



**Level II - Category B: Professional and Scholarly Activities**

Earned Date (mm/dd/yyyy)	Activity Type	Title of Publication/Textbook/Presentation	# 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**

Earned Date (mm/dd/yyyy)	Activity Type	Activity Title	# of CEUs

**Total CEUs**

Category A	Category B	Category C	Category D	GRAND TOTAL

**Emergency Cardiac Care (ECC) - Attach a copy of all ECC cards valid during the reporting period**

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 Renewal Confirmation Statements (all boxes must be checked for form 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 1/31/2028 deadline.
- I am aware my certification will expire, and late fees will be assessed starting 2/1/2028 if this form is not completed and submitted by 1/31/2028.
- 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: \_\_\_\_\_