AMERICAN BOARD OF SURGICAL ASSISTANTS
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/credits needed for recertification

Date	Event	Number of Hours Claimed

I certify that the information contained in this document is true and accurate, to the best of my knowledge. I also understand that any intentional misrepresentation or falsifications will result in immediate and permanent termination of my certification, through the ABSA.

Print your name here: _____ ***Certification Number:*** _____

Signature: _____ ***Date:*** _____

Rev. 07/2023