

**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 D
CERTIFICATE OF EDUCATION FOR LICENSED CLINICAL PERFUSIONIST**

It is hereby certified that _____ of
(Student's Name)

_____ matriculated in _____

at _____ on _____.

The dates of attendance are certified to be from: _____ to
_____.

The above name applicant graduated the perfusion education program from

_____ on _____

and was granted a _____ certificate/degree.

School of Dean, Registrar or Director
(SCHOOL SEAL)

Date Signed

Notary Public
Sworn to and subscribed before me

This _____ day of _____, 20____.

My commission expires _____, 20____.

Note: This form must be either notarized or have a school seal embossed or attached. Please mail the completed form to the address listed on the top of this form.