



Continuing Education Reporting Form for Submitting CE Credits

Association of Surgical Technologists

6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031

Phone: 800.637.7433 • www.ast.org • email: memserv@ast.org

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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 CYCLE DATES	

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
1					
2					
3					
4					
5					
6					
7					
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 \$200 fee enclosed		<input type="checkbox"/> CIO 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 ___



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 and Nonmembers:

STEP 1	DATE CREDIT EARNED: U _____ h _____, 1 7 #OU- #-' #S7° - #-' c 'u _____ #OU- #-' ;#S7° - #-' c
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 = Commercial 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 AST:	
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 Processing Fee as listed below: *1-10 CE = \$15; 11-20 CE = \$30; 21-30 CE = \$45; 31-40 CE = \$60; 41-50 CE = \$75 and 51+ CE = \$90 *Nonmembers: enclose \$400* 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 scanned CE credits to: 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.**