



**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION
CLINICAL APPLICATIONS IN PERFUSION CASE RECORD
FOR CAPE EXAMINATION**

**Use Case Categories from *Table A - CAPE Primary Clinical Perfusion Activities (CAPE-PCPA)*
(May use Computer to fill out form.)**

Candidate's Name _____ Employer(s) _____

Home Address _____ Date of Employment _____

	DATE Month/Day/Year	NAME OF HOSPITAL	SURGEON	TYPE OF OPERATION	CASE CATEGORY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

	DATE Month/Day/Year	NAME OF HOSPITAL	SURGEON	TYPE OF OPERATION	CASE CATEGORY
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
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40					