

Continuing Education Reporting Form for Submitting CE Credits

Association of Surgical Technologists 6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031

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NAME (TYPE OR PRINT ONLY)		CONTACT PHONE NUMBER		CERTIFICATION NUMBER		AST MEMBER NUMBER	
STREET ADDRESS		E-MAIL ADDRESS		:			
CITY	STATE ZIP CODE	employer's name		CURRENT CERTIFICATION C	(CLE DATES		
STEP 1 Month/Day/Year [List in Chronological Order]	STEP 2 Name of the educational activity (All activities must be listed on the CEReporting Form to receive credit.)	STEP 3 Provider name and location of CE ac	tivity	STEP 4 # of credits	STEP: Type of activity (see back for the description of c	USE ONLY	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
	I acknowledge that this is a true representa		spage:				
STEP 6	Signature	Date	AST USE ONLY-Total CECredits Approved				
	Non-member \$200 fee enclosed CIO processing fee enclosed (see back for pricing)						
		A MASTERCARD AMEX CARD # EXP. DATE					
AST USE ONLY: PC_CD_NA_AP_DN_DUP_XM_FEE_OTTotal not accepted							



Instructions for Filling Out the CE Reporting Form

Print clearly, using a ballpoint pen (no pencil or colored ink).

Additional CE Reporting Forms may be photocopied or printed at ast.org. For information on earning and submitting CE credits: ast.org click on Earn CEs button.

Members an	d Nonmembers:				
STEP 1	DATE CREDITEARNED:Uh,22) 'u#Ou-# 4 of the CE credits must be live; #S7° -# 8 of the CE credits must be live.				
STEP 2	EDUCATIONAL ACTIVITY: List the specific name/title of the educational activity. Must be relevant to the practice of surgical technology.				
STEP 3	PROVIDER NAME AND LOCATION OF CE ACTIVITY: List the name of the provider and location of the activity.				
STEP 4	NUMBER OF CREDITS: List the total number of CE credits (1 CE credit equals 50-60 minutes of activity). Partial credits must be a minimum of 30 minutes (0.50 CE credits). Partial CE credits are accepted in 15-minute increments past the required minimum of 30 minutes.				
STEP 5	TYPE OF ACTIVITY: Specify the type of activity by one of the following codes: LI = Live CE (See definition on website) CP = Computer program written in-house CIO = Commerical Interest Organization SR = seminar AST = AST conference, forum, webinar SA = AST State Assembly Meeting or OT – Other				
STEP 6	SIGNATURE AND DATE: Be sure to sign the form and include the date submitted acknowledging true representation of CE credits earned.				
Submit to As	ST:				
STEP 1	CE Reporting Form(s) and send copies of proper documentation for each activity you listed on the CE Reporting Form(s). Keep the originals.				
STEP 2	Payment enclosed? *Members: AST Approved Commercial Interest Organization (CIO) CE ProcessingFee as listed below: *1-10CE = \$15; 11-20CE = \$30; 21-30CE = \$45; 31-40CE = \$60; 41-50CE = \$75 and 51+CE = \$90 *Nonmembers: enclose \$200* processing fee and if submitted add the additional CIO Processing Fee. CE credits will be returned if no fee is enclosed.				
STEP 3	Mail to:Member Services AST 6 West Dry Creek Cir Ste 200 Littleton CO 80120-8031• E-mail scannedCEcreditsto:memserv@ast.org• We accept money orders, personal checks, institutional checks, Visa, MasterCard, and American Express. Make checks payable to AST.				

CE credits are processed within 10 business days from the day received. • Incomplete forms and/or documentation will be returned. After your credits are processed, AST will send you a CE credit letter acknowledging the number of credits that were accepted. This is proof that your credits were processed by AST and this letter should be kept with your personal CE records. (Check your CE credits at **ast.org** by using your member login information.) ***Prices are subject to change without notice.**