



The American Board of Cardiovascular Perfusion

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Clinical Competency Evaluation Form

Candidate's Name: _____

Training completed at time of evaluation? ___ Yes ___ No

Evaluation of clinical competence should be relative to that expected for current level of training. Although the clinical competency committee may adopt any form to facilitate the evaluation process, the American Board report form must be completed by selecting either of the following:

1. Satisfactory: Consistently meets reasonable expectations.
2. Unsatisfactory: Often falls short of reasonable expectations.

OVERALL CLINICAL COMPETENCE

Satisfactory _____ Unsatisfactory _____

The candidate named above has completed (or will complete) the perfusion training program at

_____ on _____
(Name of Institution) (Graduation Date)

Without reservation, we find this candidate to be competent in the practice of clinical perfusion.

Program Director

(Print Name) (Signature) (Date Signed)

Chairperson of Clinical Competency Committee

(Print Name) (Signature) (Date Signed)

Candidate

(Print Name) (Signature) (Date Signed)