

AMERICAN BOARD OF SURGICAL ASSISTANTS

4951 Hidden Lakes Drive, Harshaw, Wisconsin 54529-9583

877-617-8345 Fax: 303-539-9847

**Recertification Continuing Medical Education Form**

Tracking Form

Date	Event	Number of Credits 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:** \_\_\_\_\_