The enactment of licensing in Maryland in May of this year brings the estimated number of state licensed certified perfusionists in the country to fifty-three percent (53%). The state legal credentialing and licensing of our profession has undergone significant change over the past seventeen (17) years - from zero percent to 53% now. Heretofore, there has been little explanation of how licensing requirements can impact graduate perfusion students entering the workforce. Interviewing for a job is an important component, but students should also need an understanding of the respective state legal practice requirements covering the transition from the graduate/perfusionist-in-training status to that of being a full-time practitioner of the profession.

Hopefully, this article will answer more questions than it rises? Without qualification, a graduate perfusion student is advised to inform themselves on the licensing law and state regulation in a licensed state before accepting a position from a prospective employer, of which there are now 17 and soon to be more. In a non-licensed state, as of now, the following has no direct implications for entering into the workforce. It could if a perfusionist changes jobs later in their career.

The attributes of being a licensed profession are well documented. We administer drugs, blood, and anesthetic agents in the OR and in unlicensed states without clear state granted authority to do so. We participate in ECMO cases, thereby practicing a licensed RT medical task (if RTs are a licensed profession in a state) without the legal authority to do so. Depending on the state, perfusionists have a large patient safety impact that goes beyond just participating in CPB cases. In 13 of the 17-credentialed/licensed perfusion states, licensed medical professions have a limit on medical malpractice damage awards that applies institutionally to the hospital and personally to the licensee. Having a state recognized and enforceable medical scope of practice also provides clinical practice leverage when hospital administration and surgeons institute protocols for new medical devices and techniques that are marketed and used. The introduction of percutaneous mechanical circulatory support devices to cardiac cath labs, without consultation or inclusion of perfusion staff on who should be used to operate the devices is a current example. The realities of our health care system will continue to pose practice issues and perfusionists in unlicensed states are far more vulnerable than those in licensed states when it comes to the conduct of day-to-day clinical practice.

Licensed States’ Employment Requirements For Graduates

Since the AmSECT Model Licensing legislation was first developed, with the assistance of the ABCP, and since then, it has taken the certification examination process into account. With all other perfusion related
professions, and registered nurses, passing a professional certification examination before being granted a state license to practice IS a requirement. The "cases pumped" ABCP certification examination requirement is unique when compared to these other perfusion related licensed professions. The avenue for adapting the ABCP certification process to fit the generally accepted and enacted state licensing process was the development and use of the granting of a time limited license, or a "Provisional or Temporary" perfusion license. The following summarize the requirements in the currently licensed states. Specific state perfusionist licensing regulations should be consulted when conducting research on a potential hospital, surgeon practice, or contract company employer in a licensed state.

**How A Graduate Must Transition In A Licensed State**

A graduate from an accredited perfusion-training program can work under a provisional or temporary license, or in some states under a restricted licensed, pending the meeting of all other examination application requirements for one to three years, except in Connecticut.

**Time Limit And Restriction On A Graduate In Practice**

Different states have different renewal requirements. In general, a provisional or temporary license is issued for one to three years. A graduate, until the ABCP examination is passed works under the supervision and direction of a surgeon and a fully licensed perfusionist. A licensed perfusion supervisor is required to accept assignment, document the assignment with the state, and to file documentation with a graduate student license application. Otherwise, as is the case in Maryland, a graduate applies and can receive an initial two-year license, practice under a licensed perfusionist, and has these two years to pass and report on their examination outcomes to the Perfusion Advisory Committee.

**Linkage With Passing Certification Examination**

In the 17 licensed states, passing the examination is required for gaining a full and unrestricted license to practice perfusion. Over a cycle of years, a graduate is given the opportunity to take and pass either part of the ABCP examination. In several states, a provisional or temporary license is granted for a one-year period, with a one or two year renewal period. In Wisconsin and Louisiana, the provisional license status is granted for three years before renewal. Missouri has a cap on the number of times a provisional licensee can be renewed without passage of the ABCP certification examination.

In reviewing a provisional or temporarily issued license for renewal, the designated Perfusion Licensing Board (PLB), or a Perfusion Advisory Committee (PAC) is required to review the ABCP examination results before granting renewal status. Certification test results are shared with the licensing body for the purpose of renewal. When either part of the certification exam is taken and failed, immediate surrender of a license is required. In other words, a license is in a suspended status until reissued, and is not revoked automatically. The licensing body has discretion when reinstating a probationary license but it has no authority to extend or renew a license past the time frame granted for taking and passing the ABCP examinations. It is important to keep in mind that the majority of the members of a perfusionist licensing body are licensed and are CCPed as well. They are well aware of the trials and tribulations associated with taking and passing the certification examinations.
Finally, in several licensing state laws, language therein stipulates that a state can use its own certification examination for state licensing purposes. There is not now, and most likely will not be such a case in the future. The best guidance for graduate students is to do your research, and once the hiring decision has been made, to file an application for a license, which could take a few months to process and issue, and then get the qualifying number of cases to sit for the ABCP examination, and study and pass both parts of the national certification examination.

You Are Certified - Maintaining A State License

After sharing the good news with your colleagues, it is important to ensure that your respective licensing body receives notification. In most states, this will require the filing of a new application, or at least an amended application recognizing this change in your status. If your provisional or temporarily issued license is still valid with regard to its renewal timeframe, continuing to practice is not an issue. For many states, this can be done online.

All licensed states require periodic renewal of a license, usually two years. As a licensed professional you will receive mail notification on the renewal dates. Again, some of the forms, etc. are online. It is important to meet the renewal date deadlines. You will also need to submit documentation on meeting the CME requirement. Using the CME documentation used to renew your ABCP certification is permitted in all of the licensed states. However, there have been problems related to the ABCP renewal cycle and the state licensure renewal cycle and CME documentation and filing. For the most part, the same number of CME hours is required for ABCP recertification and renewal of a state license.

Texas, Massachusetts, Missouri, and North Carolina require that a perfusionist maintain their ABCP certification to renew a license. Otherwise, the filing of documentation with the state on the number of cases pumped is not required to renew a license. Over the years, the direct linkage of ABCP clinical activity recertification with renewal of a license to practice has caused problems. This is likely to occur when an open-heart program has experienced the loss of a surgeon, a downturn in caseloads, or related causes beyond the personal control of a perfusionist. This may be more problematic in the future as reported in a recent JAMA study (JAMA.2011; 305(17): 1769-1776) showing the median CABG surgery caseload per hospital decreased by 28% between 2001 and 2008, with the number of open-heart programs providing fewer than 100 CABG surgeries per year increasing from 23 (11%) in 2001 to 62 (26%) in 2008. The trend may not be a licensed perfusionist’s friend in these four direct linkage states.

Licensing is mandatory to practice in a state and ABCP recertification is voluntary. Based on ABCP data, certification and recertification has increased over the years, during the same time period as the increase in licensed perfusionists. Both of these trends are good. Maintaining national certification on a voluntary basis and being a licensed professional is the two gold star standard for professionalism, and the competent delivery of services to better ensure patient safety.

NOTE: Students can visit the Government Relations Committee webpage, and download “State Legal Credentialing of Perfusionists” under Resources/Educational Materials for state information.