



American Society of ExtraCorporeal Technology

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www.amsect.org

Request for Fellow of Pediatric Perfusion Application

Thank you for your interest in requesting an application for AmSECT's Fellow of Pediatric Perfusion. Please complete the following checklist and return **with a curriculum vitae** to AmSECT National Headquarters for review. Once it has been determined that all qualifications have been met, an application will be forwarded to you.

- Have you graduated from an accredited perfusion or circulation technology program or have you been in continuous practice as a perfusionist before and after the mandate of accredited program graduation?
- Are you certified by one of the following?
 - The American Board of Cardiovascular Perfusion
 - The Canadian Society of Clinical Perfusion
 - The European Board of Cardiovascular Perfusion
 - The Australian Board and New Zealand College of Perfusion
- Do you have full and unrestricted license to practice perfusion in your respective state or province, if applicable?
- Do you have two years of uninterrupted service after completion of formal training?
- Are you a current AmSECT member in good standing?
- Are you currently certified by the ABCP (or international equivalent) with no reportable actions pending?
- Does your current practice establish you as a specialist in pediatric cardiac perfusion?
- Can you document two hundred (200) CPB cases for correction or palliation of congenital heart disease?
 - Eighty or more patients included in the 200 should weigh 10 kg or less.
 - A maximum of forty cases of the 200 may be as back-up perfusionist.
- Have you demonstrated a history of interest in pursuing professional excellence that may include the following?
 - Membership in local and national perfusion societies and organizations
 - Teaching participation in local, regional or national programs
 - Continuing education by attendance at professional meetings, courses and seminars.
- Can you demonstrate ethical fitness and professional proficiency by providing three written references from colleagues (perfusionists, cardiac anesthesiologists or cardiac surgeons)?

As indicated by the completed checklist above and my signature below, I am requesting an application for the AmSECT Fellow of Pediatric Perfusion.

Name (please print) _____

Address _____

City, State, ZIP _____

Phone _____ Email _____

Signature _____ Date _____