

# THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

## APPLICATION FOR THE EUROPEAN CERTIFICATE IN CARDIOVASCULAR PERFUSION UNDER THE GRANDPERSON CLAUSE

**IMPORTANT:** ANSWER ALL QUESTIONS. DO NOT USE ABBREVIATIONS (EXCEPT N/A IF NOT APPLICABLE)

PLEASE WRITE CLEARLY IN **BLOCK CAPITAL LETTERS** USING BLACK INK OR **TYPE**

<p><b>SECTION 1</b></p> <p>Last name (Dr. Mr. Mrs. etc.) _____</p> <p>First Name (s) _____</p> <p>Date of Birth: _____ (day, month, year)</p> <p>Nationality: _____</p> <p><b>Home Address:</b> Street: _____</p> <p>Postcode _____ City _____</p> <p>Country _____</p> <p>Tel: _____</p> <p>Email: _____</p>	<p><b>SECTION 2 Hospital where presently employed:</b></p> <p>Hospital Name: _____</p> <p>Department: _____</p> <p>Street: _____</p> <p>Postcode _____ City _____</p> <p>Country: _____</p> <p>Tel: _____</p> <p>Fax: _____</p>
<p><b>SECTION 3</b></p> <p><b>Educational qualifications following the end of compulsory education:</b></p> <p><u>Pre-University Education or Higher Vocational Education</u> _____ Diploma/Degree/Certificate (circle)</p> <p>Awarding Institut: _____</p> <p><u>Additional pre-University Education or Higher Vocational Education</u> _____ Diploma/Degree/Certificate (circle)</p> <p>Awarding Institut: _____</p> <p><u>University Education</u> _____ Degree _____</p> <p>Awarding Institut: _____</p> <p><b>Non-perfusion professional qualifications: (e.g. laboratory, medical technician, nursing etc.)</b></p> <p>_____</p>	
<p><b>SECTION 4</b></p> <p><b>Perfusion employment qualifications :</b></p> <p>How long have you been practising perfusion ..... years ..... months. <b>(At the time of your application, including training)</b></p> <p>Confirmation from present employer: (to be signed and stamped by the Personnel Department from above hospital, Section 2 )</p> <p>Signature _____ Print Name: _____</p> <p>Position: _____ Official Hospital Stamp: _____</p>	

**SECTION 5****Perfusion training: (How were you trained?)**1. **Apprentice system**, i.e. “on the job”

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Duration of training: \_\_\_\_\_ months. From \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year)

2. **School of Perfusion** \_\_\_\_\_

Address: \_\_\_\_\_

Duration of training: \_\_\_\_\_ months. From \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year)

3. Do you hold a Certificate/Diploma in perfusion? \_\_\_\_\_ Yes/No (**Please attach a copy of Certificate/Diploma**)

If Yes, name the awarding Institut: \_\_\_\_\_

4. How many cardiopulmonary bypass procedures have you single-handedly performed? \_\_\_\_\_

5. Do you have any objections of your name being listed on the EBCP Registry (Website [www.ebc.org/](http://www.ebc.org/)) ? \_\_\_\_\_ yes/no**All other information contained in this form will be kept confidential to the European Board of Cardiovascular Perfusion.****SECTION 6**

Please clearly print your name here as you wish it to appear on your certificate:

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ (day, month, year)

**FOR OFFICIAL USE ONLY** (do not write in this space)**EBCP Delegate validation of information:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification Sub-Committee Approval:****Signature Sub-committee Secretary**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EBCP General Secretary:**

Fee received: \_\_\_\_\_ Form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ECCP Number: \_\_\_\_\_

**THE BOARD REQUIRES A CURRENT  
PASSPORT PHOTO OF THE APPLICANT****PHOTO**  
(paste, do not staple)