

## STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

## APPLICATION FOR PERFUSIONIST LICENSURE

Please check one:   Initial Licensure   Reinstatement CT License #						
First Name: N	MI: Last Name:		Maiden Name:			
Social Security No.:	E-mail:					
Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.						
Name on License:						
Address:						
Phone Number:()	Date of I	Birth:/_	Gender:			
PROFESSIONAL EDUCATION:						
Institution:				_		
Address:NO. & STREET						
NO. & STREET	CITY	ST	TATE ZI	P CODE		
Dates Attended: From:	To:					
Have you successfully completed a perfusion education program approved by the Commission on Accreditation of Allied Health Education?   Yes No						
Have you completed a minimum of fifty	y perfusion cases after	graduation from a perf	fusion education program	? Yes No		
Have you successfully completed the concardiovascular Perfusion? Yes		n (Parts I and II) offere	ed by the American Board	of		
Please List all states/territories of the	United States in which	ch you are now or ha	ve ever been licensed:			
State	License Number	F	Expiration Date			

## STATEMENT OF PROFESSIONAL HISTORY Please answer the following questions referring to the instructions, if applicable.

1.	Have you ever been censured, disciplined, dismissed or expelled from, had privileges limited, suspend been put on probation, or been requested to resign or withdraw from any of the following:  Any hospital, nursing home, clinic, or similar institution;  Any health maintenance organization, professional partnership, corporation, or similar health practice private or public;  Any professional school, clinical clerkship, internship, externship, preceptorshipor postgraduate training program;  Any third party reimbursement program, whether governmental or private?				
If your answer is "yes", give full details, names, addresses, etc. on separate notarized statement.					
2.	Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?	Yes 🗌 No 🗌			
	your answer is "yes", give names of professional society or association, date and reasons your embership or certification was suspended or revoked on a separate notarized statement.				
3.	Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?	Yes 🗌 No 🗌			
If	your answer is "yes", give full details, names, addresses, etc. on a separate notarized statement.				
4.	Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?	Yes 🗌 No 🗌			
If	your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.				
5.	Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.	, Yes 🗌 No 🗌			
If your answer is "yes" give full details, names, addresses, etc. on a separate notarized statement.					
6.	Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?	Yes 🗌 No 🗌			
	your answer is "yes" give full details on a separate notarized statement and submit notarized py of agreement.				
If Co	Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have a felony under the laws of this state?  your answer is "yes" give full details on a separate notarized statement and furnish a Certified ourt Copy (with court seal affixed) of the original complaint, the answer, the judgment, the ttlement, and/or the disposition of the case.	Yes 🗌 No 🗍			

On this day of	(month/ year)	(applicant's name) personally		
appeared before me, who being duly sworn sphotograph attached hereto is a true picture of	ays that she/he is the person referred to	in the foregoing application and that the		
Tape a recent photograph of applicant here.	contained correct to	above statements herein are true and the best of my te and belief.		
DO NOT STAPLE	SIGNA	TURE OF APPLICANT		
Sworn to me this day of	(month/year)	·		
Notary Public Signature	My Commission Expi	My Commission Expires		

Please return all three pages of this application and the fee for \$315.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:

Department of Public Health Remittance Processing 410 Capitol Ave., MS# **12 MQA** P.O. Box 340308 Hartford, CT 06134-0308

<u>IMPORTANT</u>: Please do not send this form and fee unless you have read and understood the licensing policies and requirements. All fees are nonrefundable.