



11414 West Park Place, Park Place, Suite 202 #626, Milwaukee, Wisconsin 53224 877-617-8345 Fax: 303-539-9847

Recertification Continuing Medical Education Form

22 hours needed for recertification

Date	Event		Number of Hours Claimed	
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fy that the information cor	l ntained in this document is true and accure	ate, to the best of my k	knowledge. I also understand that any intentional	
	ns will result in immediate and permanent			

Date:

American Board of Surgical Assistants © 2022 Rev. 07/2023

Signature:_