



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH PROFESSIONS LICENSURE
BOARD OF REGISTRATION OF PERFUSIONISTS
250 WASHINGTON STREET
BOSTON, MA 02108
800-414-0168
617-973-0806
617-973-0980 FAX
www.mass.gov/dph/boards

**PROVISIONAL PERFUSIONIST LICENSE APPLICATION
INSTRUCTIONS AND CHECKLIST**

CAREFULLY READ THE FOLLOWING INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION.

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will be returned to applicant.

Complete applications must include the following documents:

- ☐ Completed application form with 2x2 color passport photo and notary signature.
- ☐ Official transcripts in signed sealed envelopes for perfusionist programs/degrees. When requesting official transcripts, please inform each school's registrar that the **transcript must be complete and indicate the degree and date conferred in mm/dd/yyyy format.** Transcripts must be sent directly to the Board by the institutions.
- ☐ American Board of Cardiovascular Perfusion (ABCP) documentation that you:
 - a. have met all the requirements for licensure as a perfusionist set forth in 267 CMR 3.04 except passing of the perfusionist certification examination administered by ABCP.
 - b. you are registered for, and have been determined to be eligible to take, the next available administration of the perfusionist certification examination administered by ABCP.

The verification must be sent directly from the ABCP; email verifications are not acceptable.

- ☐ Verification of licensure status, in signed, sealed envelopes, from any state or jurisdiction in which you now or have previously held any professional license. Verifications must be sent directly to the Board by the state or other jurisdiction.

For Massachusetts licenses only, the Board also accepts printed, self-queries of online verification of licensure from the following: Board of Registration in Dentistry, Board of Registration in Nursing, Board of Registration in Pharmacy, Board of Certification of Community Health Workers, Board of Registration of Genetic Counselors, Board of Registration in Naturopathy, Board of Registration of Nursing Home Administrators, Board of Registration of Physician Assistants, Board of Registration of Respiratory Care, Nurses Aid Registration Board and the Office of Emergency Medical Services for EMT, Advanced EMT and Paramedic Certification. Any printed, self-queries of online verification of licensure must be submitted with the application packet.

- ☐ If you hold, or have ever held, any professional license in any state or jurisdiction, you must request and submit a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query. To request a Self-Query, please contact the National Practitioner Data Bank at 1-800-767-

6732 or at www.npdb-hipdb.com. Include the original report with this application; make a copy for your records.

NOTE: If you do **NOT** hold and have never held any professional licenses in any other state or jurisdiction, you do not need to submit a National Practitioner Data Bank Self-Query.

- ☐ The licensed perfusionist who holds a current, valid MA license to practice perfusion who has agreed to serve as your supervising perfusionist must fully complete the Supervisor Information section of the application (page 5) and sign and date the statement that he or she agrees to serve as the your supervising licensed perfusionist and will provide supervision as required by 267 CMR 3.06(6) and Board Policy PF-10-01. Statement must include perfusionist's full name, business address, license number and signature.
- ☐ Check or money order payable to the Commonwealth of Massachusetts for \$225.00. Cash or foreign currency is not accepted. The fee is non-refundable and non-transferable.
- ☐ Submission of the Criminal Offender Record Information (CORI) Request Form.
- ☐ Application must be submitted on single-sided paper.
- ☐ Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. Applications are void if all requirements for a provisional perfusionist license are not met within one (1) year from the date of Board receipt of this application.
- ☐ Retain a copy of the completed application for licensure for your records. Employers may require that you provide them with a copy.

IMPORTANT INFORMATION:

A perfusionist applicant/licensee must notify the Board in writing of any changes in the applicant's/licensee's information within thirty (30) days of their occurrence, including but not limited to any change of address and any name change.

Failure to update your address may result in failure to receive a license renewal application and expiration of your license

Your address is a PUBLIC RECORD that is available to any one who requests it. If you are using your home address, you may wish to consider changing this to an office address. Address changes may be done online at the board's website www.mass.gov/dph/boards or you may obtain a form online to submit to the Board's office. Retain a copy of all information and the completed application for licensure for your records. Employers may require that you provide them with a copy.

Answers to many questions may be found on the Board's website. Statutes and regulations governing provisional perfusionist licensure and practice may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168.



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ALL QUESTIONS MUST BE COMPLETED
PROVISIONAL PERFUSIONIST LICENSE APPLICATION FEE - \$225.00

1. APPLICANT NAME : _____
LAST FIRST MIDDLE
A. MAIDEN NAME/OTHER NAME (IF APPLICABLE):

LAST

FIRST

MIDDLE

2. ADDRESS OF RECORD: _____
NO. STREET APT.

CITY/TOWN

STATE

ZIP CODE

3. MOST RECENT PREVIOUS ADDRESS: _____
(different to Address of Record) NO. STREET APT.

CITY/TOWN

STATE

ZIP CODE

4. TELEPHONE NUMBER(s) Day: _____ Evening: _____ Cell: _____

5. ____/____/____
Date of Birth (mm/dd/yyyy) **Place of Birth** (city/state/country)

HEIGHT: ____ Feet ____ Inches **WEIGHT:** ____ Lbs. **EYE COLOR:** _____

MOTHER'S MAIDEN NAME: _____

Email: _____

6. **SOCIAL SECURITY NUMBER (SSN) (disclosure is mandatory):** ____ / ____ / ____

Pursuant to G.L. c. 30A, s. 13A and G.L. c. 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s. 47A) and child support laws (G.L. c. 119A, s.16).

FOR BOARD USE ONLY

Application Number: _____ Receipt Number: _____

Provisional License Number: PP _____ Date Issued: _____

EDUCATION

7. I CERTIFY, UNDER THE PAINS AND PENALTY OF PERJURY, THAT I AM REGISTERED FOR THE NEXT AVAILABLE ADMINISTRATION OF THE ABCP CERTIFYING EXAMINATION.

SCHEDULED DATE OF ABCP EXAM ____/____/____
(mm/yyyy)

Arrange for ABCP to send directly to the Board official documentation of certification or verification of registration for the next examination.

8 .PERFUSION PROGRAM NAME/LOCATION: _____

DEGREE AWARDED: _____ DATE OF GRADUATION: ____/____/____
(mm/dd/yyyy)

Submit official transcript in a signed, sealed envelope. Transcripts must be mailed directly to the Board.

SUPERVISOR INFORMATION

Your supervising perfusionist must complete this page and it must be submitted with your completed application.

TO BE COMPLETED BY SUPERVISING PERFUSIONIST:

9. NAME OF PROVISIONAL LICENSEE TO BE SUPERVISED _____

SUPERVISOR NAME: _____ LICENSE NUMBER: _____

BUSINESS ADDRESS: _____
FACILITY/INSTITUTION NAME

No. STREET

CITY STATE ZIP CODE

STATEMENT:

I have read and understand the Board's regulations at 267 CMR 3.06 (7) and Policy PF-10-02 governing the responsibilities of a supervising perfusionist.

I agree to provide supervision and direction to the perfusion practice of _____,
Name of Applicant

an applicant for a provisional perfusionist license, as set forth in Board regulations and policies, and to comply with all other laws and regulations governing perfusion practice.

VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS

10. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS

☐ I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD ANY PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

<u>Issuing State/ Jurisdiction</u>	<u>Profession</u>	<u>License/Certification Number</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicants must arrange for official documentation of current license status from each state or jurisdiction to be mailed directly to the Board.

For Massachusetts licenses only, the Board also accepts printed, self-queries of online verification of licensure from the following: Board of Registration in Dentistry, Board of Registration in Nursing, Board of Registration in Pharmacy, Board of Certification of Community Health Workers, Board of Registration of Genetic Counselors, Board of Registration in Naturopathy, Board of Registration of Nursing Home Administrators, Board of Registration of Physician Assistants, Board of Registration of Respiratory Care, Nurses Aid Registration Board and the Office of Emergency Medical Services for EMT, Advanced EMT and Paramedic Certification. Any printed, self-queries of online verification of licensure must be submitted with the application packet.

QUESTIONS

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.

11. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

12. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes ☐ No ☐

13. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

14. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes ☐ No ☐

15. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$250 or less was imposed.

Yes ☐ No ☐

16. Have you ever been court martialled or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?

Yes ☐ No ☐

RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration of Perfusionists any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration of Perfusionists to release information contained in this application in association with its processing.

AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a perfusionist, I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a provisionally licensed perfusionist in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for provisional licensure as a perfusionist shall be deemed no longer valid if requirements for licensure as a perfusionist are not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Registration of Perfusionist to deny a provisional license and to suspend or revoke a license issued to me all in accordance with Massachusetts law.

APPLICANT SIGNATURE _____ DATE _____

PRINT NAME _____

NOTARY NAME: _____

COMMISSION EXPIRES: _____

[Seal]

**Attach a recent
passport
photo
(2x2)**

INCLUDE A NON-REFUNDABLE FEE OF \$225.00 (CHECK OR MONEY ORDER) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS