ABSA Recertification Continuing Medical Education

Tracking Form

You are responsible for tracking your Continuing Medical Education hours for recertification every 2 years.

Date	Event	Number of Credits Claimed

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

Printed Name: _____ Certification Number: _____

Signature: _____ Date: _____