

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**Perfusionist Licensure**

AN APPLICATION WILL NOT BE REVIEWED BY PROFESSIONAL STAFF OF THE DEPARTMENT UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.

- The fee for initial licensure covers the cost of eligibility determination and related administrative functions. At such time as an applicant is determined eligible for licensure, the process of licensure issuance will proceed immediately. The licensure renewal fee is separate and distinct from the application fee. Licenses are renewed annually during the licensee's month of birth. Renewal will be required in the **FIRST** birth month which immediately follows the issuance of licensure. The full renewal fee will be required regardless of the date of initial licensure.
- It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. The Department does **NOT** notify applicants of incomplete documentation.
- Please remit the application fee, by **CERTIFIED CHECK** or **MONEY ORDER ONLY**, payable to "TREASURER, STATE OF CONNECTICUT", in United States dollars. All fees are non-refundable and non-transferable. The fee which accompanies an application covers the cost of reviewing and processing that specific application, **IT CANNOT BE REFUNDED, EVEN IF THE APPLICANT IS FOUND INELIGIBLE FOR LICENSURE.**
- Any incomplete application which has remained inactive for one year will be destroyed in accordance with the agency's record retention plan. To reactivate the application process, a completely new application and fee will be required.
- Licensure requirements are subject to change as a result of new legislation, new Rules and Regulations, or from new policies and procedures adopted by the Department of Public Health working, where appropriate, in cooperation with various Boards of Examiners. Applicants must meet current licensure requirements.
- Licensing examination questions are **NOT** included in the Freedom of Information Act as documents available for review. Whenever possible, however, this division will provide whatever feedback possible with regard to examination performance.
- The Privacy Act of 1974 requires any federal, state or local government agency that requires individuals to disclose their social security numbers to inform those individuals whether the disclosure is mandatory or voluntary, by what statutory or other authority the number is requested and how it will be used. Pursuant to Connecticut General Statutes, Section 17b-137a(a)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and is also used for child support collection. Please note that the Department will **ONLY** disclose social security numbers to government entities. Your social security number will **NOT** be released to the general public.



*Phone: (860) 509-7603*  
*Telephone Device for the Deaf (860) 509-7191*  
*410 Capitol Avenue – MS # 12APP*  
*P.O. Box 340308 Hartford, CT 06134*  
*Affirmative Action / An Equal Opportunity Employer*

**Perfusionist Licensure  
Eligibility and Documentation Requirements**

**ELIGIBILITY**

An applicant for licensure must meet the eligibility requirements outlined below:

1. Has successfully completed a perfusion education program with standards established by the Accreditation Committee for Perfusion Education and approved by the Commission on Accreditation of Allied Health Education ([www.caahp.org](http://www.caahp.org));
2. Has completed a minimum of fifty perfusion cases after graduation from a perfusion education program as outlined above;
3. Has successfully completed the certification examination (Parts I and II) offered by the American Board of Cardiovascular Perfusion.

**GRANDFATHERING**

From October 1, 2005 through December 31, 2006, in lieu of the requirements outlined above, the Department may issue a license as a perfusionist provided the applicant satisfactorily demonstrates (1) active practice of perfusion in this state since October 1, 2005, or earlier, and (2) has been operating a cardiopulmonary bypass system during cardiac surgical procedures in a licensed health care facility as part of the applicant's primary job duties since October 1, 2005. **Applicants for licensure via grandfathering are required to arrange for the submission of only the documentation as outlined in Numbers 1, 5 and 6 below.**

**DOCUMENTATION REQUIREMENTS**

1. A complete, notarized application with photograph and fee of \$250.00. The fee must be in the form of a certified check or money order, made payable to "Treasurer, State of Connecticut";
2. An official transcript of perfusion education forwarded directly by the educational institution to this office;
3. Official verification passage of the certification examinations sent directly to this office from the American Board of Cardiovascular Perfusion ([www.abcp.org](http://www.abcp.org));
4. Official verification of completion of a minimum of 50 perfusion cases forwarded directly from the appropriate authority to this office (form enclosed); and
5. If applicable, official verification of any out-of-state license, certification or registration (current or expired). Please check with the appropriate agency, as some agencies charge a fee for this service. The enclosed Verification of Licensure/Certification/Registration form should be forwarded to each state in which a license has ever been held for completion and submission directly to this office; and
6. If applying for grandfathering, verification of active practice as a perfusionist in this state since October 1, 2005 or earlier and operating a cardiopulmonary bypass system during cardiac surgical procedures in a licensed health care facility as part of the applicant's primary job duties since October 1, 2005 (form enclosed).

**REINSTATEMENT OF LAPSED LICENSE**

In order to qualify for reinstatement of a lapsed license, an application for reinstatement must arrange, in addition to number 1 and 5 above, for the submission of the following documentation:

1. A brief written summary of professional activities since graduation from a perfusion education program. Be sure to include information regarding experience as a licensed professional, including positions held, dates and major duties. Please explain the reason for any lapses in active practice as a perfusionist. If not currently working as a perfusionist, please indicate any plans for employment and describe plans to bring your skills up-to-date.
2. A letter verifying from your most recent employment as a perfusionist confirming employment dates, positions held and an evaluation of performance **forwarded directly to this office** (do not submit this letter with your application).

**All supporting documents must be submitted to:** Department of Public Health  
Perfusionist Licensure  
410 Capitol Ave., MS# 12APP  
P.O. Box 340308  
Hartford, CT 06134-0308  
Fax: (860) 509-8457



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, suspended or terminated, 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 organization, either private or public;
  - Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
  - Any third party reimbursement program, whether governmental or private?
- Yes  No

**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

**If your answer is "yes", give names of professional society or association, date and reasons your membership 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

**If your answer is "yes" give full details on a separate notarized statement and submit notarized copy of agreement.**

7. 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? Yes  No

**If your answer is "yes" give full details on a separate notarized statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case.**

On this \_\_\_\_\_ day of \_\_\_\_\_ (month/ year) \_\_\_\_\_ (**applicant's name**) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

**Affix a recent  
photograph here.**

All of the above statements contained herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ (month/year) \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**Please return all three pages of this application and the fee for \$250.00 (certified check or money order) made payable to, "Treasurer, State of Connecticut" to:**

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



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

## Perfusionist VERIFICATION OF PERFUSION CASES

### TO BE COMPLETED BY APPLICANT

**Applicant:** Please complete the top portion of this form **and forward it** to the institution(s) where you completed perfusion cases.

**NAME:** \_\_\_\_\_  
First Middle Last Maiden

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### TO BE COMPLETED BY FACILITY ONLY

The above individual is applying for a Connecticut perfusionist license. Please provide the following information:

I certify that the above named applicant was employed as a perfusionist at this facility from \_\_\_\_ to \_\_\_\_ as a Perfusionist and during that time, this applicant performed **AT LEAST FIFTY (50)** perfusion cases. If the applicant did not complete at least 50 perfusion cases, please indicate the number of case completed: \_\_\_\_\_

Was this period of employment satisfactorily completed? YES  NO . If NO, please attach any documents you may have on file regarding such information

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Facility*

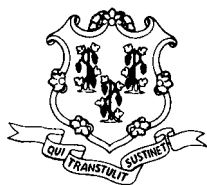
\_\_\_\_\_  
*Full Address of Facility*

\_\_\_\_\_  
*Daytime telephone number*

Your prompt attention to this matter is appreciated, as this application cannot be processed until this information is received.

Please return this form **directly** to:

Department of Public Health  
Perfusionist Licensure  
410 Capitol Ave., MS# 12APP  
P.O. Box 340308  
Hartford, CT 06134-0308  
Fax: (860) 509-8457



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH Perfusionist Licensure

### VERIFICATION OF LICENSURE/CERTIFICATION/REGISTRATION

**TO BE COMPLETED BY APPLICANT**

*Applicant - Complete the top portion of this form and forward it to each state where you have been licensed as a perfusionist (make copies as necessary).*

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
No. & Street City State Zip Code

Original License number \_\_\_\_\_ Date Issued \_\_\_\_\_  
(in the state to which the form is being forwarded)

I hereby authorize the \_\_\_\_\_ to furnish the Connecticut Department of Public Health the information requested below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY LICENSING AGENCY ONLY**

This is to certify that the above named individual was issued license number \_\_\_\_\_ to practice as a perfusionist effective \_\_\_\_\_.

Basis for licensure in your state: Endorsement  Examination

Current Status: Active  Inactive  Lapsed  Date license expires: \_\_\_\_\_

### Important

**Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? YES  NO . If yes, please forward all publicly discloseable information regarding the individual's status and the basis for same.**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_

Please complete and return directly to: Department of Public Health: Perfusionist Licensure  
410 Capitol Avenue MS# 12APP  
P.O. Box 340308 Hartford, CT 06134-0308  
Fax: (860) 509-8457

Provisions of Public Act 05-280  
Perfusionist License

Sec. 69. (NEW) (*Effective October 1, 2005*) As used in sections 69 to 71, inclusive, of this act and subsection (c) of section 19a-14 of the general statutes, as amended by this act:

- (1) "Commissioner" means the Commissioner of Public Health.
- (2) "Department" means the Department of Public Health.
- (3) "Extracorporeal circulation" means the diversion of a patient's blood through a heart-lung machine or a similar device that assumes the functions of the patient's heart, lungs, kidney, liver or other organs.
- (4) "Perfusion" means the functions necessary for the support, treatment, measurement or supplementation of the cardiovascular, circulatory or respiratory system or other organs, or a combination of such activities, and to ensure the safe management of physiologic functions by monitoring and analyzing the parameters of the systems under an order and under the supervision of a licensed physician, including, but not limited to:
  - (A) The use of extracorporeal circulation, long-term cardiopulmonary support techniques including extracorporeal carbon-dioxide removal and extracorporeal membrane oxygenation and associated therapeutic and diagnostic technologies;
  - (B) Counterpulsation, ventricular assistance, autotransfusion, blood conservation techniques, myocardial and organ preservation, extracorporeal life support and isolated limb perfusion;
  - (C) The use of techniques involving blood management, advanced life support and other related functions; and
  - (D) In the performance of the following activities:
    - (i) The administration of pharmacological and therapeutic agents, or blood products or anesthetic agents through the extracorporeal circuit or through an intravenous line as ordered by a physician;
    - (ii) The performance and use of anticoagulation monitoring and analysis; physiologic monitoring and analysis; blood gas and chemistry monitoring and analysis; hematologic monitoring and analysis; hypothermia; hyperthermia; hemoconcentration and hemodilution; or modified extracorporeal circulatory hemodialysis; or
    - (iii) The observation of signs and symptoms related to perfusion services, the determination of whether the signs and symptoms exhibit abnormal characteristics, and the implementation of appropriate reporting, perfusion protocols, or changes in or the initiation of emergency procedures.
- (5) "Perfusionist" means a person who is licensed to practice perfusion pursuant to the provisions of sections 48 to 50, inclusive, of this act.
- (6) "Direct supervision" means a supervising physician is physically present in the location where the perfusionist trainee is performing routine perfusion functions.

Sec. 70. (NEW) (*Effective October 1, 2005*) (a) No person shall practice perfusion in this state unless the person holds a valid license from the department to practice perfusion in this state. No person shall use the title "perfusionist" or make use of any title, words, letters or abbreviations that may reasonably be confused with licensure as a perfusionist unless such person holds a valid license from the department to practice perfusion in this state.

(b) Each person seeking licensure to practice perfusion in this state shall make application on forms prescribed by the department, pay an application fee of two hundred fifty dollars and present to the department satisfactory evidence that such person (1) successfully completed a perfusion education program with standards established by the Accreditation Committee for Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs; (2) completed a minimum of fifty cases after graduating from a perfusion education program accredited or approved pursuant to subdivision (1) of this subsection; and (3) after completing the requirements set forth in subdivision (2) of this subsection, successfully completed the certification examination offered by the American Board of Cardiovascular Perfusion, or its successor. The commissioner shall grant a license as a perfusionist to any applicant who meets the requirements of this subsection.

(c) From the period beginning October 1, 2005, and ending December 31, 2006, an applicant for licensure as a perfusionist may, in lieu of the requirements set forth in subsection (b) of this section, submit to the department satisfactory evidence that the applicant has (1) actively engaged in the practice of perfusion in this state since October 1, 2005, or earlier, and (2) been operating a cardiopulmonary bypass system during cardiac surgical procedures in a licensed health care facility as part of the applicant's primary job duties since October 1, 2005. The commissioner shall grant a license as a perfusionist to any applicant who meets the requirements of this subsection.

(d) Nothing in this section shall be construed to apply to the activities and services of a person who (1) has successfully completed a perfusion education program that meets the criteria of subdivision (1) of subsection (b) of this section from gaining experience in the practice of perfusion, provided such activities (A) are necessary to satisfy the requirements of subdivision (2) of said subsection (b), (B) are performed under direct supervision, and (C) such person is designated as an intern or trainee or other such title indicating the training status appropriate to such person's level of training, or (2) is enrolled in an accredited perfusion education program and performing such work as is incidental to the course of study.

Sec. 74. Subsection (e) of section 19a-88 of the general statutes is amended by adding subdivision (5) as follows (*Effective October 1, 2005*):

(NEW) (5) Each person holding a license issued pursuant to section 70 of this act shall, annually, during the month of such person's birth, apply for renewal of such license to the Department of Public Health, upon payment of a fee of two hundred fifty dollars, giving such person's name in full, such person's residence and business address and such other information as the department requests.