMPUTER-BASED TESTING

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

In 2022, the ABCP changed the company that administers the ABCP examinations. The ABCP is now using Professional Testing (PTI) to administer the PBSE and CAPE examinations beginning with the spring 2022 examinations. The change in examination centers has many benefits including an immediate return of examination results to the examinees.

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

Although the PTI platform is similar to the previous Prometric platform, it does offer more assistance by allowing the National Office staff to find locations for test-takers by zip codes. If examinees are unable to find a location, they can call the National Office for assistance in finding a convenient testing center. The platform also allows the ABCP to authorize extended dates for testing if necessary.

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

BEYOND THE PUMP

Did you know that we profile individual CCP's on the ABCP website in a section called "Beyond the Pump"? Read about interesting perfusionists who contribute to the profession and realize great accomplishments. Tell us about a perfusionist who's profile should be shared through the "Beyond the Pump" contact link on the ABCP website. See link below to our most recent profile of Brigida Aguerrevere.

https://abcp.org/pd/pump_8_2022.pdf

RECERTIFICATION

Clinical Activity

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

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

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

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

In 2022, there were no changes made to Tables A and B recertification charts below.

TABLE A – PRIMARY CLINICAL PERFUSION ACTIVITIES (PCPA)

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

TABLE B – SECONDARY CLINICAL PERFUSION ACTIVITIES (SCPA)

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 during concurrent operative procedures. Multiple pump runs per one OR visit equal one secondary case credit.
2S	Ex Vivo, First Assistant	A Certified Clinical Perfusionist (CCP) who is the secondary operator of an extracorporeal device, used to perfuse isolated and separated human organs from the body, for potential transplant opportunities.	Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring. No simultaneous credit will be awarded for managing multiple organs.
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 an SCPA.
4S	Cardiopulmonary Bypass (CPB) Standby Procedures, and Extracorporeal Membrane Oxygenation (ECMO) Standby Procedures	A Certified Clinical Perfusionist (CCP) who is the primary standby operator of the heart- lung machine which is used during cardiac surgery that may require extracorporeal circulation to manage the patient’s physiological status or is the primary standby operator of the Extracorporeal Membrane Oxygenator (ECMO) that provides life support for respiratory and /or cardiac failure.	Any procedure that may require immediate and onsite extracorporeal circulatory support. Standby procedures must be documented, requested by the attending physician, and verifiable in an audit.
5S	High Fidelity Perfusion Simulation (HFPS)	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine or ECMO circuit, used to manage physical and physiological variables during simulated perfusion scenarios taking place at an ABCP- recognized HFPS center.	HFPS is the use of simulation modalities or mechanisms to create a realistic patient model or perfusion situation. HFPS must be an interactive process facilitated by a CCP using standardized medical simulation devices that integrate realistic perfusion events experienced during CPB procedures in a realistic surgical setting using a conventional heart-lung machine or ECMO circuit. Each HFPS or series of HFPS must have an education/briefing, simulation, and debriefing. The simulation/simulation series length must be no less than 50 minutes of active simulation activity. One case credit is awarded for each HFPS activity that meets or exceeds these guidelines. Each HFPS must include and retain a participant evaluation form.

PROFESSIONAL ACTIVITY

There were no changes to Professional Activity requirements in 2022.

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

SUMMARY OF PROFESSIONAL ACTIVITY

CATEGORY I — ABCP Approved Perfusion Meetings and Related Activity

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

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

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

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

CATEGORY III — Individual Education and Other Self-Study Activities

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

ABCP RECOGNIZED HIGH FIDELITY PERFUSION CENTERS

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

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

- The Biomed Simulation Training and Education Center
Administrator: Robin Sutton, MS, CCP, CHSE
Email address: robin@biomedsimulation.com
Phone number: 630-336-2146
Web address: <http://www.biomedsimulation.com>
- Children's Hospital of Pittsburgh Perfusion Simulation Center
Administrator: David A. Palmer, Ed.D., CCP, LP
Email address: palmerda@upmc.edu
Phone number: 412-692-7187
Web address: None
- Comprehensive Care Simulation Center
Administrator: Patty Fanelli, BS, CCP
Email address: pfanelli@ccsperfusion.com
Phone number: 734-525-9712
Web address: www.ccsperfusion.com
- Innovative ECMO Concepts, Inc.
Administrator: Hayden Miller, AAS, RRT, BS, CCP, LP
Email address: hayden@innovativeecmo.com
Phone number: 405-639-8715
Web address: www.innovativeecmo.com
- InvoSim - Center of High Fidelity Extracorporeal Simulation
Administrator: Giovanni Cerere, MS, CCP
Email address: gjo@invosurg.com
Phone number: 617-699-7043
Web address: <http://www.invosurg.com>
- Medtronic Mounds View Central Virtual Cardiac OR
Administrator: Michael Cristoforo, CCP
Email address: Michael.j.cristoforo@medtronic.com
Phone number: 414-326-5216
Web address: None
- The University of Colorado Hospital Perfusion Simulation Program
Administrator: George Justison
Email address: georgejustison@uchealth.org
Phone number: 720-848-6860
Web address: <https://www.uchealth.org/>
- The University of Pittsburgh Medical Center (UPMC)/ Procirca Simulation Center
Administrator: Robert Dyga, BS, CCP, LP
Email address: DygaRM@upmc.edu
Phone number: 412-578-9602
Web address: <http://www.procirca.com/perfusion-services/Pages/simulation-education-center.aspx>
- The Rush Center for Clinical Skills and Simulation (RCCSS)
Administrator: Julie A. Collins MS, CCP, LP
Email Address: Julie_A_Collins@rush.edu
Phone number: 312-942-0515
Web address: None

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

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

EXTENSION OF CERTIFICATION PERIOD

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

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

CONDITIONAL CERTIFICATION

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

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

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

EXTENDED LEAVE

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

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

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

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

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

PROFESSIONAL ACTIVITY

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

ONLINE FILING

The recertification ABCP Online Filing System (OFS) was used for the 20th year for the 2022 recertification process. The ABCP requires all CCPs to file recertification reports into the OFS. The ABCP National Office provides support to CCPs who need assistance with online filing.

The ABCP acknowledges the flaws in the current online filing system and the frustration at times for the end user. To keep the recertification process on a routine timeline and avoid downtime during peak filing periods, root cause analysis of issues has taken longer to identify and rectify. The ABCP apologizes for any inconvenience the CCP may have experienced. The internal IT department of the new management company, EDI, is working diligently on known issues and ways to improve the OFS platform.

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

2022 RECERTIFICATION RESULTS UPDATE

A total of 4233 CCPs recertified in August of 2022. An additional 52 candidates completed the certification process in the spring of 2022 and an additional 185 completed the certification process in the fall of 2022 for a total of 4750. Including 202 CCPs on conditional certification and 78 CCPs on extension, there are currently 4750 Certified Clinical Perfusionists. A total of 132 perfusionists lost certification December 31, 2022.

Following is a chart that depicts the certification and recertification trends for the past 22 years.

YEAR	TOTAL RECERTS	SPRING CERTS	FALL CERTS	NEW CERTS	CONDITIONAL/ EXTENDED LEAVE	EXTENSION	TOTAL CERTIFIED	LOST CERTS
2000	3073	71	71	142	118	42	3375	83
2001	3120	80	60	140	120	45	3425	86
2002	3158	78	82	160	108	49	3475	103
2003	3238	75	77	152	110	43	3543	73
2004	3279	74	54	128	124	45	3576	95
2005	3302	52	67	119	148	40	3609	84
2006	3328	75	73	148	135	46	3657	89
2007	3396	83	44	127	127	32	3682	89
2008	3403	47	102	149	129	51	3732	96
2009	3464	64	51	115	108	68	3755	83
2010	3490	68	69	137	127	57	3811	72
2011	3562	57	61	118	93	71	3844	73
2012	3595	76	83	159	111	54	3919	79
2013	3669	53	108	161	88/11	58	3987	80
2014	3724	55	101	156	95/13	66	4054	84
2015	3758	44	141	185	127/12	53	4135	76
2016	3819	36	134	170	100/13	81	4183	120
2017	3873	58	114	172	90/7	89	4234	119
2018	3912	63	154	217	87/13	67	4323	69
2019	3881	46	176	222	73/7	102	4418	116
2020	4066	37	173	210	110/5	131	4522	94
2021	4154	51	188	239	135/13	114	4655	106
2022	4233	52	185	237	189/13	78	4750	132

PERFUSION PROGRAM MATRICULATION/GRADUATION DATA

To better understand perfusion workforce trends, the ABCP has partnered with the Perfusion Program Directors Council to provide perfusion program graduation data. Please note that student volumes are listed by year. As there is variation in program timeline to graduation, annual volume of graduates may not reflect total students admitted due to program length.

PERFUSION EDUCATION PROGRAM	PROGRAM DEGREE	ADMISSIONS 2021	GRADUATED 2021	ADMISSIONS 2022	GRADUATED 2022
University of Texas Health Science Center at Houston	Certificate	6	6	6	6
Cleveland Clinic Foundation	Master of Science	7	4	6	7
Hofstra University	Master of Science	10	10	12	10
Lawrence Technological University	Master of Science			12	
Libscomb University	Master of Science	15	0	12	0
Medical University of South Carolina (MUSC)	Master of Science	28	26	29	27
Midwestern University	Master of Science	41	33	44	38
Milwaukee School of Engineering	Master of Science	6	8	8	8
Northern Kentucky University	Master of Science			12	0
Quinnipiac University	Master of Health Science	9	9	10	6
Rush University	Master of Science	19	18	20	18
SUNY Upstate Medical University	Master of Science	11	12	12	11
Texas Heart Institute	Post-Baccalaureate Certificate	13	17	14	13
Baylor Scott and White The Heart Hospital - Plano	Post-Baccalaureate Certificate	5	5	6	5
The University of Arizona	Master of Science	3	2	4	3
Thomas Jefferson University	Master of Science	12	10	12	12
University of Iowa Health Care	Certificate	5	5	5	5
University of Nebraska Medical Center (UNMC)	Master of Science	21	13	20	17
University of Utah	Master of Science	5	0	7	4
UPMC Shadyside	Master of Science	20	19	18	20
Vanderbilt University Medical Center	Certificate	10	10	0	10
	TOTAL	246	207	269	220

Following is a list of Certified Clinical Perfusionists residing in the United States as of December 31, 2022.

State	Certified	Lost	New	State	Certified	Lost	New
Alabama	68	0	2	Montana	16	1	1
Alaska	6	0	0	Nebraska	46	2	0
Arizona	73	6	6	Nevada	35	3	4
Arkansas	41	0	0	New Hampshire	19	2	0
California	333	5	20	New Jersey	144	2	4
Colorado	68	1	4	New Mexico	15	1	1
Connecticut	69	1	5	New York	239	7	11
Delaware	10	1	1	North Carolina	123	6	7
District of Columbia	12	0	0	North Dakota	13	0	0
Florida	347	9	22	Ohio	230	6	7
Georgia	112	0	9	Oklahoma	42	3	0
Hawaii	13	0	0	Oregon	39	0	2
Idaho	19	1	0	Pennsylvania	245	6	15
Illinois	150	6	7	Puerto Rico	15	0	0
Indiana	86	3	0	Rhode Island	2	2	0
Iowa	30	1	0	South Carolina	87	2	2
Kansas	43	1	2	South Dakota	10	0	0
Kentucky	71	2	5	Tennessee	111	3	4
Louisiana	68	0	1	Texas	360	6	27
Maine	20	1	1	Utah	39	0	1
Maryland	68	2	4	Vermont	5	0	0
Massachusetts	88	2	4	Virginia	97	2	6
Michigan	143	6	11	Washington	78	4	5
Minnesota	86	2	11	West Virginia	26	0	0
Mississippi	38	2	1	Wisconsin	107	5	5
Missouri	95	3	4	Wyoming	3	1	0
				TOTALS	4303	119	204

This does not include CCPs living outside the United States.

AUDIT PROCEDURES

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

Audits of *Professional Activity Reports* were performed in 2022 in accordance with the revision of the system for documenting professional activity that was implemented in 2001. Since 2001, each CCP is responsible for retaining supporting documentation for his/her professional activity reported on the *Professional Activity Report*, which is submitted every three years. Prior to 2001, the CCP mailed the documentation to the ABCP with the *Professional Activity Report*; under the current system, the CCP retains all documentation for the three-year period. Random audits are performed annually on a percentage of *Professional Activity Reports* as a validating procedure.

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

STATUS OF CCP EMERITUS

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

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

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

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

The CCP Emeritus status has received a positive response from CCPs and has been especially popular with retired CCPs. At the current time, 753 retired CCPs have received the CCP Emeritus designation. The National Office encourages any eligible retirees seeking this status, who may not have been previously notified, to contact the office by telephone (414-918-3008) or email (info@abcp.org).

ABCP COLLABORATION WITH STATE LICENSURE OF PERFUSIONISTS

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

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

The following states currently require the ABCP to supply certification information for licensure:

Arkansas, Connecticut, Georgia, Illinois, Louisiana, Maryland, Massachusetts, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, and Wisconsin.

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

CCP INFORMATION DOCUMENT FOR HOSPITAL HR DEPARTMENTS

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

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

Perfusionist Definition

A “Perfusionist” is a person, qualified by academic and clinical education, to operate the extracorporeal circulation equipment during any medical situation where it is necessary to support or replace a person’s cardiopulmonary, circulatory, or respiratory function. A perfusionist is responsible for the selection of appropriate equipment and techniques necessary for support, treatment, measurement, or supplementation of the cardiopulmonary and circulatory system of a patient, including the safe monitoring, analysis, and treatment of physiologic conditions under an order and under the supervision of a physician. A CCP validates his/her mastery of these clinical skills, knowledge, and abilities through certification and meets ongoing continuing education and practice requirements through recertification.

Certification Background

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

Certification

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

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

To be eligible to sit for the ABCP examination process, a perfusionist must have graduated from an accredited cardiovascular perfusion education program. The certification examination is composed of two parts. Part I, the *Perfusion Basic Science Examination (PBSE)*, is a 220-item, multiple-choice examination designed to cover perfusion basic sciences and cardiopulmonary bypass. Part II, the *Clinical Applications in Perfusion Examination (CAPE)*, is also a multiple-choice format where a series of clinical scenarios are presented, each with a series of questions. The number of questions on the Part 2 examination may vary from 200 to 230, depending on the scenarios used. Both the *Perfusion Basic Science Examination* and the *Clinical Applications in Perfusion Examination* are given twice a year, in the spring and in the fall.

Recertification

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

Primary Source Verification

- The ABCP National Office provides primary source verification of the CCP credential through the following sources:
 - Names of currently certified perfusionists are listed on the ABCP website: www.abcp.org
 - Verification can be provided via telephone, fax, email, or USPS.
 - Telephone number for a verbal verification: (414) 918-3008;
 - Fax number: (414) 276-3349;
 - Email address: info@abcp.org;
 - Mailing address:
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202
 - Website: www.abcp.org
- All the methods listed are considered “primary source” verification.
 - If you request written verification by email and require a mailed or faxed response on ABCP letterhead, please include a fax number and your address with your request.
 - The National Office will gladly respond using the preferred method in a timely manner.

For more information on perfusion certification, contact us:

ABCP National Office

555 E. Wells Street, Suite 1100
Milwaukee, WI 53202
Phone: (414) 918-3008
Fax: (414) 276-3349
Email: info@abcp.org
Website: www.abcp.org

AMERICANS WITH DISABILITIES ACT

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

MAILING LIST

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

USE OF THE ABCP CODE OF ETHICAL STANDARDS

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

USE OF CCP

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

CHANGE OF ADDRESS

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

ABCP NATIONAL OFFICE ADDRESS

Tara Withington, CAE
Consulting Partner

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Executive Director

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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.