

CLINICAL APPLICATIONS IN PERFUSION EXAMINATION APPLICATION



THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION

555 E. Wells Street, Suite 1100 Milwaukee, WI 53202
Phone: (414) 918-3008 Fax: (414) 276-3349

Application for:

Spring Examination

Fall Examination

Please check above.

Mr.

Ms.

Dr.

Name _____

(Please type as it would appear on certificate)

Date of Birth _____

(Month/Day/Year)

Address _____

(Street or Apartment Number)

City, State, Zip _____

Phone () _____ Cell () _____ Email _____

Accredited School of Perfusion _____ Date of Graduation _____

Present Employer _____

Employer's Address _____

Employer's City, State, Zip _____

Phone () _____

Present Position _____ Department _____

This application supersedes and invalidates all previous applications. (rev. 4/2023)

OFFICE USE ONLY

Received Date _____ Check # _____ Fee _____ Credit Card Processed _____

ID Number Assigned _____ Notarized _____ Times _____ Spring/Fall _____

Met Perfusion Basic Science Examination Requirements Previously _____ Complete _____

Clinical Record _____ (40 independent cases after graduation) Graduation Date _____

(From transcript)

The American Board of Cardiovascular Perfusion



555 E. Wells Street, Suite 1100 Milwaukee, WI 53202

Phone: (414) 918-3008 Fax: (414) 276-3349

CLINICAL APPLICATIONS IN PERFUSION EXAMINATION

Eligibility Criteria for Examination

1. Candidates must have met all requirements for sitting for the ABCP Perfusion Basic Science Examination.
2. Candidates must have **conducted 40 additional independent clinical perfusions after graduation.**

Clinical Applications in Perfusion Examination 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 CAPE application completed in full.
2. The fee of \$350.00 in the form of a **bank draft, money order, personal check, or credit card** made payable to the American Board of Cardiovascular Perfusion. If credit card is used, there is a \$10.00 processing fee per application. Applicants residing outside of the USA **MUST** (1) make fees payable in U.S. Dollars, (2) add a \$5.00 service charge, and (3) add a \$10.00 credit card processing fee if applicable.

NO REFUNDS WILL BE GIVEN.

Applications must be postmarked 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. Case Summary documenting **40** independent clinical perfusions **performed after graduation.**
2. All requirements for the Perfusion Basic Science Examination if not previously submitted.

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 after the deadline for either portion of the certification examination will be assessed a late filing fee of \$81.00. **No application will be accepted after the LATE FILING DATE, ie. four weeks prior to the examination**

NOTE: Candidates retaking the examination are **NOT** required to resubmit or arrange for resubmission of the Case Summary. This item remains 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.

Clinical Applications in Perfusion Examination (CAPE) Requirements

Applicants must meet PBSE requirements and are required to submit or arrange to submit the following to the National Office at least four weeks prior to the examination a completed case summary documenting forty (40) independent clinical perfusions after graduation. Cases must come from **Table A – Primary Clinical Perfusion Activities (PCPA)** below.

Table A – Primary Clinical Perfusion Activities (PCPA) for Reporting Independent Cases for the CAPE

Primary Clinical Perfusion Activities (PCPA)	Clinical Definition	Core Elements
1P Cardiopulmonary Bypass (CPB), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient's physiological status.	Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.
2P Extra-Corporeal Membrane Oxygenation (ECMO), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure. The CCP must be documented at the institution as a member of the patient care team for that period and a physician name must accompany the case in the Clinical Activity Report.	Extracorporeal circuit, oxygenator, heat exchanger used accordingly with hemodynamic/lab value monitoring. For each ECMO case, one case credit per 24 hours will be awarded for initiating and bedside managing ECMO (4-hour minimum) or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple ECMO patients in this time period.
3P Isolated Limb, Ex Vivo Organ Perfusion, Primary	A CCP candidate who is (1) the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ and manages the patient's physiological status or (2) the primary operator of an extracorporeal device, including an oxygenator/deoxygenator and pump, used to manage the physiologic state of isolated and separated human organs from the body, for potential transplant opportunities	Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring.
4P Veno-Venous or Left Heart Bypass, Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse specific vascular regions within the circulatory system or recirculate venous blood for purposes such as clot/tissue removal.	Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.
5P Ventricular Assist Device (VAD), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.	For each VAD case, one case credit per 24 hours will be awarded for initiating and managing VAD or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple VAD patients in this time period.

Consent Form

Print Name: _____

I. Application.

I certify that all the information contained in my application is true and complete to the best of my knowledge. I hereby authorize the American Board of Cardiovascular Perfusion and its officers, directors, employees, and agents, (Collectively, "ABCP") to review my application and to determine my eligibility for certification.

II. Compliance with Commission Rules.

- A. I have read and agree to abide by ABCP's policies and procedures, including but not limited to those listed below. I will read and keep up-to-date with these rules. I agree that I bear the burden of demonstrating and maintaining compliance during the application review period and for the duration of certification (if granted).
 - a. Ethical Standards.
 - b. Use of Credential Trademark Policy.
- B. I agree that the ABCP may take action regarding my application, examination, or certification in accordance with its policy on Investigation of Noncompliance with ABCP Standards and Rules, and that the penalties for violation of an ABCP rule include (but are not limited to) denial, revocation, or limitation of my certification.
- C. I agree to notify ABCP of any change in name, address, telephone number, or email address, and of any violation of the Ethical Standards.

III. Cooperation.

I agree to cooperate promptly and fully in any review of my application, examination, or certification and I agree to submit any additional information requested.

IV. Examination Confidentiality.

I am seeking admission to take the ABCP examinations for the purpose of pursuing certification, and for no other purpose. Because of the confidential nature of the examinations, I agree to not make or keep copies, excerpts, or notes of examination materials, and to not use or divulge information learned from the examinations. The examinations are the exclusive property of ABCP, and I will not use them in any way without the express prior written consent of ABCP.

V. Examination Administration.

- A. I agree to abide by ABCP's reasonable rules regarding test administration. I may be refused my admission to an examination if I do not have the proper identification (valid photo ID). The proctors may take steps as they believe necessary to maintain a secure and proper test administration.
- B. If I am refused admission or fail to appear at the test site, or if my examination performance is voided based upon my behavior, I agree that I will not receive a refund of the application or examination fees and there will be no credit for any future examination.
- C. I understand that review of the adequacy of examination materials will be limited to computing accurate scoring; I hereby waive all further claims of examination review.
- D. I acknowledge that ABCP is concerned with reporting only valid scores. I agree that ABCP may cancel an examination score if there is adequate reason to question its validity because of misconduct or other circumstances.

VI. Continuing Compliance.

If I am granted certification, I understand and agree that it will be my responsibility to remain in continuous compliance with all ABCP policies and procedures. I agree that it is my responsibility to demonstrate and maintain compliance at all times.

VII. Certification Marks.

- A. The "CCP" credential is the sole and exclusive property of ABCP and is subject to all applicable trademark and other rights of ABCP as owner under United States intellectual property law and international conventions. I agree to abide by ABCP's instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of ABCP.
- B. I agree to correct at my own expense any inaccurate or unauthorized use by me of the "CCP" credential. I agree that if I refuse to make corrections, then ABCP is entitled to obtain all relief permitted by law, including but not limited to injunctive relief to enforce its rights with respect to the protection of its name, credential, logo, and other intellectual property.

(Continued on page 5)

VIII. Information Release.

- A. I agree that ABCP may release information regarding my application and certification record to state and federal authorities, licensing boards, employers, and others. This information includes (but is not limited to) ABCP's findings regarding review of my application, fraudulent statements made by me, and the pendency or outcome of disciplinary proceedings.
- B. ABCP may release my name, city, state, and country and the fact that I have been granted certification in ABCP's online directory and Booklet of Information (BOI).
- C. It is the policy of ABCP to anonymously release applicants' examination scores to the cardiovascular perfusion educational institution(s) listed on their applications and 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 ABCP to release my scores in accordance with this policy.

IX. Duration of Certification.

This Consent Form will become effective as of the date of my signature below and will remain in effect for the duration of my application review. If I am granted certification, I agree that the terms of this Consent Form will automatically continue in effect for the duration of my certification by ABCP. I acknowledge and agree that certification is awarded only for a one-year period, and that recertification applications and reviews will be required to maintain certification. In addition, I acknowledge and agree that I must complete the required number of clinical activities and professional activities during the certification period in order to be eligible for recertification.

X. Waiver of Claims & Indemnification.

- A. I hereby waive all claims against ABCP arising out of my application and my participation in the certification program, including (but not limited to) claims arising out of (i) any release of information to state and federal authorities, licensing boards, employers, and others, and (ii) any investigation and review of my application and certification by ABCP.
- B. I agree to indemnify ABCP for any third-party claims arising out of any action taken pursuant to the policies and procedures of ABCP with regard to my application, the examination, or my certification. In addition, I agree to indemnify ABCP for any third-party claims arising out of my professional practice and related activities.
- C. The provisions of this Waiver of Claims & Indemnification section do not extend to claims based on the gross negligence, willful misconduct, or intentional misconduct of ABCP.
- D. My obligations and rights and those of ABCP under this Waiver of Claims & Indemnification section will survive beyond the termination or expiration of my certification and remain in full force and effect.

By signing below, I acknowledge that I have read and understand this Consent Form and agree to its terms.

Signature

Printed Name

Date

Notary Public

Date

Must be Notarized.

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 certification examinations and monitors recertification, and therefore requires those participating in these credentialing processes to ascribe to the following ethical standards.

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

If an individual is not in compliance with ABCP rules, regulations or standards, the ABCP may impose one or more of the following sanctions: deny or suspend eligibility, deny, revoke, refuse to renew, or suspend certification; issue a reprimand, or take other corrective action regarding certification or recertification.

- II. The individual shall not willfully fail to promote the safety and welfare of the public, whether through negligent acts, acts of omission or through misrepresentation. Failure to promote public safety and welfare or the provision of safe, competent medical care includes (but is not limited to):
 - A. Impairment of professional performance because of habitual use of alcohol, drugs, or other substance, or any physical or mental condition;
 - B. Gross or repeated negligence or malpractice in professional work;
 - C. Noncompliance with laws related to the profession;
 - D. Failure to maintain a current professional credential as required by the jurisdiction in which the individual practices (this may include a license, certificate, or registration).
 - E. The conviction of, plea of guilty to, or plea of *nolo contendere* to a felony related to public health and safety or the profession; and
 - F. Disciplinary action by a licensing board or professional organization other than ABCP.
- III. The individual convicted of, or pleading guilty or *nolo contendere* to, a felony directly related to public health and safety, 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, proceeds or final release from confinement (if any), or the end of probation, whichever is later. An individual who is incarcerated, or for whom incarceration is pending, as of the application deadline date is ineligible for certification or recertification to the end of incarceration.

Felony convictions considered for this standard include, but are not limited to, fraud, actual or threatened use of a weapon or violence, rape, sexual abuse of a patient or child, or prohibited sale, distribution, or possession of, or misuse of controlled substances.

- IV. The individual shall not engage in unauthorized possession or misuse of ABCP's credential, examinations, and other intellectual property. The individual shall respect ABCP's intellectual property rights and comply with the ABCP Use of Credential Trademark Policy.
- V. The individual shall not misrepresent his/her certification status or misuse any title or membership in any professional organization or community.
- VI. The individual shall abide by ABCP's reasonable test administration rules. The individual shall have had no unauthorized possession of, use of, or access to any examination documents or materials. The individual shall not receive any unauthorized assistance, copy examination materials, or cause a disruption in the testing area during a test administration or the conduction of any portion of the certification examination. The individual shall not subsequently use or divulge information gained from his/her examination experience for any reason.
- VII. The individual must truthfully complete and sign an application in the form provided by the ABCP, pay the required fees, and provide additional information as requested. The individual shall not make any material misrepresentation of fact during application for certification/recertification. Ineligibility for certification, regardless of when the ineligibility is discovered, is grounds for disciplinary action.

(Continued on page 7)

VIII. The individual shall report possible violations of these Ethical Standards and any other development bearing on certification in writing to the Executive Director of the ABCP. Other persons concerned with possible violation of ABCP rules are encouraged to contact the ABCP. The person making the complaint should identify him/herself by name, address, email address, and telephone number. However, ABCP may consider anonymous complaints.

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 these Ethical Standards.

Signature

Printed Name

Date

Notary Public

Date

Must be Notarized.

Examination Application Fee Sheet

Applicant Full Name _____

Credit Card Payments

If you would like to pay using a credit card, you may do so on the website by clicking this link:
https://www.abcp.org/forms/exam_payments.php

Or follow these instructions: Go to the website <https://www.abcp.org/>. Click the “For Students” tab, hover over the “Certification” tab, and click on the “Application Forms” tab. Next, click on the “Submit CAPE exam payment” tab. Lastly, fill out the exam payment form with your credit card information. You will mail the rest of your hard copy application to the National Office to fully apply for the examination.

Check Payments

If you would like to pay with a check, please fill out the following fields, write your check with the applicable payment amount, and secure your check inside of the envelope when mailing your application.

Put an “X” on Applicable Fees:

- CAPE Exam Fee: **\$350.00**
- Late Fee (only applicable after deadline): **\$81.00**
Fall Deadline: July 1st **Spring Deadline:** December 1st
- Reinstatement Fee (For recertification only): **\$250.00**
- International Processing Fee: **\$5.00**

Mailing Address

The American Board of Cardiovascular Perfusion
555 E. Wells Street, Suite 1100 Milwaukee, WI 53202

We highly recommend getting tracking when mailing your application.

If you have any questions about payment, please contact our office by email at info@abcp.org