

PLEASE CONFIRM THAT THE FOLLOWING RESPONSES ARE CORRECT BEFORE SUBMITTING THIS FORM. INAPPROPRIATE ANSWERS CAN RESULT IN A DELAY IN PROCESSING.

If you answer "YES" to questions 3-7, please provide an explanation.

	YES	NO
3. To your knowledge, has this applicant ever displayed an inability to practice perfusion with reasonable skill and safety to the public or has become unable to practice perfusion with reasonable skill and safety to the public by reason of illness or the use of alcohol, drugs, narcotics, chemicals or any other type of material?	_____	_____
4. To your knowledge, has the applicant ever been convicted of a felony or misdemeanor?	_____	_____
5. Are you aware of any lawsuits having to do with the applicant's practice of perfusion that the applicant has either lost or settled out of court?	_____	_____
6. Are you aware of any restrictions, limitations or other actions of any nature taken against this applicant by a hospital or other health related entity?	_____	_____
7. Are you aware of any derogatory information about the applicant that may have a bearing upon the applicant's fitness or ability to perform the applicant's professional duties that are not covered by questions contained in this form or discussed in your answers?	_____	_____
8. Do you recommend this applicant for an unrestricted clinical Perfusionist license?	_____	_____

Please add further comments that will assist the Board in evaluating the qualifications of this applicant (use additional pages if necessary):

Signature

Title

Date