



# American Board of Cardiovascular Perfusion

## 2026 Examination Guidebook

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**A Guidebook of the  
American Board of Cardiovascular Perfusion**

**for the**

**Perfusion Basic Science  
Examination (PBSE)**

**and the**

**Clinical Applications in Perfusion  
Examination (CAPE)**

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## MISSION STATEMENT

*The American Board of Cardiovascular Perfusion acknowledges that peer recognition is responsible for the quality assurance involved in the credentialing process that is available to the perfusion community. The American Board of Cardiovascular Perfusion respects its position and responsibility in that process and acknowledges the many Certified Clinical Perfusionists, educational program directors, collaborating organizations, and others in the perfusion community for their continued support of the American Board of Cardiovascular Perfusion and its credentialing process. In accordance with its commitment to establish and maintain interactive communication with individuals, institutions, and organizations, the American Board of Cardiovascular Perfusion respectfully submits the following Mission Statement to guide its growth and development:*

*The American Board of Cardiovascular Perfusion will strive to develop and maintain quality standards in cardiovascular perfusion that promote safety and protection of the public. These standards will include attainment and enhancement of knowledge, skills, and ethical professional conduct of Certified Clinical Perfusionists by supporting preservice and in-service education. This support will emanate from the design, implementation, and administration of the credentialing process. Additionally, this support will include stimulation of innovative educational activities and promotion of ethical professional development.*

*The American Board of Cardiovascular Perfusion, in acknowledging the leadership role of a professional credentialing body, will aspire to provide exemplary, responsible, and ethical leadership in all of its endeavors.*

# INTRODUCTION TO THE ABCP EXAMINATION PROCESS

## Purpose & Description of the ABCP Examination Process

The purpose of the American Board of Cardiovascular Perfusion (ABCP) examination process is to provide certification in cardiovascular perfusion as evidence that a perfusionist's qualifications for operation of extracorporeal equipment are recognized by their peers. Application to the ABCP certification process is voluntary. Certification is not intended to define requirements for employment, to gain special recognition or privileges, to define the scope of extracorporeal circulation, or to state who may or may not engage in cardiovascular perfusion.

The certification examination is composed of two parts. Part I, the Perfusion Basic Science Examination (PBSE), is an approximate 220-item, multiple-choice examination designed to cover perfusion basic sciences and extracorporeal support. Part II, the Clinical Applications in Perfusion Examination (CAPE), is also a multiple-choice format where a series of clinical scenarios are presented, each with a series of questions. The number of questions on the Part II examination may vary from 200 to 230, depending on the scenarios used.

Both the PBSE and the CAPE are currently given twice a year, in the spring and in the fall. The applicant meeting all requirements to take the PBSE and meeting all other criteria may sit for the CAPE within the same examination window. Eligibility and application procedures are in the following sections.

The examinations are based on topics in the American Board of Cardiovascular Perfusion knowledge base. The 11 major sections of the knowledge base are as follows:

1. Anatomy & Physiology
2. Pharmacology
3. Pathology
4. Laboratory Analysis
5. Quality Assurance
6. Devices & Equipment
7. Clinical Management
8. Special Patient Groups
9. Special Procedures/Special Techniques
10. Catastrophic Events & Device Failure
11. Monitoring

The questions used on the PBSE are designed primarily to test the examinees' knowledge of basic science as it applies to clinical perfusion. The questions used in the CAPE are designed to measure the examinees' understanding of the practice of clinical perfusion and the application of scientific knowledge therein. While questions relating to all eleven aspects of the knowledge base may be found on either examination, the emphasis is placed on understanding processes in the PBSE and on application of knowledge in the CAPE.

## Examination Development

The Directors of the ABCP, in partnership with Professional Testing, Inc. (PTI) psychometricians meet throughout the year to review the results of the previous years' testing and to create new exam forms for future exam cycles. The Directors and staff of the ABCP and a PTI psychometrician identify areas for exam development to ensure the exams are reliable and fair.

During these intensive work sessions, the Directors propose, review, and approve new items for inclusion in the PBSE and the CAPE test banks. Items proposed for inclusion in the PBSE test bank are reviewed for accuracy, validity, relevance, and difficulty over repeated examination administrations before being approved for scored use in the examination. Scenarios proposed for the CAPE are reviewed not only for accuracy, validity, relevance, and difficulty over repeated examination administrations but also for appropriate situational sequence and workflow. The correct answer to each CAPE question must be determinable from information provided within the scenario, ensuring that an answer to one CAPE question does not positively or negatively bias a response on any subsequent question in that scenario.

The Directors also review performance statistics for questions used on all the forms of the previous year's PBSE and CAPE. Historical information is maintained for each item on the PBSE and CAPE to provide data about item consistency and performance. Adhering to the best practices for test development and subjecting test bank items to careful statistical review ensures that the ABCP examination process remains consistent and fair, while adhering to industry best practices.

CCPs who participate in the next ABCP Knowledge Base Survey, which serves as a blueprint for the ABCP exams, will have an influence on future exam development. The ABCP Knowledge Base Survey is conducted every 5-7 years. It was last conducted in 2023, and the next one is anticipated to be administered in 2028.

The PBSE & CAPE banks have been updated to appropriately acknowledge Vivien Thomas for his critical contributions to the development of the BT shunt procedure. All future mentions of this procedure in our test banks will now be referenced as the "Blalock–Thomas–Taussig shunt."

## Exam Delivery Enhancements *New!*

Academic integrity and the security of our examinations is of the utmost importance to the ABCP and our profession at large. Securing our exams within our testing centers is imperative, and based on recommendations from our exam administration partners, a modification to our exam delivery will be put into place.

Starting with the **Fall 2026** examination window, both the PBSE and CAPE examinations will be delivered in block format. The exams will be divided into sections (i.e. blocks) and once an examinee completes and submits a block, they will not be able to go back through and alter their submitted answers. Examinees will receive clear prompts to ensure they are happy with their item answers before locking in and moving to the next section/block. Moving to block format will not alter the time allotted, nor the number of questions asked for the examinations. This is an examination delivery format used by other medical clients who also use our testing company Professional Testing Inc. (PTI).

Following the Spring 2026 Exam window, the ABCP practice test will be adjusted to mirror this type of examination as well.

## Additional Exam Windows *New!*

Historically, the ABCP has only offered two examination windows per year – one in the spring and one in the fall. After careful consideration, the ABCP will launch a pilot program in **2027**: adding additional exam windows for the PBSE and CAPE examinations, to be held in **January 2027** and **July 2027**. In order to roll this initiative out responsibly, and in a controlled manner, the pilot exam windows in 2027 will be shorter and only offered to candidates who are classified as **retesting** (failed one or both examinations from the previous exam window), and **holdover CAPE applications** (those who applied, but did not complete their CAPE Case Record in time to sit for the exam). Examinees' original examination applications must be on file from the most recent exam window. No new applications will be processed for these pilot exam windows. We are excited to explore this new offering, as it has long been discussed and requested by the perfusion community. We do ask for your patience, as we develop the administrative workflow and communications surrounding this initiative.

## Candidates with Disabilities *New!*

Candidates who seek reasonable accommodations under the Americans with Disabilities Act (ADA) will be required to provide **65 days' notice** and appropriate documentation of the disability and need for accommodation. The test site will be fully accessible, and reasonable accommodations of test administration procedures will be provided to enable such candidates to accurately demonstrate their knowledge and skill. If you need to request accommodations, please submit the [ABCP ADA Accommodation Form](#) or contact us at [info@abcp.org](mailto:info@abcp.org).

## Alternate Testing Site *New!*

To provide the best possible exam experience, ABCP exams are administered in Tier 1 Pearson Professional Centers. If a candidate cannot find an examination slot within 100 miles of their address on file, the candidate may request an exemption to the currently approved exam site locations and have their exam(s) scheduled at an alternative Tier 2 testing center. Exam site exemption will only be approved when the National Office has confirmed that no suitable location is available.

Tier 2 testing centers may reside within other facilities and therefore may not provide ideal test taking conditions (i.e. noise, traffic, etc.). ABCP examinees who are approved to register at an alternative Tier 2 testing site accept this risk and will not be eligible for a retest based on the Tier 2 testing site conditions.

When a candidate cannot find an examination appointment within 100 miles of their address on file, they should contact Pearson VUE first to confirm whether a closer testing site is available. If one is not, the candidate should then contact the ABCP at [info@abcp.org](mailto:info@abcp.org) to request an exemption to schedule at an alternative testing center.

## Practice Examination

After much consideration by the Board and support by the community, we have relaunched the official ABCP practice examinations on a new platform! These online practice examinations have been created by our third-party testing company, Professional Testing, Inc., and their partner company, to mirror the actual examinations on a smaller scale. The practice examinations aim to reduce testing

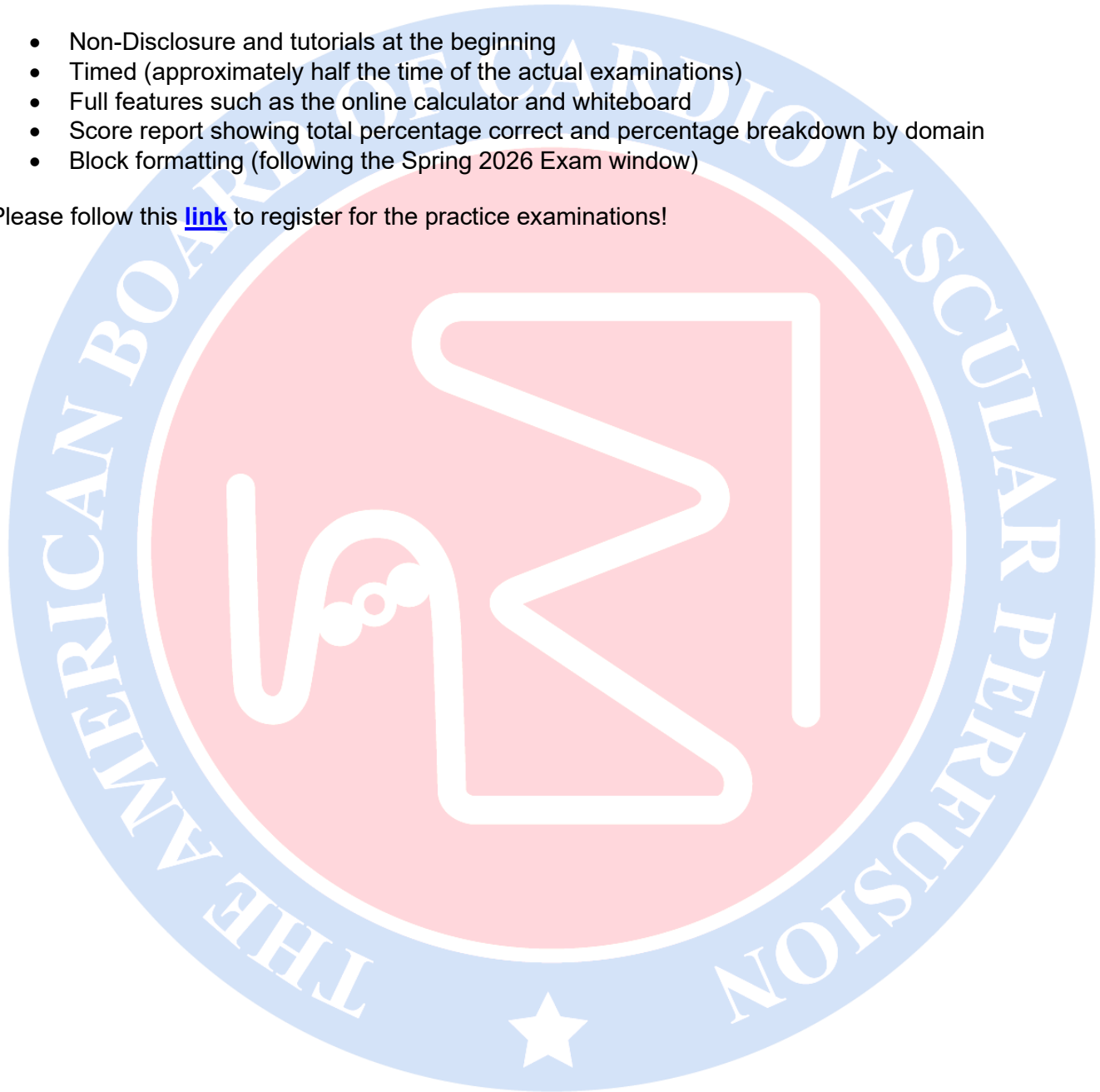
anxiety and give candidates a feel for the actual examinations. No test questions from our current test bank can be found on the practice exams.

There is a separate practice examination for the PBSE and the CAPE.

Similarities to the actual examinations include:

- Non-Disclosure and tutorials at the beginning
- Timed (approximately half the time of the actual examinations)
- Full features such as the online calculator and whiteboard
- Score report showing total percentage correct and percentage breakdown by domain
- Block formatting (following the Spring 2026 Exam window)

Please follow this [link](#) to register for the practice examinations!



# PERFUSION BASIC SCIENCE EXAMINATION (PBSE)

## PBSE Eligibility Criteria

The criteria for application to take the *Perfusion Basic Science Examination* are as follows:

1. The applicant must fulfill **one** of the following criteria:
  - a. The applicant must have graduated from, or be currently enrolled in, an [accredited](#) cardiovascular perfusion education program, and anticipating graduation prior to the date of the examination; or
  - b. The applicant must have been admitted to the examination process before April 15, 1981, or have been previously certified by the ABCP.
2. Applicants for the examination must have the following on file in the National Office prior to the examination:
  - a. A current **official transcript** of credits from the accredited school of cardiovascular perfusion, indicating date of graduation.
  - b. A written **statement of satisfactory clinical competency** from the Clinical Competency Committee of the school.
  - c. **PBSE Case Record** must have documentation of a minimum of 75 cardiopulmonary bypass (CPB) cases performed during the education program. A minimum of 10 clinical pediatric cases requiring cardiopulmonary bypass must be observed or performed for the certification process. Pediatric cases performed may count toward the 75 minimum cardiopulmonary bypass case requirements; observational pediatric cases do not count toward the 75 minimum cardiopulmonary bypass case requirements. Effective 11/1/2025, all PBSE Case Records submitted within the exam application process must detail the **ABCP Certified Clinical Perfusionist (CCP) Instructor's first name, last name and CCP#**. Case logs with initials or incomplete names will be sent back for revision. All materials must be submitted by the exam application deadline to qualify for exam eligibility. The ABCP PBSE Case Record was updated on September 30, 2025, to reflect this requirement. Candidates can find ABCP CCP#s on our website at: <https://www.abcp.org/certification-verification/>. Please note – ECMO and VAD cases must report the name and CCP# of the CCP overseeing the ECMO or VAD. Non-CCP names listed as the clinical instructor are not accepted for any cases submitted for certification exam applications.
  - d. **Please Note: Beginning July 1, 2023:** 5 of the 75 Primary Clinical Perfusion Activities (PCPA) must qualify as 3P - ECMO or 6P - VAD cases per [Table A of the BOI](#) and the remaining 70 (or more) PCPA must qualify as 1P - primary cardiopulmonary bypass (CPB) per the definitions below. **Definitions of Qualifying Primary Clinical Perfusion Activities can be found [here](#)** or below.
3. Credit will be considered for perfusion experience only when the following criteria are met:
4. The student performed all seventy-five (75) cases within the United States of America, U.S. Territories, and/or Canada (effective 08/01/2024).
5. The student performed and/or observed ten (10) pediatric cases, within the United States of America, U.S. Territories, and/or Canada (effective 08/01/2024).
6. The student participated in the preoperative planning and selection of equipment used during the perfusion.
7. The student performed the technical manipulations that constituted the essential parts of the procedure itself.
8. An instructor must be physically present during cardiopulmonary bypass cases and that

instructor must be an ABCP Certified Clinical Perfusionist (CCP).

## Definitions of Qualifying Primary Clinical Perfusion Activities:

a. 1P - Cardiopulmonary Bypass: 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. A cardiopulmonary bypass case requires the following:

- Pre-op patient assessment
- Equipment selection
- Circuit Preparation
- Initiation of Cardiopulmonary bypass
- Physiologic management of the patient on CPB
- Termination of CPB
- Post bypass instructor debriefing

A pediatric cardiopulmonary bypass observation requires the following:

- Equipment selection briefing
- Observation of circuit preparation
- Observation of initiation of CPB
- Observation of physiologic management during CPB
- Observation of termination of CPB
- Post bypass debriefing
  - Must be physically present in the room

b. 3P - ECMO: the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure. The CCP candidate 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. An ECMO case requires the following:

- ECMO patient assessment;
- ECMO circuit preparation; and
- ECMO initiation, stabilization, and management for four hours
- **or** ECMO patient assessment and six hours of bedside monitoring (in place of other options above)

c. 6P - VAD: primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart. A VAD case requires the following:

- VAD patient assessment;
- VAD preparation or observation of preparation; and
- VAD initiation, stabilization, and management for four hours
- **or** VAD patient assessment and six hours of bedside monitoring (in place of other options above)

## PBSE Application Procedure

Applicants are required to submit or arrange for submission of the following in accordance with the application dates found on the [ABCP website](#):

1. a completed [PBSE application](#);
2. exam fee(s);

Applicants are required to submit, or arrange to submit, the following items to the National Office prior to the examination:

1. [PBSE Case Record](#) documenting 75 clinical perfusions and 10 performed/observed pediatric cases, as outlined in the eligibility criteria above. Effective 11/1/2025, all PBSE Case Records submitted within the exam application process must detail the **ABCP Certified Clinical Perfusionist (CCP) Instructor's first name, last name and CCP#**. Case logs with initials or incomplete names will be sent back for revision. All materials must be submitted by the exam application deadline to qualify for exam eligibility. The ABCP PBSE Case Record was updated on September 30, 2025, to reflect this requirement. Candidates can find ABCP CCP#s on our website at: <https://www.abcp.org/certification-verification/>. Please note – ECMO and VAD cases must report the name and CCP# of the CCP overseeing the ECMO or VAD. Non-CCP names listed as the clinical instructor are not accepted for any cases submitted for certification exam applications.
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 from the Clinical Competency Committee chairperson at the accredited school of perfusion.

These items will be verified.

Eligibility to register with PearsonVUE is contingent upon all documentation being received in the National Office prior to registration.

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

## Late Applications

Applicants submitting applications for either portion of the certification examination after the deadline will be assessed a late fee of \$100.00. No applications will be accepted two weeks prior to the exam window.

**NO REFUNDS WILL BE GIVEN.**

## PBSE Audit

The National Office conducts random audits of all PBSE case records submitted. Applicants selected for audit and their Program Director will be given notice that the PBSE record submitted for that student will be audited. The Clinical Site Coordinator or Site Representative for each hospital listed on the case record must be the one to verify the cases submitted. Each Clinical Site Coordinator or Site Representative will be provided an "Authorization for Release" form signed by the student and a copy of the submitted PBSE case record prior to their verification. Verification must happen within 14 days of the first notice. If verification is not received within 30 days of the first notice, an investigation may be

started by the Credentials Committee for further actions.

## CLINICAL APPLICATIONS IN PERFUSION EXAMINATION (CAPE)

### CAPE Eligibility Criteria

The criteria for application to take the *Clinical Applications in Perfusion Examination (CAPE)* are as follows:

1. The applicant must fulfill one of the following criteria:
  - a. The applicant must have graduated from, or be currently enrolled in, an accredited cardiovascular perfusion education program, and anticipating graduation prior to the date of the examination; or
  - b. The applicant must have been admitted to the examination process before April 15, 1981, or have been previously certified by the ABCP.
2. Applicants for the examination must have the following on file in the National Office prior to the examination:
3. All documentation as needed for the *Perfusion Basic Science Examination*; and
  - a. [A clinical record](#) itemizing 40 independent clinical perfusions after graduation from the accredited school of perfusion. Cases must come from [Table A – Primary Clinical Perfusion Activities \(PCPA\)](#).
4. **NEW!** If you are not yet ready to upload a complete CAPE Case Record when completing the online application, you may choose to apply by agreeing to the **CAPE Promissory** in lieu of uploading the document.
  - a. The CAPE Promissory states that you agree to submit your 40 independent clinical perfusions to the ABCP National Office at [info@abcp.org](mailto:info@abcp.org) by 5:00 pm CT at least two weeks prior to the start of your exam window.

### CAPE Application Procedure

Applicants are required to submit or arrange for submission of the following in accordance with the application dates found on the [ABCP website](#):

1. a completed [CAPE application](#);
2. exam fee(s);
3. a [CAPE Case Record](#) documenting forty (40) independent Primary Clinical Perfusion Activities (PCPAs) performed after graduation (as defined on [Table A – Primary Clinical Perfusion Activities](#)),
  - a. or agree to the CAPE Promissory (provided in the exam application), under which an applicant agrees to submit a complete CAPE Case Record to the ABCP National Office at [info@abcp.org](mailto:info@abcp.org) by 5:00 pm CT at least two weeks prior to the start of their exam window.

These items will be verified.

Eligibility to register with PearsonVUE is contingent upon all documentation being received in

the National Office prior to registration.

**NOTE:** Candidates retaking the examination are NOT required to resubmit or arrange for resubmission of the CAPE Case Record. This item will remain on file from the previous application.

## Late Applications

Applicants submitting applications for either portion of the certification examination after the deadline will be assessed a late fee of \$100.00. No applications will be accepted two weeks prior to the exam window.

**NO REFUNDS WILL BE GIVEN.**

## COMPLETE APPLICATION CHECKLIST

### **PBSE**

- Complete Perfusion Basic Science Examination (PBSE) Application
- PBSE Application Fee
  - Late payment of \$100 if application is submitted after deadline
- Official Transcript
- Clinical Competency Form/Letter
- PBSE Case Record

### **CAPE**

- Complete Perfusion Basic Science Examination (PBSE) Application
- Complete Clinical Applications in Perfusion Examination (CAPE) Application
- CAPE Application Fee
  - Late payment of \$100 if application is submitted after deadline
- CAPE Case Record of 40 cases (or [CAPE Promissory Agreement](#))

Table A – Primary Clinical Perfusion Activities (PCPA)

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. Multiple pump runs per one OR visit equal 1 primary case credit.
2P  Instructor CPB Bypass, Primary  <b>(Not eligible for PBSE or CAPE examination cases.)</b>	A Certified Clinical Perfusionist (CCP) who serves as a clinical instructor to a student enrolled in an accredited perfusion program during primary clinical perfusion activities 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. Primary clinical perfusion activities (PCPA) performed as clinical instructor for an accredited program are considered a primary perfusion activity and will receive full case credit. During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by the clinical instructor. Students may also receive credit toward certification eligibility for the same case.
3P  Extracorporeal Membrane Oxygenation (ECMO), Primary	A Certified Clinical Perfusionist (CCP) who is the primary operator of Extracorporeal 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.

<p>4P</p> <p>Normothermic Regional Perfusion (NRP), Ex Vivo Organ Perfusion, Primary</p> <p><b>(Not eligible for PBSE examination cases.)</b></p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of an (1) extracorporeal device/system used during organ recovery that require extracorporeal circulation, used to manage the patient's physiological status or of an (2) extracorporeal device, including an oxygenator/de-oxygenator and pump, used to manage the physiologic state of isolated and separated human organs from the body, for potential transplant opportunities.</p>	<p>Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring. No simultaneous credit will be awarded for managing multiple organs.</p>
<p>5P</p> <p>Veno-Venous or Left Heart Bypass, Isolated Limb, Primary</p> <p><b>(Not eligible for PBSE examination cases.)</b></p>	<p>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. 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.</p>	<p>Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring.</p>
<p>6P</p> <p>Ventricular Assist Device (VAD), Primary</p>	<p>A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart.</p>	<p>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.</p>

# COMPUTER-BASED TESTING

The Perfusion Basic Science Examination (PBSE) and the Clinical Applications in Perfusion Examination (CAPE) are administered at Pearson VUE testing centers in the United States, U.S. Territories and Canada. Examination windows are in April and October. The exact time frame will be posted to the ABCP [website](#) and sent to each examinee by email. Examinations may only be taken during that time period. Each examination is four hours in duration.

Prior to registering for the examination(s) with Pearson VUE, examinees must complete the ABCP application process. To complete the application process, the following items must be on file in the ABCP National Office:

- a completed application form with the appropriate fee;
- an official transcript indicating date of graduation;
- the Clinical Competency Form signed by the student and the program director;
- the Case Record that applies to the examination(s).

Once the application process is complete, the ABCP National Office will authorize your examination(s) with Pearson VUE. You will receive an "Authorization-to-Test" email from Pearson VUE ([pearson@proftesting.com](mailto:pearson@proftesting.com)) with your candidate ID number and instructions for registering for your exam(s). The "Authorization-to-Test" email will also provide links to the Pearson VUE "Candidate Rules Agreement" and "ID Requirements." Please read both documents carefully and ensure that you have the proper ID for admission to the testing center.

**Please note:** We cannot guarantee appointment availability at your preferred location. We strongly encourage all examinees to schedule their appointments as soon as they receive their "Authorization-to-Test" email. Any changes, modifications, or adjustments to your appointment will result in the cancellation of your current booking and require rescheduling, which may lead to a new location and time.

You may cancel or reschedule, up to 24 hours before your appointment at no cost (via the Pearson VUE website or by phone). Although rescheduling online is preferable, you may contact Pearson VUE by phone at 877-839-7768 in the United States/Canada (Monday through Friday, 7 am to 7 pm U.S. Central Time). To help locate your record, tell the agent that the exam is sponsored by Professional Testing, Inc. (PTI).

Pearson VUE will send you a confirmation e-mail each time you reschedule or cancel an appointment. There are multiple steps to reschedule online, so be sure that you complete all steps until "Your appointment is rescheduled!" confirmation message is displayed. If you do not receive a confirmation email, please re-check the status of your appointment.

If you fail to cancel 24 hours prior to your appointment, or if you miss your appointment, show up late or provide inadequate identification, you will forfeit your exam fee and need to reapply for the next exam window.

Each candidate is required to present [one primary government-issued photo ID](#) to the test center. The ID must have your first and last name; a recent, recognizable photo; and your signature. The first and last name on the ID must match the first and last name you used to register for the exam. The ID must be original (not a photocopy or digital ID), valid (unexpired), and government issued from the country in which you are testing. You can find a list of acceptable IDs here: [Acceptable Identification](#).

# EXAMINATION INFORMATION

## Practice-Related Content

The ABCP examinations are criterion-referenced, based on an ongoing task/practice-related analysis using recognized procedures for task analysis and examination development. The ABCP Knowledge Base is designed to cover the scope of current perfusion practice. Test specifications are derived from the current practice-related knowledge base using the content objectives. The ABCP Knowledge Base is revalidated every five to seven years by practicing CCPs who are asked to respond to each item on the knowledge base according to the frequency with which each item is used and the importance of each for public protection. The responses are subsequently reviewed, and the document is revised and revalidated in accordance with the data from the survey.

THE ITEM POOL, KNOWLEDGE BASE, AND EXAMINATION ARE INDIVIDUALLY COPYRIGHTED; THEREFORE, ANY DISTRIBUTION OF THE EXAMINATION CONTENT THROUGH ANY FORM OF REPRODUCTION, ORAL OR WRITTEN COMMUNICATION WITHOUT THE EXPRESS WRITTEN CONSENT OF THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION IS STRICTLY PROHIBITED AND A VIOLATION OF OUR [CODE OF ETHICS](#).

## Test Characteristics

The American Board of Cardiovascular Perfusion certification examination is composed of two parts, both of which must be passed prior to the granting of the Certified Clinical Perfusionist (CCP) credential. Part I of the examination, the Perfusion Basic Science Examination (PBSE), multiple-choice examination designed to cover perfusion basic science and cardiopulmonary bypass procedures. Part II of the examination, the Clinical Applications in Perfusion Examination (CAPE), is a clinical applications examination in multiple-choice format. A series of clinical scenarios are presented, each with a series of questions. The number of questions on Part II may vary, depending on the scenarios used. The examination items are drawn from the ABCP item banks. Each item has been constructed to measure specific content from the knowledge base. Conventional item analysis techniques are employed to ensure reliability and validity of measurement for all items.

## Test Question Evaluation

Each item in the test bank is reviewed annually by Directors of the ABCP with assistance from test development specialists. The test development specialists assist the Directors in planning and constructing the questions, editing the technical aspects of the questions and conducting statistical analyses of the test questions to determine their validity and reliability. Item analysis procedures include examining the level of difficulty and the item discrimination indexes for each question. Items which are not determined to meet both quantitative (statistical) and qualitative (content) standards are removed from the test bank.

## Bias

Questions are written to avoid racial, ethnic or gender bias. Careful consideration is given to each question during the annual qualitative evaluation of the items in the test bank. Any words or phrases that may be considered offensive or harmful to any racial, ethnic, or gender subgroup are removed.

There is a section at the end of the exam for any comments.

## Time Limits

Candidates are allowed four hours per examination. The time limit has been established from the past years of administering the PBSE and the CAPE. It has been clearly demonstrated that over 95% of the candidates complete the examination within the 4-hour period for both examinations.

## Scoring

Scaled scores are created when the number of questions that candidates answer correctly is mathematically transformed. Scaled scoring is utilized by many other prominent exams, such as the SAT, ACT, LSAT, and MCAT. The ABCP has implemented scaled scoring for both the CAPE and PBSE examinations using a scaled score with a range of 120 to 480, with the cut score set at 400.

The use of scaled scores does not affect whether individuals pass or fail the examination. The pass/fail decision is always made by comparing the number of questions answered correctly to the passing score that was established using a criterion referenced process. All candidates who correctly answer more items than are required to pass the examination form that they took will obtain scaled scores that are between 400 and 480. Candidates who did not answer enough items to pass will obtain scaled scores between 120 and 399. Scores on the exam are based on a consistent standard, not a grading curve.

The use of scaled scores allows for the direct comparison of scores from one examination form to another because the passing standard will remain constant at a scaled score of 400. This process will allow candidates to better understand their exam performance when comparing their score from one exam form to another, regardless of when they test.

***Immediately after completing the examination, examinees will receive a preliminary pass/fail result as a print-out from the Pearson VUE location administering the exam. This result is not used for credentialing.*** The National Office must receive final and statistically verified scores from the test company for credentialing purposes. The final official scores will be provided to examinees on an individual basis by the National Office within six weeks of the exam(s).

## Pass-Fail Standard

The pass-fail standard is set by the Directors of the ABCP with assistance from the test development specialists. The Directors who serve as the panel of experts are experienced, practicing, Certified Clinical Perfusionists (CCPs).

The ABCP strongly recommends that individuals who fail the examination further study in the specific areas in which they encounter difficulty on the examination.

There is no limit to the number of times an examinee may take the examination. However, candidates may only take an exam one time within the same exam window.

*Please note: Some states do have limitations for licensure purposes on the number of times an examinee takes each examination. Please review all pertinent licensure requirements before reaching out to the ABCP National Office for verification.*

## Reporting Examination Results

Preliminary examination results will be provided at the end of each testing session. Certification status will be provided by the ABCP National Office four to six weeks following the exam.

## Confidentiality of Examination Results

Examination results are released only to the individual candidate and only in writing. No other individuals or institutions may receive the scores identified by candidate name without the candidate's written permission. Perfusion schools receive individual anonymous reports of their students' results.

## Candidate Appeals

The ABCP offers the opportunity to reapply and retake the examination an unlimited number of times. Candidates may only take an exam one time within the same exam window.

Should examinees feel that there were items that were not accurate on the examination, they should send their appeal – including the specific content or exam questions of concern and the remedy desired by the candidate - to [info@abcp.org](mailto:info@abcp.org) within 30 days of the test. Should an error be found, every examinee will be given the benefit of the correction.

## Rules For Conduct of the Examinations

1. Pearson VUE proctors will carefully check credentials before the examination begins.
2. Each candidate is required to present [one primary government-issued photo ID](#) to the test center. The ID must have your first and last name; a recent, recognizable photo; and your signature. The first and last name on the ID must match the first and last name you used to register for the exam. The ID must be original (not a photocopy or digital ID), valid (unexpired), and government issued from the country in which you are testing. You can find a list of acceptable IDs here: [Acceptable Identification](#).

## SAMPLES OF PBSE TEST ITEMS

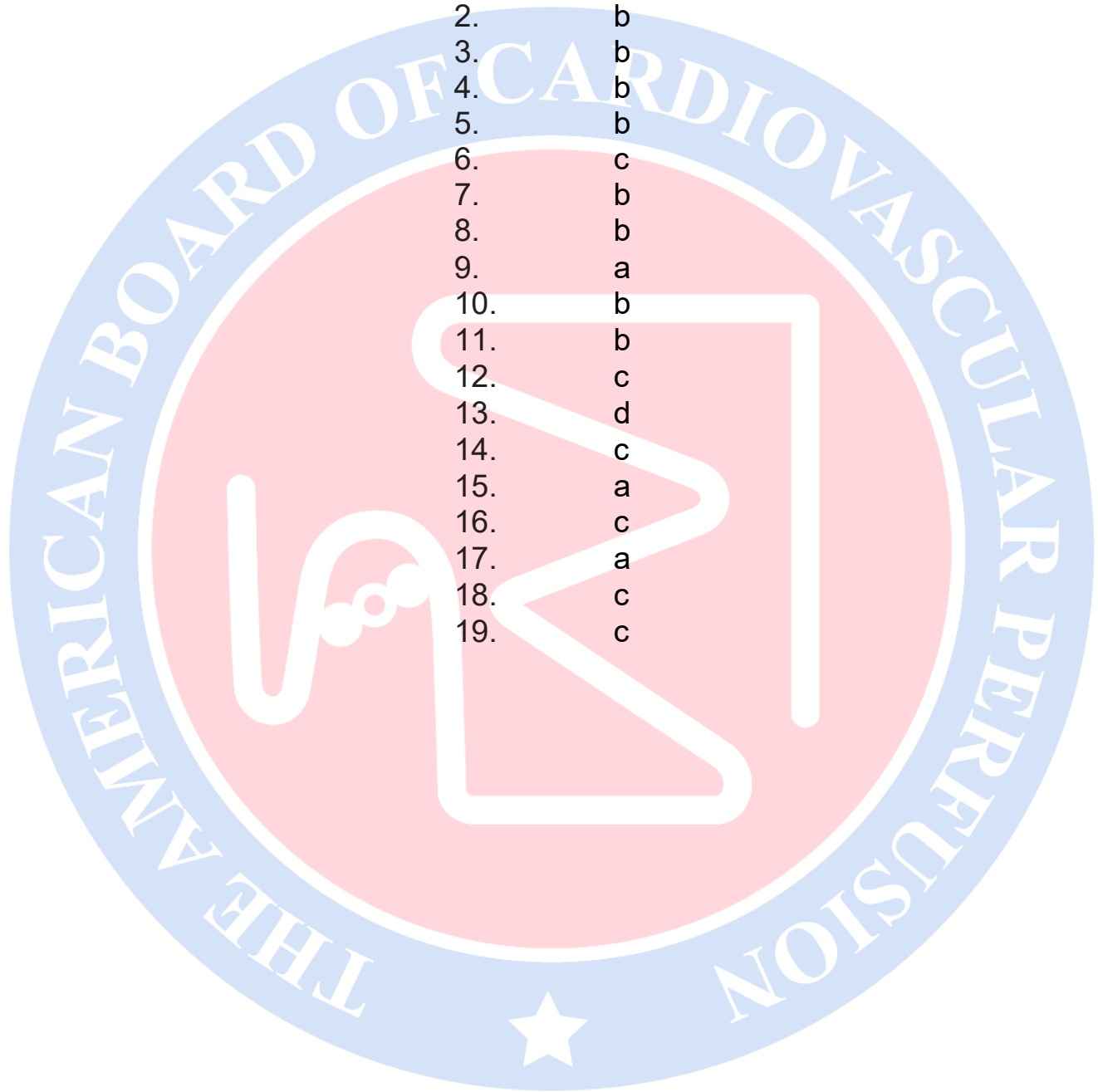
1. An advantage of continuous warm blood cardioplegia is:
  - A. increased oxygen delivery.
  - B. significantly decreased myocardial oxygen tension.
  - C. a shift of the oxygen dissociation curve to the left.
  - D. lower myocardial oxygen consumption.
2. Intra-aortic balloon augmentation is contraindicated in patients with:
  - A. prosthetic aortic valves.
  - B. aortic insufficiency.
  - C. ventricular septal defects.
  - D. peripheral atherosclerosis.
3. When using a roller pump, aortic dissection caused by the aortic cannula may be detected by:
  - A. elevated venous return.
  - B. elevated arterial line pressure.
  - C. elevated left radial artery pressure.
  - D. increased venous saturation.
4. The most significant advantage of venovenous ECMO over venoarterial ECMO is:
  - A. improved cardiac support.
  - B. unaffected pulmonary hemodynamics.
  - C. superior arterial oxygenation.
  - D. reduced pulmonary blood flow.
5. When compared to true membranes, hydrophobic microporous membrane oxygenators may exhibit which of the following characteristics?
  - A. increased oxygen transfer.
  - B. fluid passage to the gas compartment.
  - C. decreased carbon dioxide transfer.
  - D. reduced surface boundary layer
6. Polyvinyl Chloride tubing in the roller pump usually deteriorates by:
  - A. crumbling away from the outside in.
  - B. crumbling away from the inside out.
  - C. cracking and breaking from the outer edge in.
  - D. cracking and breaking from the inner edge out.

7. Activated Factor X is the first step in which of the following coagulation stages?
- A. intrinsic pathway.
  - B. common pathway.
  - C. waterfall sequence.
  - D. extrinsic pathway.
8. Under normal physiological conditions, which organ has the lowest oxygen consumption per unit weight?
- A. brain.
  - B. kidney.
  - C. lungs.
  - D. liver.
9. The release of norepinephrine by the nerve impulses causes interaction with:
- A. alpha receptors.
  - B. beta receptors.
  - C. baroreceptors.
  - D. chemoreceptors.
10. In a patient with a chronic hypoxic condition, the oxyhemoglobin dissociation curve is shifted to the right by:
- A. the Haldane effect.
  - B. increased 2,3 DPG levels.
  - C. the Bohr effect.
  - D. increased ADP.
11. The use of Citrate Phosphate Dextrose (CPD-A) blood in the perfusate affects which parameter?
- A. potassium.
  - B. ionized calcium.
  - C. total carbon dioxide.
  - D. blood sugar.
12. Dexamethasone is a potent, synthetic:
- A. curarizing agent.
  - B. anti-arrhythmic.
  - C. adrenocortical steroid.
  - D. beta blocker.

13. Deferoxamine (desferrioxamine) administered in large doses is a(an):
- A. diuretic.
  - B. calcium channel blocker.
  - C. antiarrhythmic agent.
  - D. hydroxyl radical scavenger.
14. Iloprost is an analog of:
- A. IgA.
  - B. aprotinin.
  - C. prostacyclin.
  - D. thromboxane.
15. With normal renal function, the half-life of Cephalexin is:
- A. 1 hour.
  - B. 3 hours.
  - C. 6 hours.
  - D. 12 hours.
16. Treatment for a blood transfusion reaction should include which modalities?
- A. administration of Benzodiazepines, nitroprusside, and hydroxyethyl starch solution.
  - B. administration of platelets, fresh frozen plasma, and cryoprecipitate.
  - C. administration of steroids, diuretics, and heparin.
  - D. administration of vasopressors, antibiotics, and cryoprecipitate.
17. The treatment for an antithrombin III deficiency is:
- A. fresh frozen plasma.
  - B. packed red cells.
  - C. cryoprecipitate.
  - D. platelet concentrate.
18. The major branches of the left coronary artery are:
- A. the anterior descending and posterior descending.
  - B. the marginal branch and the circumflex branch.
  - C. the circumflex branch and the anterior descending branch.
  - D. the marginal branch and the anterior descending branch
19. During congenital intracardiac surgery, excessive venous blood draining into the right atrium may indicate the presence of a/an:
- A. patent ductus arteriosus.
  - B. patent foramen ovale.
  - C. persistent left superior vena cava.
  - D. anomalous pulmonary venous return.

## PBSE ANSWER KEY

- |     |   |
|-----|---|
| 1.  | a |
| 2.  | b |
| 3.  | b |
| 4.  | b |
| 5.  | b |
| 6.  | c |
| 7.  | b |
| 8.  | b |
| 9.  | a |
| 10. | b |
| 11. | b |
| 12. | c |
| 13. | d |
| 14. | c |
| 15. | a |
| 16. | c |
| 17. | a |
| 18. | c |
| 19. | c |



## SAMPLES OF CAPE TEST ITEMS

The patient is a 67 year-old male weighing 102 Kg who has been previously diagnosed with coronary artery disease, an apical left ventricular aneurysm, and chronic renal failure. Laboratory values from the referring hospital indicate a BUN of 62 mg/dL and a creatinine of 2.4 mg/dL.

Thirty (30) minutes after initiating CPB, it is noted that urine output has decreased significantly.

- Given a pre-operative creatinine of 2.4 mg/dL, this patient has approximately what percentage of normal renal function?
  - 20%.
  - 40%.
  - 60%.
  - 80%.
- Which of the following modifications in perfusion technique could be used to enhance urine output?
  - administration of a chlorpromazine to increase renal blood flow.
  - priming the circuit with a hypertonic solution.
  - use of a hemoconcentrator.
  - utilizing a pulsatile flow pump.
- The most effective intervention in treating acute hyperkalemia after removal of the aortic clamp would be:
  - ultrafiltration.
  - administering 1 mg/kg of butanenide.
  - administering dextrose and insulin.
  - beginning a 3 ug/kg dopamine drip.
- A hemodialyzer differs primarily from a hemoconcentrator in:
  - size and number of pores.
  - effective surface area.
  - maximum allowed transmembrane pressure.
  - ability to remove urea nitrogen.
- Total clearance of urea and creatinine by an ultrafiltrator:
  - is identical.
  - is not affected by temperature.
  - increases with increasing hematocrit.
  - is proportional to their sieving coefficients.

The patient is a 67 year-old male weighing 102 Kg who has been previously diagnosed with coronary artery disease, an apical left ventricular aneurysm, and chronic renal failure. Laboratory values from the referring hospital indicate a BUN of 62 mg/dL and a creatinine of 2.4 mg/dL.

Thirty (30) minutes after initiating cardiopulmonary bypass, it is noted that urine output has decreased significantly.

Upon weaning this patient from cardiopulmonary bypass, the following observations are noted:

Cardiac index:	1.71/min/m <sup>2</sup>
Arterial blood pressure:	80/45 mm
Pulmonary artery pressure:	Hg 60/35
Pulmonary wedge pressure:	mm Hg 30
Central venous pressure:	mm Hg 15
Heart rate:	120 BPM

6. The above data are suggestive of:
- A. inadequate preload.
  - B. increased afterload.
  - C. biventricular failure.
  - D. left heart failure.
7. In treating the above parameters, one of the first interventions to be considered would be to:
- A. start a dobutamine infusion.
  - B. start a nitroprusside infusion.
  - C. insert an intra-aortic balloon pump.
  - D. give a 500 cc fluid bolus.
8. Which of the following is considered a direct physiologic effect of using an intra-aortic balloon pump?
- A. decreased diastolic pressure time index (DPTI).
  - B. increased preload.
  - C. afterload reduction.
  - D. decreased oxygen consumption.
9. Although use of an intra-aortic balloon decreases end-diastolic pressure, coronary perfusion is enhanced because:
- A. afterload is decreased.
  - B. systolic pressure is increased.
  - C. mean diastolic pressure is increased.
  - D. mean diastolic pressure is unchanged.

The patient is a 67 year-old male weighing 102 Kg who has been previously diagnosed with coronary artery disease, an apical left ventricular aneurysm, and chronic renal failure. Laboratory values from the referring hospital indicate a BUN of 62 mg/dL and a creatinine of 2.4 mg/dL.

Thirty (30) minutes after initiating cardiopulmonary bypass, it is noted that urine output has decreased significantly.

Upon weaning this patient from cardiopulmonary bypass, the following observations are noted:

Cardiac index:	1.71/min/m <sup>2</sup>
Arterial blood pressure:	80/45 mm Hg
Pulmonary artery pressure:	60/35 mm Hg
Pulmonary wedge pressure:	30 mm Hg
Central venous pressure:	15 mm Hg
Heart rate:	120 BPM

10. To approximate the insertion length of the balloon catheter, the tip of the balloon should be aligned with the:

- A. sternal notch.
- B. base of the manubrium.
- C. xiphoid process.
- D. the left sternal border.

After maximizing inotropic support and insertion of an intra-aortic balloon pump, the following conditions are noted:

Cardiac index:	1.51/min/m <sup>2</sup>
Arterial blood pressure:	70/85/35 mm Hg
Pulmonary artery pressure:	65/35 mm Hg
Pulmonary wedge pressure:	35 mm Hg
Central venous pressure:	25 mm Hg
Heart rate:	120 BPM
IABP assist ratio:	1:1

11. The above data are indicative of:

- A. improper balloon pump timing.
- B. left heart failure.
- C. right heart failure.
- D. biventricular failure.

The patient is a 67 year-old male weighing 102 Kg who has been previously diagnosed with coronary artery disease, an apical left ventricular aneurysm, and chronic renal failure. Laboratory values from the referring hospital indicate a BUN of 62 mg/dL and a creatinine of 2.4 mg/dL.

Thirty (30) minutes after initiating cardiopulmonary bypass, it is noted that urine output has decreased significantly.

After maximizing inotropic support and insertion of an intra-aortic balloon pump, the decision was made to place an LVAD. The following conditions are noted:

Cardiac index:	1.51/min/m <sup>2</sup>
Arterial blood pressure:	70/85/35 mm Hg
Pulmonary artery pressure:	65/35 mm Hg
Pulmonary wedge pressure:	35 mm Hg
Central venous pressure:	25 mm Hg
Heart rate:	120 BPM
IABP assist ratio:	1:1

12. If bleeding occurs during the early phases of ventricular assist, the most common cause is:

- A. inadequate surgical hemostasis at the cannulation site.
- B. heparin-induced thrombocytopenia.
- C. dilution of clotting factors as a result of cardiopulmonary bypass.
- D. decreased platelet count and function due to prolonged bypass times.

13. Infection rate associated with ventricular assist is directly related to the:

- A. duration of circulatory support.
- B. location of cannulation sites.
- C. type of assist device used.
- D. degree of antibiotic binding to free hemoglobin

14. The first intervention to re-establish flow inhibited by an “entrapped” inflow cannula would be to:

- A. administer a 300 cc fluid bolus.
- B. temporarily decrease pump flow rate.
- C. temporarily increase pump flow rate.
- D. administer a vasodilator.

The patient is a 67 year-old male weighing 102 Kg who has been previously diagnosed with coronary artery disease, an apical left ventricular aneurysm, and chronic renal failure. Laboratory values from the referring hospital indicate a BUN of 62 mg/dL and a creatinine of 2.4 mg/dL.

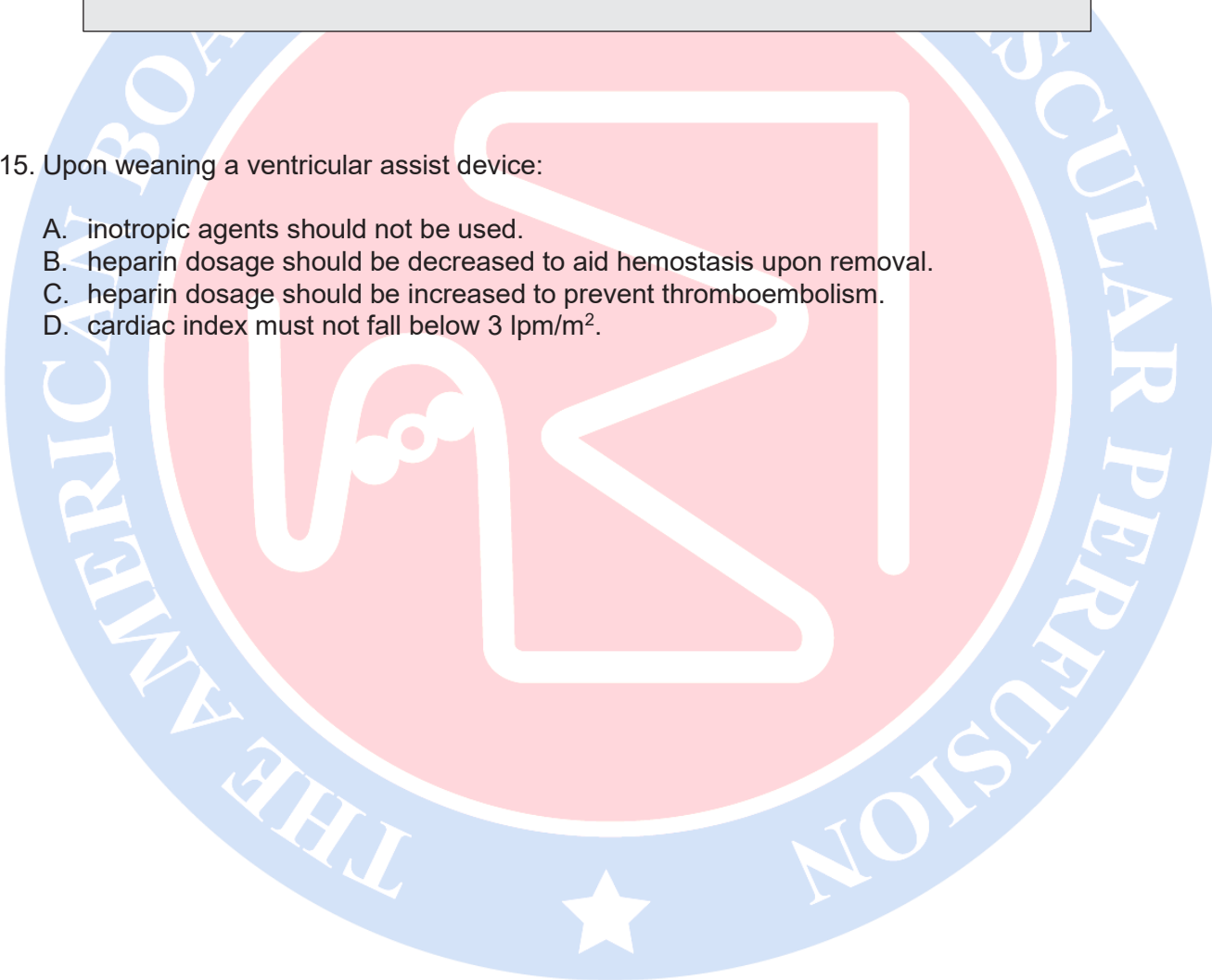
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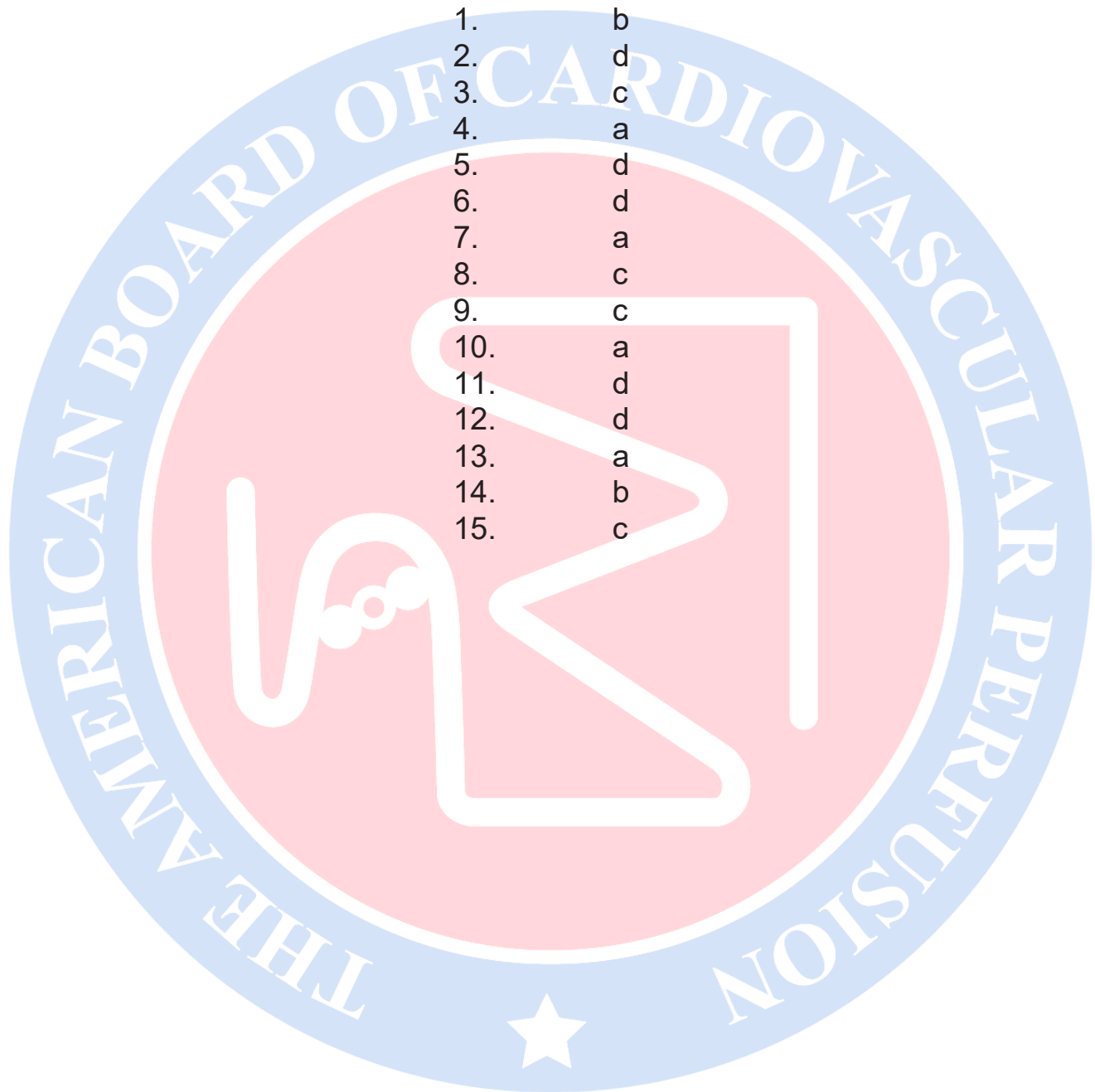
Cardiac index:	1.51/min/m <sup>2</sup>
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Central venous pressure:	25 mm Hg
Heart rate:	120 BPM
IABP assist ratio:	1:1

15. Upon weaning a ventricular assist device:

- A. inotropic agents should not be used.
- B. heparin dosage should be decreased to aid hemostasis upon removal.
- C. heparin dosage should be increased to prevent thromboembolism.
- D. cardiac index must not fall below 3 lpm/m<sup>2</sup>.



## CAPE Answer Key



# SUGGESTED STUDY LIST FOR ABCP EXAMINATIONS

The bibliography for the ABCP examinations is drawn from multiple sources. The following is a list of suggested resources you may wish to consult in preparing for the examination.

## 1. Anatomy

- Bartholomew E, Martini F, Nath J. *Fundamentals of Anatomy and Physiology*, 12<sup>th</sup> ed. New York, NY: Pearson; 2023.
- Callans DJ, Fuster V, Leon MB, Narula J, Poppas A, Rumsfeld JS, Vaishnava P, eds. *Fuster and Hurst's The Heart*, 15<sup>th</sup> ed. New York, NY: McGraw-Hill Medical; 2022.
- Marieb EN, Keller SM. *Essentials of Human Anatomy and Physiology*, 13<sup>th</sup> ed. San Francisco CA: Pearson; 2022.
- Standing S, ed. *Gray's Anatomy: The Anatomical Basis of Clinical Practice*, 42<sup>nd</sup> ed. New York, NY: Elsevier; 2020.

## 2. Anesthesia

- Bartels K, Fox AA, Howard-Quijano K, Shaw AD, Thiele RH. *Hensley's Practical Approach to Cardiothoracic Anesthesia*, 7<sup>th</sup> ed. Philadelphia, PA: Wolters Kluwer; 2024.
- Kaplan JA, Augoustides J, Gutsche JT, Manecke G, Maus T, Pagel, PS, Ramakrishna H, eds. *Kaplan's Cardiac Anesthesia*, 8<sup>th</sup> ed. Philadelphia, PA: Elsevier; 2023.

## 3. Cardiopulmonary Bypass

- Davis RF, Gravlee GP, Hammon JW, Kussman BD, eds. *Cardiopulmonary Bypass and Mechanical Support: Principles & Practice*, 4<sup>th</sup> ed. Philadelphia, PA: Wolters Kluwer/Lippincott, Williams & Wilkins; 2015.
- Kirali K, Coselli JS, Kalangos A, eds. *Cardiopulmonary Bypass: Advances in Extracorporeal Life Support*, 1<sup>st</sup> ed. Oxford, UK: Elsevier; 2023.
- Tschaut R, ed., Deher M, Rosenthal T, Walczak A, coeds. *Extracorporeal Circulation in Theory and Practice*. Lenerich, Germany: Pabst Science Publishers; 2020.
- Mongero LD, Beck JR. *On Bypass: Advanced Perfusion Techniques*. Totowa, NJ: Humana Press; 2008.
- Sunit G, Falter F, Perrino AC. *Cardiopulmonary Bypass*, 2<sup>nd</sup> ed. Oxford, UK: Cambridge University Press; 2015.
- Englert J, Hedlund KD, Marschel C, eds. *The Manual of Clinical Perfusion*, 3<sup>rd</sup> ed. Mount Pleasant, SC: Palmetto; 2023.
- Birshoff D, Sadleir P, Same S. *The Perfusion Crisis Manual: CPB Cardiopulmonary Bypass/ECMO Extracorporeal Membrane Oxygenation*. Leeuwin Press; 2019.

#### 4. ECMO

Brodie D, Lorusso R, MacLaren G, Peek G, Thiagarajan R, Vercaemst L, eds. *Extracorporeal Life Support: the ELSO Red Book, 6<sup>th</sup> ed.* Ann Arbor, MI: Extracorporeal Life Support Organization; 2022.

Annich G, Lynch W, MacLauren G, Wilson J, Bartlett R. *ECMO: Extracorporeal Cardiopulmonary Support in Critical Care, 4<sup>th</sup> ed.* Ann Arbor, MI: Extracorporeal Life Support Organization; 2012.

#### 5. Hemostasis

Aryeh S, Spence RK, Spiess BD, eds. *Perioperative Transfusion Medicine, 2<sup>nd</sup> ed.* Philadelphia, PA: Lippincott/Williams & Wilkins; 2005.

#### 6. Pediatrics

Matte GS. *Perfusion for Congenital Heart Surgery: Notes on Cardiopulmonary Bypass for a Complex Patient Population.* Hoboken, NJ: John Wiley & Sons; 2015.

Mavroudis C, Backer CL. *Atlas of Pediatric Cardiac Surgery,* London UK: Springer Verlag; 2015.

Mavroudis C, Backer CL. *Pediatric Cardiac Surgery, 5<sup>th</sup> ed.* Hoboken, NJ: Wiley-Blackwell; 2023.

#### 7. Pharmacology

Bhatt DL, *Opie's Cardiovascular Drugs: A Companion to Braunwald's Heart Disease, 9<sup>th</sup> ed.* Philadelphia, PA: Elsevier; 2020.

Brunton LL, Knollmann BC, eds. *Goodman & Gilman's Pharmacological Basis of Therapeutics, 14<sup>th</sup> ed.* New York, NY: McGraw-Hill Medical; 2022.

Whalen K, Field C, Radkrishnan R. *Lippincott's Illustrated Reviews: Pharmacology, 7<sup>th</sup> ed.* Philadelphia, PA: Lippincott Williams & Wilkins; 2018

Vanderah TW. *Katzung's Basic and Clinical Pharmacology, 16<sup>th</sup> ed.* New York, NY: McGraw-Hill Medical; 2024.

#### 8. Physiology

Pappano AJ, Wier WG. *Cardiovascular Physiology, 11<sup>th</sup> ed.* St. Louis, MO: Elsevier; 2018.

Hall ME, Hall JE. *Guyton and Hall Textbook of Medical Physiology, 14<sup>th</sup> ed.* Philadelphia, PA: Elsevier; 2020.

Thaler MS. *The Only EKG Book You'll Ever Need, 10<sup>th</sup> ed.* Philadelphia, PA: Lippincott, Williams & Wilkins; 2022.

**9. Surgical Techniques**

Bojar RM. *Manual of Perioperative Care in Adult Cardiac Surgery*, 6<sup>th</sup> ed. Oxford, UK: John Wiley & Sons; 2021.

Cohn LH, Adams DH, eds. *Cardiac Surgery in the Adult*, 5<sup>th</sup> ed. New York, NY: McGraw-Hill Medical; 2017.

del Nido PJ, Seillke FW, Swanson SJ. *Sabiston & Spencer Surgery of the Chest*, 10<sup>th</sup> ed. Philadelphia, PA: Elsevier; 2023.

**10. Journals**

*Annals of Surgery*

*Annals of Thoracic Surgery*

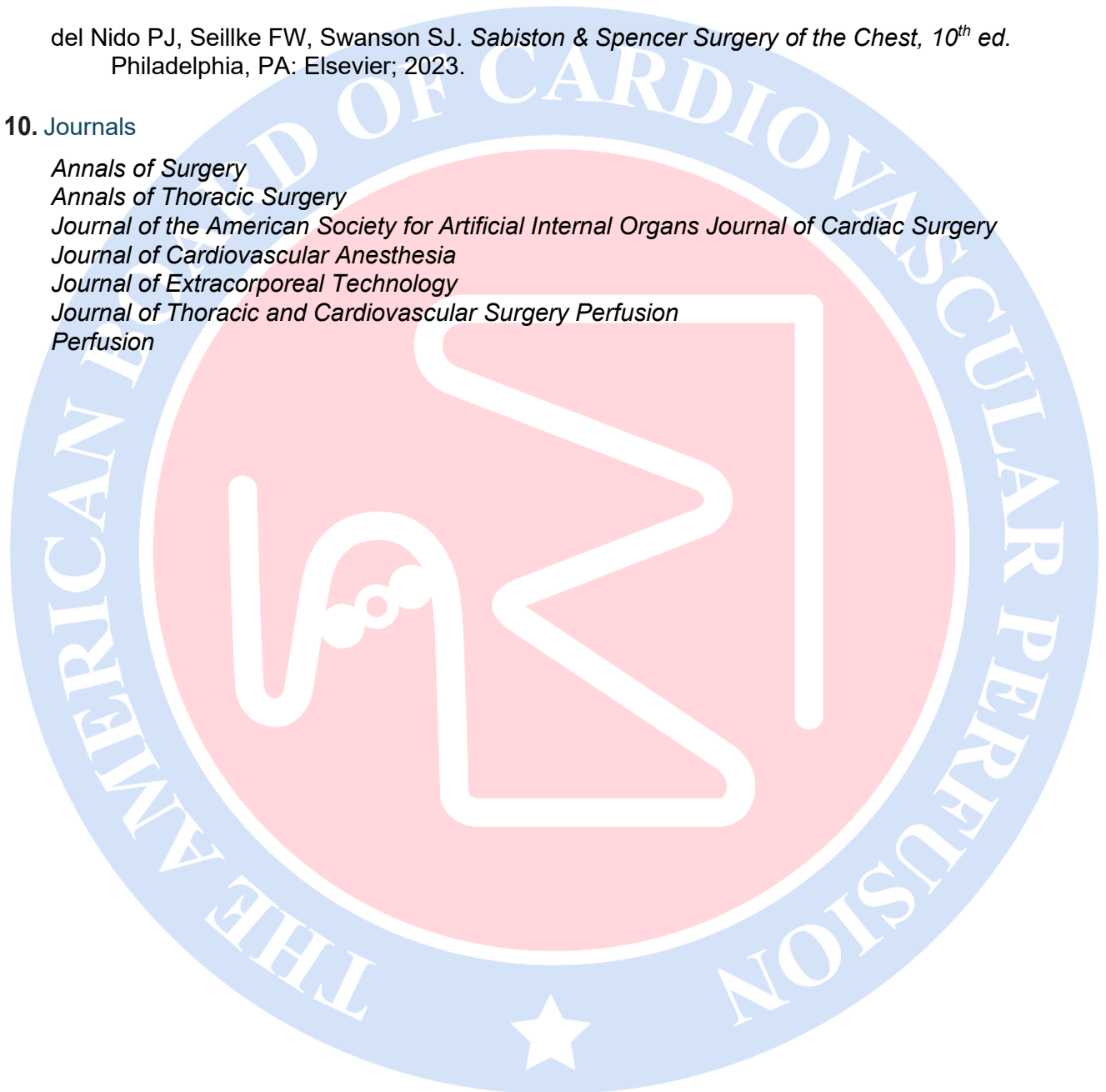
*Journal of the American Society for Artificial Internal Organs* *Journal of Cardiac Surgery*

*Journal of Cardiovascular Anesthesia*

*Journal of Extracorporeal Technology*

*Journal of Thoracic and Cardiovascular Surgery* *Perfusion*

*Perfusion*



# ETHICAL STANDARDS OF THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION

The American Board of Cardiovascular Perfusion (“the ABCP”) seeks to promote the provision of safe, competent medical care for all patients requiring cardiovascular perfusion services. To that end, the ABCP administers a certification program, leading to the Certified Clinical Perfusionist credential. The certification program includes experience requirements, a certification examination and periodic re-certification and compliance with these Ethical Standards.

The Ethical Standards apply to persons holding certification credentials from the Board and to persons applying for examination and certification by the ABCP in order to become Certified Clinical Perfusionists. These Ethical Standards are intended to be consistent with the ABCP’s Mission, Purposes and Objectives.

Each Certified Clinical Perfusionist (CCP), CCP Emeritus, and exam applicant (or candidate for certification), (hereinafter, referred to as “individual,”) shall comply with, and bear responsibility for demonstrating compliance with, all existing and future rules and Ethical Standards of the ABCP. An individual is eligible to apply for certification or re-certification only when in compliance with all ABCP rules and Ethical Standards.

From time to time the ABCP may make changes to these Ethical Standards. In the event of such changes, the ABCP will notify the clinical perfusionist community through newsletters, the appropriate journals or electronic means. Copies of the current version of these Ethical Standards may be obtained by visiting the ABCP website at [www.abcp.org](http://www.abcp.org) or by contacting the ABCP.

## **Ethical Standards**

I. Each individual shall comply with all existing and future rules, regulations and standards of the ABCP and will bear responsibility for demonstrating compliance with the same. An individual is eligible to apply for, and maintain certification/recertification, **only** when in compliance with **all** the ABCP rules, regulations and standards.

***If an individual is not in compliance with the 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 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 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 the 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 process 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, possession, or misuse of controlled substances.***

IV. The individual shall not engage in unauthorized possession or misuse of the ABCP's credential, examinations, and other intellectual property. The individual shall respect the ABCP's intellectual property rights and comply with the ABCP use of Credential Trademark Policy.

V. The individual shall not misrepresent their certification status or misuse any title or membership in any professional organization or community.

VI. The individual shall abide by the 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, nor shall the individual 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 their 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.

VIII. The individual with a reasonable basis for believing that a violation of these Ethical Standards has occurred shall report such possible violation in writing through the [Code of Ethics Complaint Form](#).