## **BOC Continuing Education Reporting Form**

(due by 12/31/2019)

\*\*\* Record only activities for the continuing education (CE) accumulation period ending 12/31/2019 \*\*\*

If you choose NOT to submit your CE online using BOC Central™ at www.bocatc.org, submit this completed reporting sheet with credit card information via fax to (402) 561-0598 or mail it along with a check or money order made payable to the BOC in the amount of \$25 to:

Board of Certification, Inc. Attn: CE Reporting 1415 Harney St, Ste 200 Omaha, NE 68102-2250 NOTE: The BOC requests paper CE submissions be postmarked by December 1 of the reporting year to allow time for processing by the December 31 deadline.

Total continuing education units (CEUs) due can be found on your BOC Central™ profile. 2018-2019 Certification Maintenance Requirements are available at www.bocatc.org.

9 or 10-digit BO	C Certification #:	Name:										
Phone #:	(alt)	Address:										
Email Address:		(	_ City/State/ZIP:									
Are you actively engaged in patient care as an Athletic Trainer?   Yes – Full Time  Yes – Part Time  Yes – Per Diem/PRN  No – I am not engaged in patient care  No – I am engaged in patient care using a different credential (see below)												
Select other healthcare credential(s) you hold:  DC DDS EMT MD/DO OT OTA PA PT PTA RN Other No other healthcare credentials												
Do you hold an active Athletic Trainer license to practice in your state? O Yes O No												
Payment Information - \$25 Processing Fee												
PLEASE CIRCLE ONE: Visa MasterCard American Express Discover Check/Money Order (made payable to BC  Account #:  Name on Account:  Billing Address:  City/State/ZIP:												
Olgitataro.												
Level I – EBP	Category: BOC Approved EBP Progra	ıms	<ul> <li>ATs with 50 CEUs due must complete a</li> <li>ATs with 25 CEUs due must complete a</li> </ul>									
Earned Date (mm/dd/yyyy)	Activity Title	Provider #	Name of Provider/Institution/Journal	# of CEUs								
	gory A: BOC Approved Provider Prog	rams										
Earned Date (mm/dd/yyyy)	Activity Title	Provider #	Provider Name	# of CEUs								
	<u> </u>	1	<u> </u>	<u> </u>								

Level II – Category B: Professional and Scholarly Activities												
Earned Date (mm/dd/yyyy)	Activity Type			Т	itle of Publication/Text	# of CEUs						
		<u> </u>	0 4161 41 6		• • •							
Level II – Category C: Post Certification College/University Coursework												
(mm/dd/yyyy)	arned Date course Title Course Title				College/University Credit Hours			# of CEUs				
Level II – Cate	egory D:	Non-A	Approved Pro	vider Progran	ns							
Earned Date (mm/dd/yyyy)	ACTIVITY LVDG					Activity T	# of CEUs					
Total CEUs												
EBP		Category A		Category	у В	Category C Category		ory D	GRAND TOTAL			
<b>Emergency C</b>	1		ECC)									
Earned Date (mm/dd/yyyy)	Exp Da (mm/dd/y					Provider Name/Cours	e Title					
Please check the appropriate box:  I have maintained ongoing certification in ECC for this reporting period and possess documentation for all ECC entries listed above.  I have not maintained ongoing certification in ECC for this reporting period, or I no longer possess documentation for all ECC entries listed above.  If audited, I am aware that I may be required to provide a written explanation if my ECC certification lapsed during any portion of this reporting period or I am unable to provide documentation of ECC certification.												
Certification I	Maintena	nce C	onfirmation S	tatements		(all boxes mus	st be check	ed for fo	rm to be processed)			
☐ The informa	tion contair	ned in t	this report is a tru	e and accurate s	tatement	of my continuing educatio	n activities.		<u> </u>			
☐ I am submit	ting no less	s than th	he minimum num	ber of CEUs requ	uired for t	he current reporting period	d, including the	required	EBP Category CEUs.			
I am in possession of and prepared to present all original documentation confirming participation in reported activities. I am aware I must keep these records for at least 2 years after the reporting period has ended.												
☐ I have conducted myself as a Certified Athletic Trainer in accordance with the BOC Standards of Professional Practice.												
I am aware that I am required to maintain ongoing certification in Emergency Cardiac Care (ECC) throughout the reporting period and I must keep these records for at least 2 years after the reporting period has ended.												
☐ I have paid	or will pay t	the 201	8 and 2019 certif	ication maintena	nce fees	by 12/31/2019.						
I am aware that the BOC reserves the right to audit me at any time and that failure to comply with BOC audit policies may result in the suspension of my BOC certification.												
I am aware that I will be subject to an audit if this form is received after the 12/31/2019 deadline.												
I am aware that my name, location and certification status will be available online through the BOC certification verification system to potential employers, state licensing officials and others.												
I am aware that falsification of this report may result in the suspension of my BOC certification.												
Signature:Date:												