

PERFUSION BASIC SCIENCE EXAMINATION APPLICATION

**THE AMERICAN BOARD
OF CARDIOVASCULAR PERFUSION**
207 NORTH 25TH AVENUE
HATTIESBURG, MS 39401
(601) 582-2227

Application for:
____ Spring Examination
____ Fall Examination
Please check above.

- Mr.
- Ms.
- Dr.

Name _____
(Please type as it would appear on certificate)

Date of Birth _____ Social Security No. _____
(Month / Day / Year)

Address _____
(Street or Apartment Number)

City, State, Zip _____

Phone () _____ Cell () _____ Email _____

Accredited School of Perfusion _____

EDUCATION

Name of School	Location	Dates Attended	Date of Graduation
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Post Secondary Education

Other

Cardiovascular Perfusion
Education Program

This application supercedes and invalidates all previous applications. (rev. 1/2008)

OFFICE USE ONLY

Received _____ Check # _____ Fee _____ Notarized _____ Times _____

Official Transcript _____ Signed Clinical Competency Recommendation _____ Spring/Fall _____

Clinical Education Record _____ (seventy-five cases prior to graduation) Graduation Date _____
(from transcript)

Ethical Standards of The American Board of Cardiovascular Perfusion

The American Board of Cardiovascular Perfusion (ABCP) is dedicated to the provision of safe, competent medical care for any and all patients. To that end, the ABCP administers a certification exam and monitors recertification, and therefore requires those participating in these credentialing processes to ascribe to the following ethical standards.

- I. The Certified Clinical Perfusionist (CCP) (or candidate for certification), hereinafter, referred to as "individual," complies and will comply with all existing and future rules, regulations and standards of the ABCP and will bear responsibility for demonstrating compliance with same. The individual is eligible to apply for certification/recertification **only** when in compliance with **all** ABCP rules regulations and standards.

The ABCP may deny, revoke, suspend or otherwise act upon certification or recertification where an individual is not in compliance with ABCP rules, regulations, or standards.

- II. The individual who willfully fails to promote the safety and welfare of the public, whether through negligent acts, acts of omission or through misrepresentation shall be considered to be not in compliance with these ethical standards.
- III. The individual convicted of, or pleading guilty to, a felony directly related to public health or the provision of safe, competent medical care shall be considered ineligible to apply for certification/recertification for a period of one year from the exhaustion of the appeals process or release from confinement, whichever is later.

Felony convictions considered for this standard include, but are not limited to, fraud, violence, rape, sexual abuse of a patient or child, or misuse of controlled substances.

- IV. The individual may not use or reproduce, in any manner or fashion, any certification examination materials, or contents thereof, documents, recertification materials, certificates, logos, abbreviations, or emblems recognized as the exclusive property of the ABCP without the expressed written consent of the ABCP.
- V. The individual shall immediately relinquish, refrain from using, and correct at the individual's expense any outdated or otherwise inaccurate use of any ABCP certificate, title, logo, emblem, the ABCP name, and/or related abbreviations in the case of limitation, revocation or resignation from the ABCP, or as otherwise directed by the ABCP.

The ABCP shall be entitled to obtain injunctive relief, damages and costs, and attorney's fees incurred in obtaining such relief in the event that said individual refuses, when requested, to immediately relinquish or refrain from using any ABCP name, and/or related abbreviations.

- VI. The individual shall not willfully misuse any title or membership in **any** professional organization or community.
- VII. The individual shall not be under suspension, revocation or disciplinary action by any licensing board or credentialing agency.
- VIII. The individual shall have had **no** unauthorized possession of, use of, or access to **any** examination documents or materials **nor** shall the individual receive any unauthorized assistance during the conduction of any portion of the certification exam. The individual shall not subsequently divulge information gained from his/her examination experience for personal or financial gain.
- IX. The individual shall not make any material misrepresentation of fact during application for certification/recertification.
- X. The individual shall report possible violations of these Ethical Standards in writing to the Executive Director of the ABCP.

This report should include information regarding the identity of the person(s) involved in the alleged misconduct with as much specific detail and documentation as possible. The identity of the person making the report must be made known as well as others with knowledge of the facts and circumstances surrounding the alleged misconduct.

As an applicant for certification, I have read, understand, and hereby ascribe to the principles in this Code of Ethics.

Signature _____ Date _____

Notary Public _____ Date _____

Must be Notarized.

The American Board of Cardiovascular Perfusion

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HATTIESBURG, MS 39401
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Eligibility Criteria for Examination

Applicants **may be currently enrolled** in an **accredited** School of Cardiovascular Perfusion and **anticipating graduation** at least four weeks prior to the date of the written examination or **have graduated** from an **accredited** School of Cardiovascular Perfusion.

Application Procedure

Applicants are required to submit the following by **July 1** for the fall examination or **December 1** for the spring examination:

1. A notarized PBSE application completed in full;
2. The fee of \$350.00 in the form of a **bank draft, money order, or personal check** made payable to the American Board of Cardiovascular Perfusion. Applicants residing outside of the U.S.A. **MUST** (1) make fees payable in U.S. Dollars, and (2) add a \$5.00 service charge. **NO REFUNDS WILL BE GIVEN.**

Applications must be post-marked no later than midnight on the deadline date and must be sent by certified mail (return receipt requested.).

Applicants must submit or arrange for submission of the following:

1. The **Clinical Education Record (signed by student and program director)** documenting seventy-five (75) clinical perfusions performed prior to graduation;
2. A current, **official** transcript of credits from the accredited School of Perfusion, indicating **date of graduation;** and
3. A statement of satisfactory clinical competency (**signed by student and program director**) from the Clinical Competency Committee chairperson at the accredited School of Perfusion.

These items must be on file in the National Office at least four weeks prior to the examination and will be verified.

LATE FILING: Candidates submitting applications for either portion of the certification examination, up to thirty days following the deadline, will be assessed a late filing fee of \$50.00. No applications will be accepted after the **LATE FILING DATE.**

NOTE: Candidates retaking the examination are **NOT** required to resubmit or arrange for resubmission of the Clinical Education Record, the official transcript, or the Clinical Competency statement. These items will remain on file from the previous application.

Notice of eligibility will be sent to applicants. Any misrepresentation by the applicant will result in rejection of the application and/or revocation of certificate issued as a result of this application.

I _____, certify that all information contained in my application for the ABCP certification process is true and accurate to the best of my knowledge. In addition, I hereby authorize the American Board of Cardiovascular Perfusion, Inc. (ABCP) and its officers, directors, committee members, employees, and agents (the above-designated parties) to review my application to sit for the ABCP certification examination. I authorize ABCP to determine my eligibility for ABCP certification. I agree to revocation or other limitation of my certification if any statement made on this application or hereafter supplied to ABCP is false or inaccurate or if I violate any of the rules or regulations or the *Ethical Standards* of the ABCP. I understand that if I receive ABCP certification, it will be my responsibility to remain in compliance with all ABCP standards for certification and recertification.

I agree to cooperate promptly and fully in any review of my certification by ABCP, including submitting such documents and information deemed necessary to confirm the information in this application. I authorize the designated parties to communicate any and all information relating to any ABCP application and review thereof including but not limited to pendency or outcome of disciplinary proceedings to state and federal authorities, employers, and others.

I understand that ABCP and its agents reserve the right to refuse admission to the ABCP Examination if I do not have the proper identification, or if examination administration has begun. If I am refused admission for any of these reasons or fail to appear at the test site, I will receive no refund of the application or examination fees and there will be no credit for future examinations. I authorize the ABCP and its agents at the test site to maintain a secure and proper test administration at their discretion. In this regard, the proctors may relocate me before or during the examination. I will not communicate with other examinees in any way.

I understand that I may only seek admission to sit for the ABCP Examination for the purpose of seeking ABCP certification, and for no other purpose. Because of the confidential nature of the ABCP Examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions and/or answers in any form to any other person.

If I do anything which is not authorized or which is prohibited by the ABCP in connection with any ABCP Examination, I understand that my examination performance may be voided, and such activity may be the subject of legal action. In a case where my examination performance is voided, I will receive no refund of the application or examination fees and there will be no credit for any future examination.

I understand that it is the policy of the ABCP to anonymously release applicants' examination scores to the cardiovascular perfusion educational institution(s) listed on their applications and that the receiving institutions are required to keep this score data confidential. The purpose of this policy is to assist these institutions in evaluating and improving their cardiovascular perfusion educational programs. **I hereby authorize the ABCP to release my scores in accordance with this policy.**

I waive all further claims of examination review and agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules, standards, and policies of the ABCP with regard to the application, the ABCP Examination, and/or my certification.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

Signature _____ Date _____

Notary Public _____ Date _____

Must be Notarized.