

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 B
CERTIFICATION OF EXAMINATION
RELEASE OF INFORMATION FORM

PLEASE SEND THIS FORM DIRECTLY TO THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION (ABCP).

CLINICAL PERFUSIONIST: Please complete the top half of this form and send to:

American Board of Cardiovascular Perfusion (ABCP)
207 N. 25th Avenue
Hattiesburg, MS 39401

_____	_____	_____	
Last Name	First Name	Middle Initial	

Address	City	State	Zip Code

The undersigned authorizes the **American Board of Cardiovascular Perfusion** to release to the **Composite State Board of Medical Examiners**, the information requested below:

_____	_____
Applicant's Signature	Date Signed

TO: AMERICAN BOARD OF CARDIOVASCULAR PERFUSION (ABCP)

As Registrar of the American Board of Cardiovascular Perfusion, I hereby attest that the above named applicant was certified on _____ and is currently certified by the Board until _____.
Certificate # _____.

_____	_____
Signature of Registrar	Date Signed

COMMISSION SEAL

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED IN THE HEADING OF THIS FORM.