



The American Board of Cardiovascular Perfusion

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Clinical Competency Evaluation Form for Re-entry

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. Select either of the following:

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

OVERALL CLINICAL COMPETENCE

Satisfactory Unsatisfactory

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

Supervisor/Designated Authority

(Print Name)

(Signature)

(Date Signed)

Candidate

(Print Name)

(Signature)

(Date Signed)