

**GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
2 PEACHTREE ST., NW, 36TH FLOOR – ATLANTA, GA, 30303
PH 404.656.3913 – FAX 404.656.9723**

**FORM F
PROVISIONAL LICENSED CLINICAL PERFUSIONIST
STATEMENT OF SUPERVISION**

This form is required of all applicants seeking a provisional license and must be signed by any and all licensed clinical perfusionists who will supervise the applicant.

O.C.G.A. 43-34-175 provides for provisional licensure for graduates of approved perfusion programs. A provisional license is valid for two years from the date it is issued and may not be renewed. If a person fails any portion of the licensure examination, his or her provisional license shall be automatically revoked and surrendered to the Board.

Type of Application (check one): **Initial** **Renewal**

Applicant Name:

Applicant Address:

Address City State Zip Code

Applicant Telephone: _____

Employment: _____

Name and Address of Employer:

Address City State Zip Code

Date employment and supervision will begin: _____

By signing below, we, (the applicant and supervising licensed clinical perfusionist), attest that we have read and agree to adhere to the requirements of the Licensed Clinical Perfusionist Act and Rules of the Composite State Board of Medical Examiners. You may list additional supervisors on an attached sheet if necessary, but each addition must contain the supervisor's name, license number, signature and date.

Supervisor(s) Name (Please Print)	License Number	Signature	Date

Applicant Signature

Date