Cardiovascular Perfusion Shadowing

Name: ________________________________

Requirements
It is the responsibility of the applicant to contact at least 1 currently practicing board certified perfusionist requesting the opportunity to observe him or her in their practice. The applicant must shadow a single perfusionist or multiple perfusionists for a total duration of at least 3 hours. This form may be duplicated if you have shadowed at multiple locations.

Date Shadowed: ________________

Hospital or Institution and Location (City, State): ________________________________

Case(s) Observed: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Perfusionist Observed (name & title): ________________________________

Perfusionist Signature: ________________________________

Observer Signature: ________________________________

Briefly describe your experience (optional): ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________