BOC Continuing Education Reporting Form											
(Due by 12/31/2023)											
 Record only activities for the continuing education (CE) period ending 12/31/2023 											
If you choose NOT to submit your CE online through your BOC profile, submit this completed reporting sheet with credit card information via fax to (402) 561-0598 or mail it to the address below along with a \$25 check or money order made payable to the BOC.											
	Board of Certification Attn: CE Reporting 1411 Harney St, Ste 100 Omaha, NE 68102-2250		NOTE: The BOC requests paper CE submissions be postmarked by December 1, 2023, of the reporting year to allow time for processing by the December 31, 2023, deadline.								
Total continuing education units (CEUs) due can be found in your BOC profile. 2022-2023 "Certification Maintenance Requirements" are available at BOCATC.org.											
9 or 10-digit BC	OC Certification #:	1	Name:								
Phone #:	(alt)	/	Address:								
Email Address:		(City/State/ZIP:								
Are you actively engaged in patient care as an Athletic Trainer? O Yes – Full Time O Yes – Part Time O Yes – Per Diem/PRN O No – I am not engaged in patient care No – I am engaged in patient care using a different credential (see below)											
Select other health care credential(s) you hold:											
Do you hold an active Athletic Trainer license to practice in your state? O Yes ONo											
Payment Information - \$25 Processing Fee											
Visa, MasterCard, American Express, Discover or Check/Money Order (made payable to BOC)											
Account #:		CVV	Code: Expiration Date:								
Name on Account: Billing Address:											
Signature: City/State/ZIP:											
Level I - Cate	gory A: BOC Approved Provider Progr	ams	 ATs with 50 CEUs due must complete at least 10 Cat. A CEUs ATs with 25 CEUs due must complete at least 5 Cat. A CEUs 								
Earned Date (mm/dd/yyyy)	Activity Title	Provider #	Provider Name	# of CEUs							
		1									

Level II - Category B: Professional and Scholarly Activities												
Earned Date (mm/dd/yyyy)	Activity Type				Title of Publica	# of CEUs						
Level II - Category C: Post Certification College/University Coursework												
Earned Date (mm/dd/yyyy)	Course Title			College/University Credit Hours			# of CEUs					
Level II - Category D: Non-Approved Provider Programs												
(mm/dd/yyyy)	Activity Type					# of CEUs						
Total CEUs												
Catego	ry A		Category B Ca		egory C	Category D		GRAND TOTAL				
Emergency C			CC)									
Earned Date (mm/dd/yyyy)	Exp Date (mm/dd/yyyy) Provider Name/Course 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	Maintenanc	e C	onfirmation Statemen	ts	(all bo	oxes must be checke	ed for fo	orm to be processed)				
The information contained in this report is a true and accurate statement of my continuing education activities. Falsification of this report may result in the suspension of my BOC certification.												
 I am submitting the required minimum number of CEUs for the current reporting period including at least the minimum number of CEUs in Category A on this form. 												
I am in possession of and prepared to present all the original documentation confirming participation in reported activities. I am aware I must keep these records for at least two years after the reporting period has ended.												
I am aware that I will be subject to an audit if I submit this form after the 12/31/2023 deadline.												
I am aware	I am aware my certification will expire and late fees will be assessed starting 1/1/2024 if this form is not completed and submitted by 12/31/2023.											
I am aware that my name, location and certification status, certification number and expiration date will be available online through the BOC												
certification verification system to potential employers, state licensing officials and others.												
Signature:Date:Date:												
Duto												