



# THE EUROPEAN BOARD OF CARDIOVASCULAR PERFUSION

## Certified Statement for the Board Examination

I, \*

\_\_\_\_\_  
(Name of \*\*Chief Perfusionist / Head Surgeon / Head Anesthesiologist)

hereby certify that:

\_\_\_\_\_  
(Name of candidate)

of,

\_\_\_\_\_  
(Name and address of hospital)

\_\_\_\_\_  
Country: \_\_\_\_\_

is, in my opinion, eligible to sit the European Board's examination leading to the award of the European Certificate in Cardiovascular Perfusion, and complies with the following criteria:

**Has practiced clinical perfusion for a minimum of 2 years in Europe by the date of the examination (the training period is included in this time).**

**Is currently employed and practicing as a clinical perfusionist.**

**Has conducted a minimum of 100 clinical perfusions as the primary\*\*\* perfusionist and is now competent to practice clinical perfusion unsupervised.**

**Is fully versed and competent in the avoidance and the management of perfusion accidents.**

**Can set up and operate a wide range of commonly used equipment for cardiopulmonary bypass.**

Signature:

\_\_\_\_\_  
(Name of \*\*Chief Perfusionist / Head Surgeon / Head Anesthesiologist)

Date: \_\_\_\_\_

\* Unless the applicant is the chief perfusionist him/herself, the name and signature should be that of the chief perfusionist.

\*\* Please delete as necessary.

\*\*\* The term "primary perfusionist" refers to the perfusionist directly operating the heart-lung-machine for a specific perfusion activity. There are institutions which require constant supervision of perfusionists in training, regardless of their proficiency.

This wording is intended to clarify the situation where a perfusionist functions single-handedly, without requiring the intervention or aid of a supervisor.

**Please return this attestation form, together with application form and fee, to your national EBCP delegate.**