

Dear Clinical Perfusionist Licensure Applicant:

Enclosed are the materials for application to become licensed as a Clinical Perfusionist in the State of Missouri. Included in the packet are:

1. The application with specific instructions for completing it;
2. Documents and Fee Sheet;
3. Licensure Verification forms (if more than one copy is needed you may make additional copies).

All applicants are encouraged to read the Perfusion statutes and rules in their entirety before beginning the application process.

An affirmative response to question numbers 10 through 18 on the application form does not preclude applicants from obtaining a Missouri license. The Missouri Advisory Commission for Clinical Perfusionists and the Missouri Board of Healing Arts will review each file on an individual basis.

Please be advised that no application will be processed without the fee. You will be notified in writing one (1) time if the application is deficient in anyway. Thereafter it is the applicant's responsibility to assure the completion of the application file. In addition to the material you are required to submit, the Board makes independent inquiries into your professional background. Therefore, you should allow a minimum of thirty (30) days for the processing of your application once you have filed the completed application, fee and the required documents in this office.

A license to practice as a clinical Perfusionist expires January 31st of every year regardless of when it is issued. A renewal application will be mailed to you on or before December 1st of each year. You will be required to pay an additional fee for renewal and confirm on the renewal application that you hold current certification by the American Board of Cardiovascular Perfusion (ABCP) OR have obtained a minimum of fifteen (15) ABCP approved continuing professional education units, five (5) of which are ABCP Category 1 AND have performed forty (40) cases as primary Perfusionist for cardiopulmonary bypass, ECMO, VAD, Isolated Limb Perfusion, or VENO-VENO bypass each calendar year. Fifteen (15) of the forty (40) cases, maybe documentable intraoperative pump standbys. For complete information regarding the Board's continuing professional education requirement, please see Rule 20 CSR 2150-8.140. Failure to receive the renewal application does not, however, relieve any person of the duty to register and pay the fee required nor exempt them from the penalties for failure to renew.

It is unlawful to misrepresent any material fact, in anyway, in connection with your application for a Missouri license. Proof that a Perfusionist has misrepresented any material fact is grounds for denial of licensure. If you have any questions, during the process, which are not answered in the enclosed materials you may contact the Board of Healing Arts, Clinical Perfusionist Section at (573) 751-0098 or toll free at (866) 289-5753 or email at licensure@pr.mo.gov

Sincerely

Licensure Section

INSTRUCTIONS FOR COMPLETING YOUR CLINICAL PERFUSIONIST LICENSURE APPLICATION

The Commission and Board wishes to stress that you should provide complete details, dates, names and addresses as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. **Please type or print your application in black ink.** The following information is provided to assist you in answering the questions.

Question #1 - Print your full name and list email address.

Question #2 - Provide address to which all licensure material should be sent.

Question #3 - Indicate both home and office telephone numbers.

Question #4 - Indicate city and state of birth and the month, day and year of birth. Indicate Social Security number. State law mandates the submission of Social Security numbers on professional applications. A citizen of any international country applying for licensure in Missouri who does not hold a United States Social Security number may submit his/her Visa or Passport Identification number in lieu of the Social Security number.

Question #5 - Indicate intended Missouri employment address. If unknown, please indicate the reason why a Missouri license is needed.

Question #6 - List in chronological order the name and location of each perfusion educational institution attended. Please indicate the dates of attendance, graduation date and type of diploma or certificate awarded, if applicable.

Question #7 - List **all professional** licenses, whether active, inactive, temporary or institutional, in order of attainment.

Question #8 - A) Indicate if you have taken any part of the American Board of Cardiovascular Perfusion (ABCP) Examination. If so, list number of times taken. B) Indicate if you have taken any State Board Examination. If so, list date(s) and the state(s) in which the exam(s) were given.

Question #9 - A) Indicate if you are currently certified as a Clinical Perfusionist by the American Board of Cardiovascular Perfusion; B) Indicate your certification number; C) Indicate the issue date of your certification.

Questions #10-12 - If your answer is "yes", provide full details, names, dates, addresses, etc. on a separate notarized statement.

Question #13 - If your answer is yes, provide full details on a separate notarized statement. Furnish a Certified Court Copy, with court seal affixed, of the original complaint, answer, and disposition.

Question #14 - If your answer is "yes", provide full details on a separate notarized statement of the arrest, the dates, places and disposition of the case. Furnish a Certified Court Copy, with court seal affixed, of the original charge, the judgment, the sentence and/or dismissal order, or other such documents, which reflect the disposition of the matter.

This does not include any minor traffic or parking violation fines which are under \$100. We suggest that if you have ever had an arrest (no matter how minor), you answer the question "yes" on the application and furnish all details of the incident leading up to and including the arrest and disposition of the case.

Questions #15-18 - If your answer is "yes", provide full details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice.

Question #19 - Applicant's Oath. You must sign this oath before a Notary Public who shall complete his/her portion and sign, date and seal your signature. You must also include a photograph taken within the two-year period prior to application.

PLEASE BE ADVISED THAT ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED FOR COMPLETION.

DOCUMENTS AND FEE REQUIRED FOR CLINICAL PERFUSIONIST LICENSE

1. **FEES** – Please submit application fee of **\$25.00** to the Board in the form of a Cashier's Check or Money Order made payable to the Missouri Board of Healing Arts, drawn on or through a United States Bank. **All fees are nonrefundable.**
2. **NOTARIZATIONS** – Affidavits and Statements submitted with an application must be notarized as "Subscribed and Sworn to" before a Notary Public. The Notary Public must sign, date and affix his/her notary seal on the Affidavit and/or Statement.
3. **ACTIVITY STATEMENT** – All applicants are required to submit a chronological listing of professional and non-professional activities from high school graduation (or its equivalency) to the present date **or** for the last ten years, whichever date is the most recent. All time periods must be accounted for or the processing of the application will be delayed. Applicants should report in chronological order their employment position(s), complete name(s), address(es) and zip code(s) of employer(s)/ companies; and specify the beginning and ending dates of employment and/or schooling, etc. **This Statement must be submitted in addition to the information on your application.**
4. **NAME CHANGE DOCUMENTATION** – All applicants are required to submit legal documentation verifying any name change that occurred since birth, as follows:
MARRIAGE – Furnish a copy, no larger than 8½" x 11", of the marriage license and/or certificate. This can be obtained from the Clerk's office in the County in which the marriage occurred.
DIVORCE – Furnish a copy, no larger than 8½" x 11", of the divorce decree.
ADOPTION – Furnish a copy, no larger than 8½" x 11", of the adoption order.
- COURT ORDER** – Furnish a certified court copy of the name change document.
- NATURALIZATION** – Furnish the original Naturalization Certificate to the Board for inspection, since it is unlawful to copy that document. After inspection, the Board will return the original by certified mail.
5. **LICENSURE VERIFICATION(S)** – All applicants are required to report on the application form all the states, countries and/or territories in which she/he is or has ever been licensed to practice perfusion or any profession. The state and/or issuing agency must submit verification of such licensure, registration or certification to include type of license, effective dates of license and report whether or not any disciplinary action has been taken against the license, or if an investigative action is pending. The Board will provide forms for this purpose but verification can be submitted directly from the issuing agency provided all the required information is disclosed and the verification contains an original signature and appropriate state seal. Internationally trained applicants must have verification of licensure or **verification of licensure eligibility** submitted from the country in which they graduated.
6. **PHOTOGRAPH** – Please attach a recent photograph no larger than 3½" x 5" in the space provided on the application. The photograph must have been taken within the two-year period prior to application.
7. **VERIFICATION OF CERTIFICATION** – If you are applying by ABCP certification, you should contact the American Board of Cardiovascular Perfusion and request them to furnish documentation, directly to our office, confirming your certification.

Please be advised that you should not make any firm commitment to begin practicing until you have received notification of licensure in writing from this office.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
CLINICAL PERFUSIONIST LICENSURE APPLICATION

ADVISORY COMMISSION FOR CLINICAL PERFUSIONISTS
 BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MISSOURI 65102
 (573) 751-0098 OR TOLL FREE (866) 289-5753

I HEREBY APPLY FOR LICENSURE TO PRACTICE AS A CLINICAL PERFUSIONIST IN THE STATE OF MISSOURI BASED ON (CHECK ONE):

American Board of Cardiovascular Certification **prior to August 28, 1997**

Successful completion of the American Board of Cardiovascular Certification Examination **after August 28, 1997**

Reciprocity with the state of _____

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

1. APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)		E-MAIL ADDRESS
2. ADDRESS (PO BOX, STREET, CITY, COUNTY, STATE, ZIP)		3. TELEPHONE HOME OFFICE
4. PLACE OF BIRTH	DATE OF BIRTH	SOCIAL SECURITY NUMBER
5. PROPOSED MISSOURI EMPLOYMENT ADDRESS		

6. **EDUCATION** - STATE IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH EDUCATIONAL TRAINING/INSTITUTION ATTENDED PERTAINING TO YOUR PERFUSION EXPERIENCE.

NAME AND LOCATION OF INSTITUTION	YEAR FROM	TO	DATE GRADUATED	DIPLOMA OR CERTIFICATE AWARDED

7. DO YOU NOW HOLD OR HAVE YOU EVER HELD A PERMANENT OR TEMPORARY LICENSE, CERTIFICATE OR REGISTRATION TO PRACTICE PERFUSION OR ANY OTHER PROFESSION (I.E. NURSING, PHYSICAL THERAPY, COSMETOLOGY, ETC)? IF YES, LIST THE TYPE OF LICENSE HELD AND EACH STATE WHERE YOU HOLD OR HAVE HELD A LICENSE, CERTIFICATE OR REGISTRATION.

YES NO

A.	B.	C.	D.	E.
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8. HAVE YOU PREVIOUSLY TAKEN THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION (ABCP) EXAMINATION? YES NO
 IF YES, INDICATE NUMBER OF TIMES ABCP EXAMINATION HAS BEEN TAKEN? _____

HAVE YOU PREVIOUSLY TAKEN A CLINICAL PERFUSION STATE BOARD EXAMINATION? YES NO
 IF YES, INDICATE NUMBER OF TIMES TAKEN AND LOCATION (STATE) TAKEN:

1.	2.	3.	4.	5.
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9. ARE YOU CERTIFIED BY THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION? <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATION NUMBER	ISSUE DATE
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PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 10. Have you ever been denied any professional license/permit/certificate or professional privileges or denied the privilege of taking an examination before any professional board in the United States, Canada or other country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you (professionally), or has any professional license/permit/certificate issued to you, been restricted or disciplined; such disciplinary action to include, but not be limited to: revocation, suspension, probation, censure or reprimand, whether voluntarily agreed to or not, by any State within the United States, territory, federal agency, Canadian province or other country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you had any disciplinary action or corrective action taken against you, or had your right to practice restricted by any professional employer, or any entity at which you have trained, held staff membership or privileges, or acted as a consultant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under laws of any state or of the United States whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice as a perfusionist in a safe and competent manner? | <input type="checkbox"/> | <input type="checkbox"/> |

ALL APPLICANTS MUST PLACE A PHOTOGRAPH IN THE SPACE PROVIDED THAT HAS BEEN TAKEN WITHIN THE TWO YEARS PRIOR TO APPLICATION.



PHOTO

19. APPLICANT S OATH

State/Province of _____ County/Parish of _____

I, _____, hereby certify under oath that I am the person named in this application for a license to practice PERFUSION in the State of Missouri; that all statements I have made herein are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Commission and Board in connection with this application.

I acknowledge and state that I have read Chapter 324, RSMo, that can be located on the Board s website which contains the Statutes, Rules and regulations governing the practice of perfusion; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I further state that by filing this application for license to practice perfusion in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of perfusion, when in the opinion of the Missouri Advisory Commission for Clinical Perfusionists and/or the Missouri Board of Healing Arts such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, government agency (local, state, federal or international), court, association, institution or other organization having control of any documents, records, and other information pertaining to me to furnish to the Missouri Advisory Commission for Clinical Perfusionist and the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri Advisory Commission for Clinical Perfusionists and the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice hereunder.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT S SIGNATURE
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NOTARIZATION AND NOTARY INFORMATION

STATE	COUNTY
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The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the above photograph subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.	USE A RUBBER STAMP IN CLEAR AREA BELOW
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NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSEER SEAL
NOTARY PUBLIC PRINTED NAME		



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

BOARD OF REGISTRATION FOR THE HEALING ARTS
P.O. BOX 4
JEFFERSON CITY, MO 65102
TELEPHONE (573) 751-0098
TOLL FREE (866) 289-5753

CERTIFICATION

During the period of time in which the Board is processing my application and determining whether to issue me a license, I will inform the Board of any change in information included in my application for licensure, including but not limited to malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to disclose this information could result in discipline pursuant to section 334.100.2(11).

Applicant Signature

Applicant Printed Name

Date

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STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
CLINICAL PERFUSIONIST VERIFICATION OF LICENSURE

ADVISORY COMMISSION FOR CLINICAL PERFUSIONISTS
 BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MISSOURI 65102
 (573) 751-0098 OR TOLL FREE (866) 289-5753

I, _____, hereby authorize and request the state
NAME OF APPLICANT (PLEASE PRINT)
 board of _____ having control of any documents, records and other information
 pertaining to me to furnish to the MISSOURI STATE BOARD FOR THE HEALING ARTS, information including
 documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any
 other pertinent information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NO. (identification purposes only)
OTHER NAMES USED IN OBTAINING LICENSURE		
CURRENT ADDRESS (street, city, state and zip code)		

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

STATE OF:	FULL NAME OF LICENSEE	
GRADUATE OF	LICENSE NUMBER	ISSUE DATE
LICENSE METHOD <input type="checkbox"/> ABCP CERTIFICATION <input type="checkbox"/> STATE BOARD EXAM <input type="checkbox"/> RECIPROCITY <input type="checkbox"/> GRANDFATHER CLAUSE <input type="checkbox"/> OTHER (SPECIFY) ▶ _____		

- | | | |
|--|--------------------------|--------------------------|
| 1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, PLEASE ATTACH DETAILS. | YES | NO |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, PLEASE ATTACH DETAILS. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, PLEASE ATTACH DETAILS. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? IF YES, PLEASE ATTACH DETAILS. | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS, IF ANY

BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	