



Continuing Education Reporting Form for Submitting CE Credits

Association of Surgical Technologists

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NAME (TYPE OR PRINT ONLY) Joe Smith		CONTACT PHONE NUMBER 123-456-7890	CERTIFICATION NUMBER 0000	AST MEMBER NUMBER 0000
STREET ADDRESS 123 Anywhere St		E-MAIL ADDRESS joesmith@anywhere.org		
CITY Anywhere USA	STATE	ZIP CODE	EMPLOYER'S NAME Anywhere Healthcare	
			CURRENT CERTIFICATION CYCLE DATES 09/01/12-09/01/2016	

STEP 1 Month/Day/Year <i>[List in Chronological Order]</i>	STEP 2 Name of the educational activity (All activities must be listed on the CE Reporting Form to receive credit.)	STEP 3 Provider name and location of CE activity	STEP 4 # of credits	STEP 5 Type of activity <i>(see back for the description of codes)</i>	AST USE ONLY
4/22/16	State Workshop	AST State Assembly	7	SA	
5/1/16	Patient Safety	Anywhere Healthcare	1	LI	
5/15/16	BLS, CPR, ACLS	Anywhere Healthcare	15	OT	
6/1-6/4/16	AST national conference	San Diego AST Conference	24	AST	
6/20/16	Fire Drill	Anywhere Healthcare	3	CP	
7/17/16	Bariatric Surgery	Anywhere Healthcare	6	SR	
7/31/16	Skin Cancers	Third-party provider	7.5	TD	
8					
9					
10					

STEP 6	<i>I acknowledge that this is a true representation of CE credits earned.</i>		Total CE credits this page:	
	Signature	Date	AST USE ONLY – Total CE Credits Approved	
	<input type="checkbox"/> Non-member \$400 fee enclosed		<input type="checkbox"/> 3rd party processing fee enclosed <i>(see back for pricing)</i>	
<input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX CARD #		EXP. DATE		

AST USE ONLY: PC ___ CD ___ NA ___ AP ___ DN ___ DUP ___ XM ___ FEE ___ OT ___ Total not accepted ___