



THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

Certified Statement for the Board Examination

I, *

(Name of **Chief Perfusionist / Head Surgeon / Head Anesthesiologist)

hereby certify that:

(Name of candidate)

of,

(Name and address of hospital)

Country: _____

is, in my opinion, eligible to sit the European Board's examination leading to the award of the European Certificate in Cardiovascular Perfusion, and complies with the following criteria:

Has practiced clinical perfusion for a minimum of 2 years in Europe by the date of the examination (the training period is included in this time).

Is currently employed and practicing as a clinical perfusionist.

Has conducted a minimum of 100 clinical perfusions as the primary* perfusionist and is now competent to practice clinical perfusion unsupervised.**

Is fully versed and competent in the avoidance and the management of perfusion accidents.

Can set up and operate a wide range of commonly used equipment for cardiopulmonary bypass.

Signature:

(Name of **Chief Perfusionist / Head Surgeon / Head Anesthesiologist)

Date: _____

* Unless the applicant is the chief perfusionist him/herself, the name and signature should be that of the chief perfusionist.

** Please delete as necessary.

*** The term "primary perfusionist" refers to the perfusionist directly operating the heart-lung-machine for a specific perfusion activity. There are institutions which require constant supervision of perfusionists in training, regardless of their proficiency. This wording is intended to clarify the situation where a perfusionist functions single-handedly, without requiring the intervention or aid of a supervisor.

Please return this attestation form, together with application form and fee, to your national EBCP delegate.