



The American Board of Cardiovascular Perfusion

555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823
PHONE: (414) 918-3008 • FAX: (414) 276-3349 • EMAIL: info@abcp.org
www.abcp.org

CCP Emeritus Status Policy

The Directors of the American Board of Cardiovascular Perfusion (ABCP) have approved a policy to provide a mechanism to recognize retiring CCPs with 20 or more cumulative years of experience as a CCP and to acknowledge their former certified status. To that end, the ABCP has developed the designation of CCP Emeritus.

If you have retired and you feel you might be eligible for the CCP Emeritus status and you would like to be designated as CCP Emeritus, please inform the National Office of your desire.

If you choose this status the following stipulations apply:

1. You must agree to use the title “CCP Emeritus” and not to use the title CCP, CCP-R, Certified Clinical Perfusionist, or Certified Clinical Perfusionist Retired.
2. You must maintain a current mailing/email address on file with the ABCP National Office.
3. If you are currently certified and request CCP Emeritus, you must return a waiver form to the National Office by email, fax or mail.

If you desire the CCP Emeritus status, please email, fax or mail the attached waiver to the ABCP National Office by December 1 (Please see the contact information above). Please enter your name as you would have it appear on your CCP Emeritus certificate.

Once you are conferred with the designation of CCP Emeritus, your name will be published on the ABCP website with the title of CCP Emeritus, and you will be provided with a certificate recognizing your service as a CCP. You will also receive the ABCP Annual Report and any other appropriate ABCP publications. There will be no fee associated with this status.

The ABCP appreciates your contributions to the perfusion community. If you have questions about this status, please do not hesitate to write or call the National Office.

Established 1975



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Application Waiver for CCP Emeritus

Full Name: _____

CCP #: _____

Date: _____

Email Address: _____

Current Address: _____

Street

City, State

Zip

Please notify us by emailing info@abcp.org if your address changes.

I, _____, declare on the date of _____ to commit, if eligible, to the American Board of Cardiovascular Perfusion (ABCP) policy to proceed to non-clinical CCP Emeritus status as of January 1.

I fully understand that I am losing certification effective December 31, and I understand that the declaration of CCP Emeritus is not reversible. I, the aforementioned applicant, will have to go through the "Re-entry into the Certification Process" per ABCP policy if I wish to regain full certification status.

I agree to use the title *CCP Emeritus* and not to use the title *CCP*, *CCP-R*, *Certified Clinical Perfusionist*, or *Certified Clinical Perfusionist Retired*. I will maintain mailing and email addresses with the ABCP National Office.

This form may be faxed to: (414) 276-3349 or emailed to: INFO@ABCP.ORG.

Please list my name on the certificate as _____

Print Name

CCP Signature

Print Name

Date Signed

ABCP approval