

## OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS

### Minutes of Meeting

The Oklahoma State Board of Examiners of Perfusionists met on December 5, 2023, in accordance with the Oklahoma Open Meeting Act. Advance notice of this regular meeting was transmitted to the Oklahoma Secretary of State on November 22, 2022, and posted on the Board's website on November 28, 2023, at 10:18 AM in accordance with 25 O.S. § 311(A)(9).

#### Members Present:

Leah Davidson, LP, Chair  
Justin Stone, LP, Vice-Chair  
Tyler McKeon, LP, Executive Secretary  
Michael Giese, LP  
Eric Howell, MD

#### Member(s) Absent:

Ms. Claudia Kamas  
Mr. Clay Moore  
Steven Miller, MD  
Public Member - Vacant

#### Others Present:

Lyle Kelsey, Executive Director  
Barbara J. Smith, Executive Secretary  
Lisa Cullen, Director of Licensing  
Valeska Barr, Assistant Director of Licensing  
Madalynn Martin, Assistant Attorney General

Having noted a quorum, Ms. Davidson called the meeting to order at 4:02 PM. Ms. Smith established quorum for the record via roll call.

Following Board review, Mr. Stone moved to approve the meeting minutes of August 22, 2023. Mr. McKeon seconded the motion and the vote was unanimous in the affirmative.

The Board then considered the complete applications of **JENNIFER LYNN AULT**, **COLLIN DALE ESAU**, and **TAKNESA RENEE HAWTHORNE** for Licensed Perfusionist licensure. Following review by the Board, Mr. McKeon moved to approve the applications for licensure. Mr. Giese seconded the motion and the vote was unanimous in the affirmative.

There being no further business, Ms. Davidson moved to adjourn the meeting. The time was 4:05 p.m.





APPLICATION FOR PERFUSION LICENSE  
OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS  
P.O. Box 18256 Oklahoma City, OK 73154-0256 (405) 962-1400

RECEIVED

JAN 09 2024

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM. IF NOT APPLICABLE, MUST PUT N/A.

CHECK AND/OR COMPLETE THE APPROPRIATE BLANKS

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

- A certificate from the American Board of Cardiovascular Perfusion was issued on Oct. 2004 (copy is attached with a certifying letter).
- Not certified and applying for a provisional license. Graduated from \_\_\_\_\_ (an accredited perfusion program) on \_\_\_\_\_ (proof of graduation is attached).
- Not certified and not an accredited graduate but a full time perfusionist for 24 months prior to January 1, 1997 (proof of employment is attached).
- Student of an accredited perfusion program and applying for a provisional license (proof of student status is attached).

1.

LAST NAME: LUCAS MAILING ADDRESS: [REDACTED]  
 FIRST NAME: SHAWNEE STREET / P.O. BOX: [REDACTED]  
 MIDDLE NAME: SHAYE CITY: [REDACTED]  
 SUFFIX: \_\_\_\_\_ SOC. SEC. NUMBER: [REDACTED] STATE: TEXAS ZIP: [REDACTED]

IF LICENSED IN OKLAHOMA, WHERE DO YOU INTEND TO PRACTICE?

DATE AND PLACE OF BIRTH: [REDACTED] PRACTICE ADDRESS: 2826 FM 241 S.  
RUSK, TX 75785  
 Mo. Day Yr.  
 CITY: NACOGDOCHES CITY: Rusk  
 STATE: TEXAS COUNTRY: USA STATE: TEXAS ZIP: 75785

ETHNIC ORIGIN: CAUCASIAN  BLACK \_\_\_\_\_ AM. INDIAN \_\_\_\_\_ HISPANIC \_\_\_\_\_ OTHER(SPECIFY) \_\_\_\_\_  
 SEX: (M/F) F

MILITARY SERVICE

BRANCH: \_\_\_\_\_ RANK: \_\_\_\_\_ FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MO DAY YEAR MO DAY YEAR

2. List other state licenses issued to you:

Profession	State	Number	Date Issued
TEXAS PERFUSION LICENSE		FPP00001171	<del>2011</del> 2012

LP104  
S1

**RECEIVED**

**JAN 09 2024**

**3. ANSWER THE FOLLOWING QUESTIONS:**

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

(YES ANSWERS MUST BE EXPLAINED IN DETAIL ON AN ACCOMPANYING SWORN AFFIDAVIT.)

Have you ever been denied licensure/certification by a licensing authority? YES \_\_\_ NO

Has your application for examination for licensure or registration ever been rejected? YES \_\_\_ NO

Have you ever failed an examination for licensure/certification/registration? YES \_\_\_ NO

Has your license or certificate ever been revoked, voluntarily surrendered or have you ever been the subject of disciplinary action by a licensing agency, institution or professional society? YES \_\_\_ NO

Are you now or have you, within the past two years, been addicted to, or used in excess, any drug or chemical substance including alcohol, or been treated through a rehabilitation program? YES \_\_\_ NO

Are you now or have you ever been treated for an emotional, mental or nervous disorder? YES \_\_\_ NO

Have you ever been charged with or convicted of a felony or any crime directly or indirectly related to the practice of your profession? YES \_\_\_ NO

Have you ever had membership denied, revoked, or been disciplined by a County, State or National professional association? YES \_\_\_ NO

Have you ever been denied privileges or disciplined by a hospital or other professional practice setting? YES \_\_\_ NO

Have you ever violated, aided or abetted others in violation of any provision of the Oklahoma Licensed Perfusionists Act? YES \_\_\_ NO

Have you ever violated the "Code of Professional and Ethical Conduct" adopted and published by the Oklahoma State Board Of Examiners of Perfusionists? YES \_\_\_ NO

Have you ever practiced perfusion under cover of a permit, license, or certificate illegally or fraudulently obtained or issued? YES \_\_\_ NO

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY**

APPLICATION RECEIVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_ FEE AMOUNT \_\_\_\_\_ DATE WITHDRAWN/DENIED \_\_\_\_\_

APPLICATION PROCESSED BY: \_\_\_\_\_ COMMENTS: \_\_\_\_\_





# American Board of Cardiovascular Perfusion

To all to whom these presents shall come, Greetings  
Be it known to all that

**Shawnee Shaye Lucas**

Certificate # 040032

having met the criteria for experience and qualifications established by the  
American Board of Cardiovascular Perfusion, is awarded the status of  
**Certified Clinical Perfusionist (CCP)**

Given on September 24, 2004 and shall expire on December 31, 2024.

*David B. Boyce*  
David B. Boyce, CCP - President

*Carol Ann E. Boarding*  
Carol Ann E. Boarding, CCP - Vice President

*William D. Riley*  
William D. Riley, CCP - Treasurer

*Emily Sullivan Collins*  
Emily Sullivan Collins, CCP - Secretary



*Kirsten R. Kilmer*  
Kirsten R. Kilmer, CCP - Director

*Igha Katsung*  
Igha Katsung, CCP - Director

*Scott M. Norvick*  
Scott M. Norvick, CCP - Director

*Emily L. Thurnstrom Katsung*  
Emily L. Thurnstrom Katsung, CCP - Director

*Colin S. Vinter*  
Colin S. Vinter, CCP - Director

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

JAN 09 2024

RECEIVED

17 10 1



## The American Board of Cardiovascular Perfusion

DAVID G. BISHOP, C.C.P.  
PRESIDENT  
JOHN M. TOOMASIAN, C.C.P.  
VICE PRESIDENT  
THOMAS G. McDONOUGH, C.C.P.  
SECRETARY  
LINDA B. MONGERO, C.C.P.  
TREASURER

207 NORTH 25th AVENUE  
HATTIESBURG, MS 39401  
601-582-2227  
FAX: 601-582-2271

DEBORAH L. ADAMS, C.C.P.  
MELINDA M. BLACKWELL, C.C.P.  
LINDA G. CANTU, C.C.P.  
STEVEN K. DOVE, C.C.P.  
PATRICIA E. MACA, C.C.P.  
GREGORY A. MORK, C.C.P.  
LEONARD MUNARI, C.C.P.

Ms. Shawnee Shaye Lucas, CCP



October 2004

ID: 040032

Dear Ms. Lucas:

**RECEIVED**

JAN 09 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

This letter is the official notification of the results of your examination leading to certification as a clinical perfusionist. We are pleased to inform you that you took and passed the *Clinical Applications in Perfusion (CAPE)* portion of the certification process. As you have heretofore successfully completed the *Perfusion Basic Science Examination (PBSE)*, you have now qualified to hold the title, *Certified Clinical Perfusionist (CCP)*. Your certificate attesting to that status will be mailed to you in December, 2004. The mailing of your certificate is automatic and requires no further action on your part. This letter shall serve as documentation of your certification until your certificate is received. The attached page presents your examination results. There are three columns of information for each category of knowledge base examination questions. The first column presents the number of items that you answered correctly for that portion. The second column presents the number of items it would be necessary to answer correctly in that section in order to have achieved mastery of that content. The third column presents the total number of items on the examination from that portion of the knowledge base. The bottom line of the report gives totals for each of the three columns just described. Please note that summing Column 2 (Mastery) may result in slightly different results than reported for Column 2. This may occur because the reported mastery values are rounded to the nearest whole number for each section, while the total cutoff is the sum of the values assigned to each item for determining the actual passing score. Scores for each item may range from .9 to .2.

As we are sure you are aware, certification is an ongoing activity. In order to maintain certification, you must report clinical activity annually and professional activity every third year. Your first *Clinical Activity Report* is not due until August 1, 2005. Recertification information will be available during the Spring of 2005. A current *Booklet of Information* published by the American Board of Cardiovascular Perfusion will follow your certificate. This booklet has all requirements for gaining and maintaining certification. For your convenience, we recommend that you familiarize yourself with these regulations. Our experience indicates that most often certification is involuntarily lost through inadequate or untimely notification of address changes. Please keep us informed of any moves you make.

Enclosed with this letter is a summary of the results from your September 2004 examination. Again, congratulations on your success in completing the certification process. We are indeed thankful to you for your concern for the welfare of the perfusion community and the safety of the clientele which we serve. If we can provide any further information, please do not hesitate to call on us.

Sincerely,

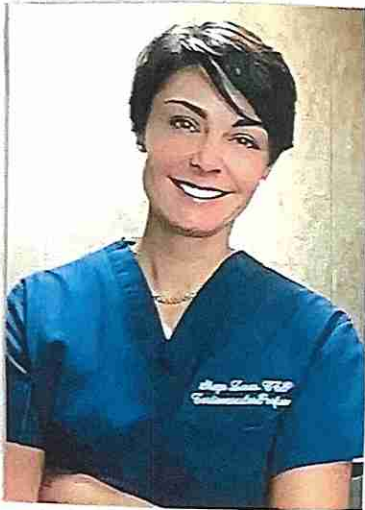
*Beth A. Richmond*

Beth A. Richmond, Ph.D.  
Mark G. Richmond, Ed.D.  
Executive Co-Directors

ppppc-9

Established 1975

LP 167



THIS PHOTOGRAPH, TAKEN WITHIN THE PAST TWELVE MONTHS, IS A CORRECT LIKENESS OF MYSELF.

Shawnee CCP  
APPLICANT SIGNATURE

Print your name and date photograph  
Was taken on the back of the picture.

RECEIVED

JAN 16 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

I, Shawnee S. Lucas CCP, hereby certify under oath or affirmation, that I am the person named in the application for license to practice as a perfusionist in the State of Oklahoma; that all statements I have made herein are true; that I am the original and lawful possessor of the required credentials for licensure; that the photograph is a true resemblance of me and was made within the last 12 months; that in consideration of the issuance to me of a license to practice in the State of Oklahoma, I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; I shall abstain from professional association with, and shall not act as a shield for, an unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for the revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Oklahoma State Board of Medical Licensure and Supervision and/or the State Board of Examiners of Perfusionists and/or its successors or assignees any information, files or records requested by the Board in connection with this application. I further authorize the Oklahoma State Board of Medical Licensure and Supervision and/or the State Board of Examiners of Perfusionists and/or its successors or assignees to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure.

(SEAL)

Shawnee CCP  
APPLICANT'S SIGNATURE

SWORN TO BEFORE ME: Maria Isabel Verduzco Vejar

[Signature]  
NOTARY PUBLIC

COMMISSION NUMBER: 20204641584

MY COMMISSION EXPIRES: 11/27/2024

MARIA ISABEL VERDUZCO VEJAR  
NOTARY PUBLIC  
STATE OF COLORADO  
NOTARY ID 20204041584  
MY COMMISSION EXPIRES 11/27/2024

LP 167  
53

PRIMARY SOURCE

RECEIVED

JAN 26 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

FORM #1 (Perfusion)

OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS  
PO BOX 18256, OKLAHOMA CITY, OK 73154-0256  
(405) 962-1400

VERIFICATION OF GRADUATION

THIS FORM MUST BE COMPLETED BY AN EDUCATOR OF THE PERFUSION EDUCATION PROGRAM FROM WHICH YOU GRADUATED. THE SEAL OF THE INSTITUTION MUST BE IMPRESSED ON THIS FORM, OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE AUTHOR AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.

I, Deborah L Adams, DO HEREBY CERTIFY THAT,  
Name of educator

Shawnee Lucas GRADUATED ON 12/12/2003  
Name of applicant Date (mm/dd/yy)

AT Texas Heart Institute LOCATED IN Houston, Texas  
Name of institution City, State

RECORDS OF THIS INSTITUTION INDICATE THAT THE APPLICANT HAS \_\_\_\_\_ HAS NOT  BEEN THE SUBJECT OF DISCIPLINARY ACTION. (If applicant has been the subject of disciplinary action, please explain on a separate sheet of paper.)

Deborah Lowery Adams MA CCP  
Name of educator - please type or print

Deborah L Adams, CCP  
Original Signature

Director & Clinical Coordinator  
Title

1.5.2024  
Date (mm/dd/yy)

(SEAL)



This institution has no seal

Signature of educator

Sworn to before me on 1/5/24  
Date (mm/dd/yy)

My commission expires: 10/29/24  
Date (mm/dd/yy)

Deborah Lowery Adams  
Notary Signature

Commission number: 132754955



LP167  
57



# TEXAS HEART INSTITUTE

*certifies that*

***Shawnee Shaye Lucas***

*has successfully completed*

*Post-Baccalaureate Course in Perfusion Technology*

*January 2003 to December 2003*

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

JAN 09 2024

RECEIVED

*Terry N. Crane*

Terry N. Crane, BS, C.C.P.  
Director, Section of Perfusion Technology

*Arthur S. Keats MD*

Arthur S. Keats, M.D.  
Chief, Cardiovascular Anesthesiology

*Denton A. Cooley M.D.*

Denton A. Cooley, M.D.  
Surgeon-in-Chief, Cardiovascular Surgery

FORM #4 (Perfusion)

OKLAHOMA STATE BOARD OF EXAMINERS OF  
PERFUSIONISTS  
101 NE 51ST STREET, OKLAHOMA CITY, OK 73118  
PO BOX 18256 OKLAHOMA CITY, OK 73154-0256  
(405) 962-1400

RECEIVED

JAN 11 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

VERIFICATION OF EMPLOYMENT

AN OFFICIAL OF EACH HEALTH CARE FACILITY IN WHICH YOU HAVE BEEN EMPLOYED MUST COMPLETE THIS FORM. THE SEAL OF THE FACILITY MUST BE IMPRESSED THIS FORM OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE OFFICIAL AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.

I, Shawnee S. Lucas, DO HEREBY CERTIFY  
Name of official

THAT myself, Shawnee S. Lucas IS/HAS BEEN  
Name of applicant

EMPLOYED IN THE PRACTICE OF PERFUSION AT:

S. S. Lucas Co, LLC, LOCATED IN  
Name of health care facility

Rusk Texas  
City State

FROM 3/16/2015 TO present day

Shawnee S. Lucas, CCP  
Name of official

(SEAL)

[Signature]  
Signature

President  
Title

\_\_\_\_\_  
Date (mm/dd/yy)

This institution has no seal. \_\_\_\_\_  
Signature of official

Sworn before me on: \_\_\_\_\_  
Date (mm/dd/yy)

My commission expires: \_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Notary  
Commission Number: \_\_\_\_\_

LP 167

Shawnee S Lucas, CCP



RECEIVED  
JAN 16 2024  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

01/16/2024

Oklahoma State Board of Medical Licensure and Supervision  
101 NE 51st St, Oklahoma City, OK 73105

**Subject:** Request for Waiver of Form 4 - Employment Verification

Dear Members of the Oklahoma State Board of Medical Licensure and Supervision,

I am writing to formally request a waiver for the submission of Form 4 - Employment Verification as part of my application for OK Perfusion Licensure. My name is Shawnee S Lucas, and I have been self-employed in the Perfusion field from 2015 to the present.

As a self-employed individual, I do not have an employer or supervisor who can complete Form 4 on my behalf.

I understand the importance of verifying employment history, and I assure you that my self-employment is genuine and directly related to my medical practice. I am more than willing to provide any additional documentation or information necessary to support my application.

I kindly request the Board's consideration of my unique situation and the waiver of Form 4 for employment verification. I am committed to full compliance with all requirements of the licensure process and appreciate your attention to this matter.

Thank you for your time and consideration. I look forward to a favorable resolution to this request.

Sincerely,

Shawnee S Lucas, CCP  
S S Lucas Co, LLC

LP167  
S)

RECEIVED

JAN 09 2024

FORM #4 (Perfusion)

OKLAHOMA STATE BOARD OF EXAMINERS OF  
PERFUSIONISTS  
101 NE 51ST STREET, OKLAHOMA CITY, OK 73118  
PO BOX 18256 OKLAHOMA CITY, OK 73154-0256  
(405) 962-1400

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE

VERIFICATION OF EMPLOYMENT

AN OFFICIAL OF EACH HEALTH CARE FACILITY IN WHICH YOU HAVE BEEN EMPLOYED MUST COMPLETE THIS FORM. THE SEAL OF THE FACILITY MUST BE IMPRESSED THIS FORM OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE OFFICIAL AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.

I, Marci Fenner, DO HEREBY CERTIFY  
Name of official

THAT Shawnee Lucas IS/HAS BEEN  
Name of applicant

EMPLOYED IN THE PRACTICE OF PERFUSION AT:

St Luke's Lufkin formerly Memorial Medical Center, LOCATED IN  
Name of health care facility  
Lufkin TX  
City State

FROM 12/02/2013 TO 02/27/2015

Marci Fenner  
Name of official

(SEAL)

Marci Fenner  
Signature

01/09/24  
Date (mm/dd/yy)

Medical Staff Coordinator  
Title

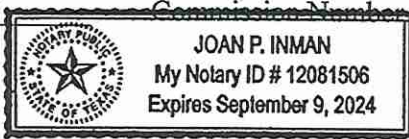
This institution has no seal. Marci Fenner  
Signature of official

Sworn before me on: 01/09/2024  
Date (mm/dd/yy)

My commission expires: 09/09/24  
Date (mm/dd/yy)

Joan P. Inman  
Notary

Commission Number #12081506



LP1675  
53

FORM #4 (Perfusion)

RECEIVED

JAN 09 2024

OKLAHOMA STATE BOARD OF EXAMINERS OF  
PERFUSIONISTS  
101 NE 51ST STREET , OKLAHOMA CITY, OK 73118  
PO BOX 18256 OKLAHOMA CITY, OK 73154-0256  
(405) 962-1400

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE

Affiliation only.

VERIFICATION OF EMPLOYMENT

AN OFFICIAL OF EACH HEALTH CARE FACILITY IN WHICH YOU HAVE BEEN EMPLOYED MUST COMPLETE THIS FORM. THE SEAL OF THE FACILITY MUST BE IMPRESSED THIS FORM OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE OFFICIAL AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.

I, Sierra Manlapaz, DO HEREBY CERTIFY  
Name of official

THAT Shawnee Shaye Lucas, CCP IS/HAS BEEN  
Name of applicant

Affiliated with  
EMPLOYED IN THE PRACTICE OF PERFUSION AT:

Huntsville Hospital, LOCATED IN  
Name of health care facility

Huntsville Alabama  
City State

FROM 02 / 03 / 04 TO 05 / 28 / 13

Sierra Manlapaz  
Name of official

(SEAL)

Sierra Manlapaz  
Signature

01/09/24  
Date (mm/dd/yy)

Credentialing Specialist  
Title

This institution has no seal. \_\_\_\_\_  
Signature of official

Sworn before me on: \_\_\_\_\_  
Date (mm/dd/yy)

My commission expires: \_\_\_\_\_  
Date (mm/dd/yy)

\_\_\_\_\_  
Notary

Commission Number: \_\_\_\_\_

LP 167  
53





RECEIVED

JAN 09 2024

January 9, 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Dear Credentialing Coordinator:

In reference to your recent request for verification of previous or present hospital membership and/or privileges, the following information is provided. If you have any questions, please feel free to contact me at the phone number or address listed below.

NAME: Shawnee Shaye Lucas, CCP  
DEPARTMENT: Surgery  
DIVISION (IF APPLICABLE.): Cardiothoracic Surgery  
SPECIALTY:  
APPOINTMENT DATE: 2/3/2004  
APPOINTMENT EXPIRATION: 5/28/2013  
STATUS: Past AHP  
UNRESTRICTED PRIVILEGES: Yes  
MEMBERSHIP STANDING: Good

RESPONDING HOSPITAL: HH Health System  
(Huntsville Hospital, Huntsville Hospital for Women & Children, and Madison Hospital)  
101 Sivley Road, SW  
Huntsville, AL 35801  
(256)265-8858

VERIFICATION BY: Sierra Manlapaz  
TITLE: Medical Staff Services

  
Signature

Zimbra

sierra.manlapaz@hhsys.org

Re: verification of work at Huntsville Hospital

From : Shaye Lucas [REDACTED]

Tue, Jan 09, 2024 10:00 AM

Subject : Re: verification of work at Huntsville Hospital

To : Sierra Manlapaz [REDACTED]

**WARNING:** This email originated outside of the Huntsville Hospital Health System. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe.  
**Please forward all suspicious email messages to phishing@hhsys.org.**

**NOTICE:** This email originated from **GOOGLE.COM (mail-ot1-f45.google.com)**, a free email service provider.  
**The real sender address is shayelucas@gmail.com**

Hi Sierra,

Yes, I would like for you to go ahead and do the hospital affiliation verification. I did already tell them that I worked for a private group, Tennessee valley. The hospital affiliation verification will help alot.

Thank you so much!!

RECEIVED

JAN 09 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Shawnee S. Lucas CCP

On Jan 8, 2024, at 3:44 PM, Sierra Manlapaz <sierra.manlapaz@hhsys.org> wrote:

Hi Shawnee,

I would only be able to provide information regarding hospital affiliation verification; not employment. Employment verification would be provided through the company that employed you while you were credentialed here. Are you still needing an affiliation verification to indicate you were affiliated with (and held allied health clinical duty privileges) at Huntsville Hospital?

Thanks,

**Sierra Manlapaz**  
Credentialing Specialist: Medical Staff Office  
Huntsville Hospital  
101 Sivley Rd SW, Huntsville, AL 35801  
[REDACTED]

**From:** "Shawnee Lucas" [REDACTED]  
**To:** "Sierra Manlapaz" [REDACTED]  
**Sent:** Monday, January 8, 2024 1:59:05 PM  
**Subject:** verification of work at Huntsville Hospital

**RECEIVED**

JAN 09 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

**WARNING:** This email originated outside of the Huntsville Hospital Health System. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe.  
**Please forward all suspicious email messages to [phishing@hhsys.org](mailto:phishing@hhsys.org).**

**NOTICE:** This email originated from **GOOGLE.COM (mail-io1-f52.google.com)**, a free email service provider.  
**The real sender address is [shayelucas@gmail.com](mailto:shayelucas@gmail.com)**

Hi Sierra,

I have attached a form that the Oklahoma Medical Board Provided for employment verification. I have already spoke to them over the phone and they said it could be filled out as best as possible and they understand that the form is a little dated. They mainly just need an email from Huntsville Hospital verifying that I was on staff there and had privileges from the beginning of 2004 to the end of 2012.

If you do not want to fill out the form, you can write it up anyway you would like, I think as long as it comes directly from Huntsville Hospital it will be acceptable.

Thank you so much!!

Shawnee S Lucas CCP

Per the Oklahoma Medical Board, the form may be emailed to:

Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)

Shawnee S Lucas CCP

## Perfusionist License

**NAME:** SHAWNEE SHAYE LUCAS

**LICENSE:** FPF00001171

**INFORMATION CURRENT AS OF:** 1/16/2024

**CURRENT STATUS:** ACTIVE

PRIMARY  
SOURCE

[Click here for a detailed information on what each section below contains.](#)

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

### Verified Information

**Year of Birth:** 1978

**License Number:** FPF00001171 Perfusionist License

**Issuance Date:** 10/19/2012

**Expiration Date:** 08/31/2025

**Current Status:** ACTIVE as of 12/30/2015

**Disciplinary Restrictions:** NONE

**Non-Disciplinary Restrictions:** NONE

**Specialties:**

RECEIVED

JAN 16 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

LP 167  
SD





# Oklahoma State Board of Medical Licensure and Supervision

## Application Summary

Type	Number	Name
LP	168	AUDREY DANIELLE BARBA

Licensed Perfusionist

**DEFICIENCIES**

RECEIVED

JAN 17 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

APPLICATION FOR PERFUSION LICENSE
OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS
P.O. Box 18256 Oklahoma City, OK 73154-0256 (405) 962-1400

Cashier's check Page 24 of 773429708

\$400

Payer - LIC

LP-168

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM. IF NOT APPLICABLE, MUST PUT N/A.

CHECK AND/OR COMPLETE THE APPROPRIATE BLANKS

- A certificate from the American Board of Cardiovascular Perfusion was issued on 10/16/21 (copy is attached with a certifying letter).
Not certified and applying for a provisional license. Graduated from (an accredited perfusion program) on (proof of graduation is attached).
Not certified and not an accredited graduate but a full time perfusionist for 24 months prior to January 1, 1997 (proof of employment is attached).
Student of an accredited perfusion program and applying for a provisional license (proof of student status is attached).

1. LAST NAME: BARBA MAILING ADDRESS:
FIRST NAME: AUDREY STREET / P.O. BOX:
MIDDLE NAME: DANIELLE CITY:
SUFFIX: SOC. SEC. NUMBER: STATE: KS ZIP:

IF LICENSED IN OKLAHOMA, WHERE DO YOU INTEND TO PRACTICE?
AS A 1099 CONTRACTOR WITH INNOVATION ECMO

DATE AND PLACE OF BIRTH: PRACTICE ADDRESS: ASCENSION VIA CHRISTI- ST. JOSEPH
3600 E HARRY ST.
CITY: WICHITA
STATE: KS COUNTRY: U.S.A. STATE: KS ZIP: 67218

ETHNIC ORIGIN: CAUCASIAN [checked] BLACK AM. INDIAN HISPANIC OTHER(SPECIFY) FILIPINO & VIET
SEX: (M/F) F

MILITARY SERVICE

BRANCH: N/A RANK: FROM: TO:
MO DAY YEAR MO DAY YEAR

Table with 4 columns: Profession, State, Number, Date Issued. Rows include KANSAS NURSING BOARD- RN, OKLAHOMA BOARD OF NURSING- RN, and WASHINGTON NURSING BOARD- RN.

53



OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

3. ANSWER THE FOLLOWING QUESTIONS:

(YES ANSWERS MUST BE EXPLAINED IN DETAIL ON AN ACCOMPANYING SWORN AFFIDAVIT.)

Have you ever been denied licensure/certification by a licensing authority? YES \_\_\_ NO

Has your application for examination for licensure or registration ever been rejected? YES \_\_\_ NO

Have you ever failed an examination for licensure/certification/registration? YES \_\_\_ NO

Has your license or certificate ever been revoked, voluntarily surrendered or have you ever been the subject of disciplinary action by a licensing agency, institution or professional society? YES \_\_\_ NO

Are you now or have you, within the past two years, been addicted to, or used in excess, any drug or chemical substance including alcohol, or been treated through a rehabilitation program? YES \_\_\_ NO

Are you now or have you ever been treated for an emotional, mental or nervous disorder? YES \_\_\_ NO

Have you ever been charged with or convicted of a felony or any crime directly or indirectly related to the practice of your profession? YES \_\_\_ NO

Have you ever had membership denied, revoked, or been disciplined by a County, State or National professional association? YES \_\_\_ NO

Have you ever been denied privileges or disciplined by a hospital or other professional practice setting? YES \_\_\_ NO

Have you ever violated, aided or abetted others in violation of any provision of the Oklahoma Licensed Perfusionists Act? YES \_\_\_ NO

Have you ever violated the "Code of Professional and Ethical Conduct" adopted and published by the Oklahoma State Board Of Examiners of Perfusionists? YES \_\_\_ NO

Have you ever practiced perfusion under cover of a permit, license, or certificate illegally or fraudulently obtained or issued? YES \_\_\_ NO

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

APPLICATION RECEIVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_ FEE AMOUNT \_\_\_\_\_ DATE WITHDRAWN/DENIED \_\_\_\_\_

APPLICATION PROCESSED BY: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

RECEIVED

4. EDUCATION

HIGH SCHOOL: KAPAUN MT CARMEL CATHOLIC H.S.

CITY: WICHITA STATE OR COUNTRY: KS

MO/YR ENTERED: 08 / 2001 MO/YR DEPARTED: 05 / 2005

TYPE DEGREE: HIGH SCHOOL DIPLOMA

COLLEGE: RUSH UNIVERSITY

CITY: CHICAGO STATE OR COUNTRY: IL

MO/YR ENTERED: 08 / 2019 MO/YR DEPARTED: 05 / 2021

TYPE DEGREE: M.SC-CARDIOVASCULAR PERFUSION

COLLEGE: BUTLER COUNTY COMMUNITY COLLEGE

CITY: EL DORADO STATE OR COUNTRY: KS

MO/YR ENTERED: 01 / 2015 MO/YR DEPARTED: 12 / 2016

TYPE DEGREE: ASSOCIATE IN APPLIED SCIENCE DEGREE- RN

EDUCATION CONTINUED  
~~TRAINING~~

FACILITY: WICHITA STATE UNIVERSITY

CITY: WICHITA STATE OR COUNTRY: KS

MO/YR ENTERED: 08 / 2006 MO/YR DEPARTED: 05 / 2011

TYPE DEGREE CERTIFICATE ISSUED: BACHELOR OF ARTS- PSYCHOLOGY

FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE OR COUNTRY: \_\_\_\_\_

MO/YR ENTERED: \_\_\_\_\_ / \_\_\_\_\_ MO/YR DEPARTED: \_\_\_\_\_ / \_\_\_\_\_

CERTIFICATE ISSUED: \_\_\_\_\_

FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE OR COUNTRY: \_\_\_\_\_

MO/YR ENTERED: \_\_\_\_\_ / \_\_\_\_\_ MO/YR COMPLETED: \_\_\_\_\_ / \_\_\_\_\_

CERTIFICATE ISSUED: \_\_\_\_\_

ACCOUNT FOR ALL OTHER TIME FROM HIGH SCHOOL TO PRESENT IN CHRONOLOGICAL ORDER (INCLUDE MONTH AND YEAR)

FROM MO/YR	TO MO/YR	CITY	COUNTRY OR STATE	EMPLOYER, PRACTICE SETTING ACTIVITY, ETC.
03/2005	07/2011	WICHITA	KS	SALYER PHARMACY, CASHIER/TECH
07/2011	01/2017	WICHITA	KS	ASCENSION- VIA CHRISTI HOSPITAL- HCT/PCT/NURSE TECH
01/2017	06/2017	WICHITA	KS	WESLEY MEDICAL CENTER- OR NURSE
07/2017	07/2019	WICHITA	KS	KANSAS HEART HOSPITAL- CV/PV RN
10/2018	03/2019	OKLAHOMA CITY	OK	AMN HEALTHCARE SERVICES- TRAVELING CVOR RN (ST. ANTHONY'S)
03/2019	07/2019	WICHITA	KS	KANSAS HEART HOSPITAL- PER DIEM
08/2019	05/2021	CHICAGO	IL	RUSH UNIVERSITY PERFUSION STUDENT
06/2021	PRESENT	TACOMA	WA	MULTICARE TACOMA GENERAL- PULSE HEART INSTITUTE- CCP

RECEIVED

JAN 17 2024

RECEIVED

JAN 17 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

# American Board of Cardiovascular Perfusion

To all to whom these presents shall come, Greetings  
Be it known to all that

**Audrey Danielle Barba**

Certificate # 219135

having met the criteria for experience and qualifications established by the  
American Board of Cardiovascular Perfusion, is awarded the status of  
**Certified Clinical Perfusionist (CCP)**

Given on October 16, 2021 and shall expire on December 31, 2024.

*David R. Boyne*

David R. Boyne, CCP – President

*Carol Ann E. Rosenberg*

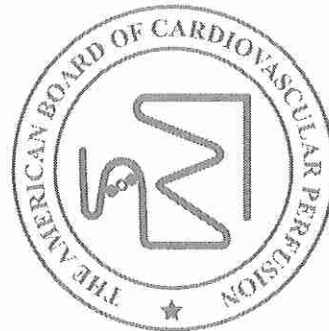
Carol Ann E. Rosenberg, CCP – Vice President

*William D. Riley*

William D. Riley, CCP – Treasurer

*Emily Saulitis Collins*

Emily Saulitis Collins, CCP – Secretary



*Kirsten R. Kallies*

Kirsten R. Kallies, CCP – Director

*Tyler Kelting*

Tyler Kelting, CCP – Director

*Scott M. Noesges*

Scott M. Noesges, CCP – Director

*Emily L. Thunstrom-Kahring*

Emily L. Thunstrom-Kahring, CCP – Director

*Caleb S. Varner*

Caleb S. Varner, CCP – Director

# The American Board of Cardiovascular Perfusion

Established 1975

DAVID R. BOYNE, CCP  
PRESIDENT  
CAROL ANN E. ROSENBERG, CCP  
VICE PRESIDENT  
WILLIAM D. RILEY, CCP  
TREASURER  
EMILY SAULITIS COLLINS, CCP  
SECRETARY



DIRECTORS  
KIRSTEN R. KALLIES, CCP  
TYLER KELTING, CCP  
SCOTT M. NOESGES, CCP  
EMILY L. THUNSTROM-KAHRING, CCP  
CALEB S. VARNER, CCP

1/4/2024

To Whom It May Concern,

Regarding:

Audrey Danielle Barba CCP  
Cert ID: 219135



This letter is to verify that the above mentioned CCP is in good standing with the American Board of Cardiovascular Perfusion (ABCP) certification process. This certification is extended through December 31, 2024. Audrey Danielle Barba was originally certified on October 16, 2021.

Certification in clinical perfusion is attained by satisfactory performance on both of the ABCP certification examinations. To maintain certification, the Certified Clinical Perfusionist (CCP) is required to perform a minimum of forty primary clinical perfusions annually, and the CCP must file a Professional Activity Report every third year to document continuing education requirements.

For more information, please see the Booklet of Information tab on our website: [www.abcp.org](http://www.abcp.org). If you have any questions concerning this matter, please do not hesitate to contact our office.

Sincerely,

Jeanne Rhodes | Executive Director

RECEIVED

JAN 17 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

555 East Wells Street, Suite 1100, Milwaukee, WI 53202-3823  
PHONE: (414) 918-3008 • FAX: (414) 276-3349 • EMAIL: [info@abcp.org](mailto:info@abcp.org)  
[www.abcp.org](http://www.abcp.org)

.State of Oklahoma Board of Examiners of Perfusionists  
101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)

**Applicant:** In the presence of a notary public, sign this form with attached photo

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

RECEIVED

JAN 17 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION



*Audrey Barba*

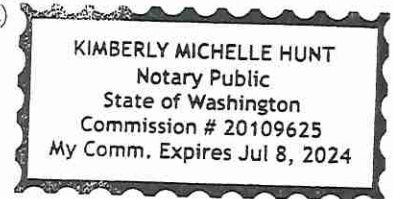
Applicant's signature (must be signed in the presence of a notary)

*BARBA, AUDREY D.*

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

*1/5/2024*

Date of signature (must correspond to the date of notarization)



State of *Washington*, County of *Pierce* **NOTARY**

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this *5* day of *January*, 20*24*

Notary Public Signature: *Kimberly Michelle Hunt* My Notary Commission Expires *July 8, 2024*

*LP 16-8  
SD*

FORM #1 (Perfusion)

PRIMARY SOURCE

RECEIVED

JAN 31 2024

OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS PO BOX 18256, OKLAHOMA CITY, OK 73154-0256 (405) 962-1400

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

VERIFICATION OF GRADUATION

THIS FORM MUST BE COMPLETED BY AN EDUCATOR OF THE PERFUSION EDUCATION PROGRAM FROM WHICH YOU GRADUATED. THE SEAL OF THE INSTITUTION MUST BE IMPRESSED ON THIS FORM, OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE AUTHOR AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.

I, Brenda Weddington, DO HEREBY CERTIFY THAT, Name of educator

Audrey Danielle Barba GRADUATED ON 05/01/21 Name of applicant Date (mm/dd/yy)

AT Rush University College of Health Sciences LOCATED IN Chicago IL Name of institution City, State

RECORDS OF THIS INSTITUTION INDICATE THAT THE APPLICANT HAS HAS NOT BEEN THE SUBJECT OF DISCIPLINARY ACTION. (If applicant has been the subject of disciplinary action, please explain on a separate sheet of paper.)

Brenda Weddington, University Registrar

Name of educator - please type or print

[Handwritten Signature]

Original Signature

University Registrar

Title

01/25/24

Date (mm/dd/yy)

(SEAL)



This institution has no seal

Signature of educator

Sworn to before me on Date (mm/dd/yy) My commission expires: Date (mm/dd/yy)

Notary Signature Commission number:

Handwritten blue ink: LP 168



# RUSH UNIVERSITY

Name: Barba, Audrey D.  
 Student ID: 0082212  
 SSN: [REDACTED]  
 Date of Birth: [REDACTED]  
 Print Date: 02/01/2024

Program(s): Cardiovascular Perfusion (MS)  
 Oklahoma Board of Medical Licensure and Su...

Printed from a Certified Digital Credential. Original has no watermark.

COURSE	Course Title	CRD	GD R	GRDPT	COURSE	Course Title	CRD	GD R	GRDPT
Fall 2019	Program(s): Cardiovascular Perfusion				CVP-664	Master's Project III	2.000	A	8.00
CHS-601	Introduction to Biostatist	2.000	B	6.00	CVP-661	Health Care Quality & Op M	2.000	A	8.00
CVP-605	Cardiopulmonary Anatomy	3.000	B	9.00		Term GPA 4.0000 Credit 16.000			
CVP-611	Cardiovascular Perfusion	3.000	B	9.00		Cum GPA 3.7447 Credit 78.000			
CVP-612	Instrument in Cardiovas Pe	3.000	A	12.00	Degrees/Certificates Awarded				
CVP-620	Eval of the Cardiac Patien	3.000	A	12.00	Degree: Master of Science (MS)				
CVP-621	Seminar I	3.000	P	.....	Major: Cardiovascular Perfusion				
IPE-502	Interprofess Patient Cente	0.000	CC	.....	Conferred: 05/01/2021				
	Term GPA 3.4286 Credit 17.000				End of official transcript.				
	Cum GPA 3.4286 Credit 17.000								

RECEIVED

FEB 01 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PRIMARY SOURCE

COURSE	Course Title	CRD	GD R	GRDPT
Spring 2020	Program(s): Cardiovascular Perfusion			
CHS-610	Research Methods	2.000	A	8.00
CVP-606	Acid Base Physiology	2.000	B	6.00
CVP-615	Cardiovascular Perfus Tech	3.000	A	12.00
CVP-622	Pathophysiology and Perfus	5.000	A	20.00
CVP-632	Principles of Pharmacology	3.000	A	12.00
IPE-502	Interprofess Patient Cente	0.000	P	.....
	Term GPA 3.8667 Credit 15.000			
	Cum GPA 3.6552 Credit 32.000			

COURSE	Course Title	CRD	GD R	GRDPT
Summer 2020	Program(s): Cardiovascular Perfusion			
CVP-623	Adult & Ped Heart Disease	2.000	B	6.00
CVP-624	Mechanical Circulatory Sup	2.000	A	8.00
CVP-640	Cardiopulmonary Bypass	4.000	A	16.00
CVP-641	Perfusion Practicum I	4.000	P	.....
CVP-661	Master's Project I	2.000	A	8.00
CVP-680	Organizational Leadership	2.000	A	8.00
	Term GPA 3.8333 Credit 16.000			
	Cum GPA 3.7073 Credit 48.000			

COURSE	Course Title	CRD	GD R	GRDPT
Fall 2020	Program(s): Cardiovascular Perfusion			
CVP-642	Perfusion Practicum II	12.000	P	.....
CVP-662	Master's Project II	2.000	A	8.00
	Term GPA 4.0000 Credit 14.000			
	Cum GPA 3.7209 Credit 62.000			

COURSE	Course Title	CRD	GD R	GRDPT
Spring 2021	Program(s): Cardiovascular Perfusion			
CVP-645	Perfusion Practicum III	12.000	P	.....

Continued on next Column/Page

Handwritten initials: P 168 10

Frank [Signature]

OFFICE of the REGISTRAR  
Raised seal not required.

FORM #4 (Perfusion)

RECEIVED

JAN 17 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS
101 NE 51ST STREET, OKLAHOMA CITY, OK 73118
PO BOX 18256 OKLAHOMA CITY, OK 73154-0256
(405) 962-1400

VERIFICATION OF EMPLOYMENT

AN OFFICIAL OF EACH HEALTH CARE FACILITY IN WHICH YOU HAVE BEEN EMPLOYED MUST COMPLETE THIS FORM. THE SEAL OF THE FACILITY MUST BE IMPRESSED THIS FORM OR THE STATEMENT AT THE BOTTOM OF THIS FORM MUST BE SIGNED BY THE OFFICIAL AND THE SIGNATURE NOTARIZED. ALL SIGNATURES MUST BE ORIGINAL.

I, Robert J Grinnett, DO HEREBY CERTIFY
Name of official

THAT Audrey Barba IS/HAS BEEN
Name of applicant

EMPLOYED IN THE PRACTICE OF PERFUSION AT:

Multicare Tacoma General Pulse Heart Institute, LOCATED IN
Name of health care facility

TACOMA WA 98405
City State

FROM 6 / 7 / 2021 TO 01 / 05 / 2024

(SEAL)

Robert J Grinnett
Name of official

[Signature]
Signature

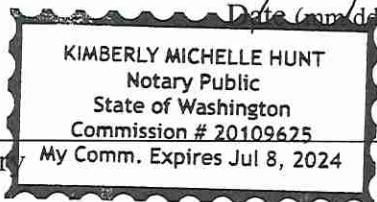
1/5/24
Date (mm/dd/yy)

Chief Perfusionist
Title

This institution has no seal. Kimberly Michelle Hunt
Signature of official

Sworn before me on: 01/05/24
Date (mm/dd/yy)

My commission expires: 7/8/24
Date (mm/dd/yy)



Commission Number: 20109625

LP168 SJ



# QuickConfirm License Verification Report

PRIMARY SOURCE

Primary Source Boards of Nursing Report Summary for

**AUDREY DANIELLE BARBA [NCSBN ID: 23267988]**

As of Wednesday January 17 2024 03:47:05 PM US Central Time

RECEIVED

JAN 17 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

**Disclaimer of Representations and Warranties**

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BARBA, AUDREY DANIELLE	RN	OKLAHOMA	R0131179	NO	EXPIRED	10/01/2018	01/30/2021	NONE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BARBA, AUDREY DANIELLE	RN	KANSAS	13-138349-071	YES	UNENCUMBERED	01/04/2017	07/31/2025	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
BARBA, AUDREY DANIELLE	RN	WASHINGTON	RN61218787	NO	EXPIRED	09/03/2021	07/05/2023	NONE

LP168  
57

## Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type**      **Number**      **Name**  
 LP              169      CHRISTOPHER PETER BRABANT  
 Licensed Perfusionist

**Practice Address:**  
 January 25, 2024  
 OKLAHOMA UNIVERSITY  
 660 PARRINGTON OVAL  
  
 NORMAN, OK 73019-0390  
 CLEVELAND

**Status:**  
**Res:**  
**Received:** 01/23/2024  
**Entered:** 01/23/2024  
**Temp Issued:**  
**Temp Expires:**  
**Train Issued:**  
**Train Expires:**  
**Fed Rec:**  
**AMA Rec:**  
**Board Action:**  
**License #:** 169  
**Sex:** M  
**Ethnic Origin:** 1

**Endorsed By:** ABCP  
**Orig Issued:**                      **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
<b>Test 1:</b>					
<b>Test 2:</b>					
<b>Test 3:</b>					
<b>Test AV:</b>					
<b>Total Possible:</b>					
<b>Okla Passing:</b>					
<b>Total Score:</b>					

PRE-MED EDUCATION					
<b>School Name:</b> ST. LOUIS UNIVERSITY					
<b>City:</b> ST. LOUIS	<b>State:</b> MO	<b>Country:</b> UNITED STATES			
<b>Degree:</b> BACCALAUREATE OF SCIENCE PERFUSION TECHNOLOGY	<b>From:</b> 5/1992	<b>To:</b> 5/1994	<b>Verified:</b>		
<b>School Name:</b> ST. NORBERT COLLEGE					
<b>City:</b> DEPERE	<b>State:</b> WI	<b>Country:</b> UNITED STATES			
<b>Degree:</b> BACCALAUREATE OF SCIENCE	<b>From:</b> 8/1986	<b>To:</b> 12/1991	<b>Verified:</b>		
<b>School Name:</b> ASHWAUBENON HIGH SCHOOL					
<b>City:</b> GREEN BAY	<b>State:</b> WI	<b>Country:</b> UNITED STATES			
<b>Degree:</b> DIPLOMA	<b>From:</b> 9/1980	<b>To:</b> 5/1984	<b>Verified:</b>		



## Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
LP	169	CHRISTOPHER PETER BRABANT

Licensed Perfusionist

**DEFICIENCIES**

RECEIVED

JAN 23 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

APPLICATION FOR PERFUSION LICENSE  
OKLAHOMA STATE BOARD OF EXAMINERS OF PERFUSIONISTS  
P.O. Box 18256 Oklahoma City, OK 73154-0256 (405) 962-1400

ck# 3628

\$ 400

Payer - Lic / Kathy  
↳  
Brabant

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM. IF NOT APPLICABLE, MUST PUT N/A.

CHECK AND/OR COMPLETE THE APPROPRIATE BLANKS

A certificate from the American Board of Cardiovascular Perfusion was issued on 03/07/96 (copy is attached with a certifying letter).

Not certified and applying for a provisional license. Graduated from \_\_\_\_\_ (an accredited perfusion program) on \_\_\_\_\_ (proof of graduation is attached).

Not certified and not an accredited graduate but a full time perfusionist for 24 months prior to January 1, 1997 (proof of employment is attached).

Student of an accredited perfusion program and applying for a provisional license (proof of student status is attached).

I.

LAST NAME: Brabant

MAILING ADDRESS: \_\_\_\_\_

FIRST NAME: Christopher

STREET / P.O. BOX: \_\_\_\_\_

MIDDLE NAME: Peter

CITY: \_\_\_\_\_

SUFFIX: \_\_\_\_\_ SOC. SEC. NUMBER: \_\_\_\_\_

STATE: WI ZIP: \_\_\_\_\_

IF LICENSED IN OKLAHOMA, WHERE DO YOU INTEND TO PRACTICE?

Oklahoma University

DATE AND PLACE OF BIRTH:

PRACTICE ADDRESS: Oklahoma University

Mo. Day Yr.

660 Parrington Oval

CITY: \_\_\_\_\_

CITY: Norman

STATE: WI COUNTRY: USA

STATE: OK ZIP: 73019-0390

ETHNIC ORIGIN: CAUCASIAN  BLACK \_\_\_\_\_ AM. INDIAN \_\_\_\_\_ HISPANIC \_\_\_\_\_ OTHER(SPECIFY) \_\_\_\_\_

SEX: (M/F) M

MILITARY SERVICE

BRANCH: USAF/WI Air National Guard RANK: Technical Sergeant

FROM: 1 / 4 / 1985 TO: 3 / 31 / 1992  
MO DAY YEAR MO DAY YEAR

2. List other state licenses issued to you:

Profession	State	Number	Date Issued
Perfusion	WI	39-18	09/10/20
Perfusion	IL	214000202	07/25/20
Perfusion	MO	2023038935	10/15/20

LP 1169  
WJ

JAN 23 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

3. ANSWER THE FOLLOWING QUESTIONS:

(YES ANSWERS MUST BE EXPLAINED IN DETAIL ON AN ACCOMPANYING SWORN AFFIDAVIT.)

Have you ever been denied licensure/certification by a licensing authority? YES \_\_\_ NO

Has your application for examination for licensure or registration ever been rejected? YES \_\_\_ NO

Have you ever failed an examination for licensure/certification/registration? YES \_\_\_ NO

Has your license or certificate ever been revoked, voluntarily surrendered or have you ever been the subject of disciplinary action by a licensing agency, institution or professional society? YES \_\_\_ NO

Are you now or have you, within the past two years, been addicted to, or used in excess, any drug or chemical substance including alcohol, or been treated through a rehabilitation program? YES \_\_\_ NO

Are you now or have you ever been treated for an emotional, mental or nervous disorder? YES \_\_\_ NO

Have you ever been charged with or convicted of a felony or any crime directly or indirectly related to the practice of your profession? YES \_\_\_ NO

Have you ever had membership denied, revoked, or been disciplined by a County, State or National professional association? YES \_\_\_ NO

Have you ever been denied privileges or disciplined by a hospital or other professional practice setting? YES \_\_\_ NO

Have you ever violated, aided or abetted others in violation of any provision of the Oklahoma Licensed Perfusionists Act? YES \_\_\_ NO

Have you ever violated the "Code of Professional and Ethical Conduct" adopted and published by the Oklahoma State Board Of Examiners of Perfusionists? YES \_\_\_ NO

Have you ever practiced perfusion under cover of a permit, license, or certificate illegally or fraudulently obtained or issued? YES \_\_\_ NO

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

APPLICATION RECEIVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ LICENSE NUMBER \_\_\_\_\_

FEE RECEIVED \_\_\_\_\_ FEE AMOUNT \_\_\_\_\_ DATE WITHDRAWN/DENIED \_\_\_\_\_

APPLICATION PROCESSED BY: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

LP 169 M

4. EDUCATION

HIGH SCHOOL: Ashwaubenon High School

CITY: Green Bay STATE OR COUNTRY: WI

MO/YR ENTERED: 09 / 1980 MO/YR DEPARTED: 05 / 1984

TYPE DEGREE: High School Diploma

COLLEGE: St. Norbert College

CITY: Depere STATE OR COUNTRY: WI

MO/YR ENTERED: 08 / 1986 MO/YR DEPARTED: 12 / 1991

TYPE DEGREE: Baccalaureate of Science

COLLEGE: St. Louis University

CITY: St. Louis STATE OR COUNTRY: MO

MO/YR ENTERED: 05 / 1992 MO/YR DEPARTED: 06 / 1994

TYPE DEGREE: Baccalaureate of Science Perfusion Technology

TRAINING

FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE OR COUNTRY: \_\_\_\_\_

MO/YR ENTERED: \_\_\_\_\_ / \_\_\_\_\_ MO/YR DEPARTED: \_\_\_\_\_ / \_\_\_\_\_

CERTIFICATE ISSUED: \_\_\_\_\_

FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE OR COUNTRY: \_\_\_\_\_

MO/YR ENTERED: \_\_\_\_\_ / \_\_\_\_\_ MO/YR DEPARTED: \_\_\_\_\_ / \_\_\_\_\_

CERTIFICATE ISSUED: \_\_\_\_\_

FACILITY: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE OR COUNTRY: \_\_\_\_\_

MO/YR ENTERED: \_\_\_\_\_ / \_\_\_\_\_ MO/YR COMPLETED: \_\_\_\_\_ / \_\_\_\_\_

CERTIFICATE ISSUED: \_\_\_\_\_

ACCOUNT FOR ALL OTHER TIME FROM HIGH SCHOOL TO PRESENT IN CHRONOLOGICAL ORDER (INCLUDE MONTH AND YEAR)

FROM MO/YR	TO MO/YR	CITY	COUNTRY OR STATE	EMPLOYER, PRACTICE SETTING ACTIVITY, ETC.
01/85	08/86	Luke Air Force Base	Phoenix, AZ	USAF Hospital Luke Air Force Base / Surgical Technician
09/86	03/92	Truax Air Field	Madison, WI	WI Air National Guard, Truax Air Field Health Clinic, CNA
10/86	02/93	Green Bay	WI	Bellin Hospital, Surgical Technician
05/94	08/96	Dubuque	IA	Mercy Health Center, Perfusionist
09/96	08/98	Green Bay	WI	Bellin Hospital, Perfusionist
09/98	11/23	Milwaukee	WI	Children's WI, Perfusionist

RECEIVED

JAN 23 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

LP 169  
17

using our general inbox at [info@abcp.org](mailto:info@abcp.org).

For any additional questions, please contact our office at [info@abcp.org](mailto:info@abcp.org) or 414-918-3008.

ABCP

PRIMARY SOURCE

First Name:

AND

Last Name:

RECEIVED

JAN 25 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

OR

Certificate ID:

I'm not a robot reCAPTCHA  
Privacy - Terms

Submit

Clear

### Matching Candidates: (1)

Candidate Name	Location	ABCP ID Number	Certification Expiration Date
Christopher P. Brabant	Sobieski, WI	950036	December 31, 2024

✓

LP 169 10



RECEIVED

JAN 23 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PROVIDED BY  
APPLICANT

CP 169  
01/27

# American Board of Cardiovascular Perfusion

To all to whom these presents shall come, Greetings  
Be it known to all that

**Christopher P. Brabant**

Certificate # 950036

having met the criteria for experience and qualifications established by the  
American Board of Cardiovascular Perfusion, is awarded the status of  
**Certified Clinical Perfusionist (CCP)**

Given on March 7, 1996 and shall expire on December 31, 2024.

*David R. Boyne*

David R. Boyne, CCP – President

*Carol Ann E. Rosenberg*

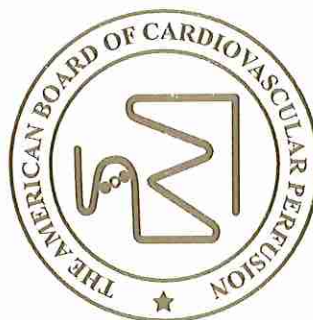
Carol Ann E. Rosenberg, CCP – Vice President

*William D. Riley*

William D. Riley, CCP – Treasurer

*Emily S. Collins*

Emily Saulitis Collins, CCP – Secretary



*Kirsten R. Kallies*

Kirsten R. Kallies, CCP – Director

*Tyler Kelting*

Tyler Kelting, CCP – Director

*Scott M. Noesges*

Scott M. Noesges, CCP – Director

*Emily L. Thunstrom-Kahring*

Emily L. Thunstrom-Kahring, CCP – Director

*Calcb S. Varner*

Calcb S. Varner, CCP – Director

RECEIVED

JAN 23 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION



# The American Board of Cardiovascular Perfusion

October 12, 2023

Christopher F. Brabant  
8673 Autumn Blaze Trl

Sobieski, WI 54171-3500

ABCP CCP#950036 Cycle: 1

Dear Christopher F. Brabant

The American Board of Cardiovascular Perfusion (ABCP) has received and reviewed your recertification materials for the period of July 1, 2022 through June 30, 2023. On the basis of this report, you have met the requirements for recertification as a Certified Clinical Perfusionist (CCP). This letter shall hereby extend your certification through December 31, 2024.

Certification is an ongoing activity. In order to maintain certification, you must report clinical activity annually and professional activity every third year. Your recertification reports are always due by August 1<sup>st</sup> each year. For more information, please see the Booklet of Information on our website. This document is updated annually with all recertification requirements.

This official notification shall serve as your annual verification letter. In a step to modernize the process, no sticker or physical letter will be sent out. And, you now have access to your digital certification on the Online Filing System (OFS) on the Dashboard. Next to your ABCP CCP# there is the option for "View Certificate." Click that link and save the PDF to your files.

Current CCPs will receive one final updated paper certificate over the next 2 years. Cycle 1 will receive new physical certificates by the end of 2023. Cycle 3 will receive an updated paper certificate after successful completion of recertification in 2024 and Cycle 2 will receive a new physical certificate after successful recertification in 2025.

Thank you.

Jeanne Rhodes  
Executive Director

PROVIDED BY  
APPLICANT

UP 1/6/24  
✓

.State of Oklahoma Board of Examiners of Perfusionists  
101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: [Licensing@okmedicalboard.org](mailto:Licensing@okmedicalboard.org)

**Applicant:** In the presence of a notary public, sign this form with attached photo

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



*Chris Brabant*

Applicant's signature (must be signed in the presence of a notary)

RECEIVED

JAN 23 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Brabant, Christopher P

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

01-16-2024

Date of signature (must correspond to the date of notarization)

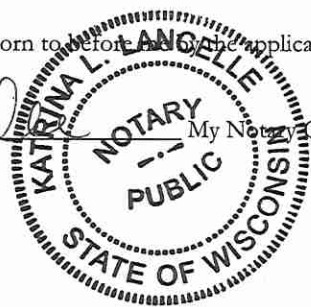
**NOTARY**

State of WI, County of Brown

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 16<sup>th</sup> day of January, 2024

Notary Public Signature Katrina L. Lancellotti My Notary Commission Expires 11/29/27



*LP 169*



SAINT LOUIS UNIVERSITY

Higher purpose. Greater good.  
St. Louis, MO 63103

RECEIVED

JAN 25 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

Record of: Christopher P Brabant

Date Issued: 25-JAN-2024  
University ID: 000052359  
Social Security Number: [REDACTED]  
Date of Birth: [REDACTED]

Page: 1

Course Level: Undergraduate

Primary Program

BS in Perfusion Tech

College : Doisy College Health Sciences

Major : Perfusion Technology

Degree Awarded BS in Perfusion Tech 14-MAY-1994

Primary Degree

Major : Perfusion Technology

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
----------	--------------	----------	-------

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

St Louis Cmty Colg Forest Ek

AN G 300	GROSS ANATOMY FOR AHP	6.00 TR	I
Ehrs: 6.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00			

Saint Norbert College

CH A 153	PRINCIPLES-CHEMISTRY I	4.00 TR	I
CH A 154	PRINCIPLES-CHEMISTRY II	4.00 TR	I
CH A 240	INTRO-ORGANIC CHEMISTRY	4.00 TR	I
MT A 132	SURVEY OF CALCULUS	4.00 TR	I
PH A 122	GENERAL PHYSICS	4.00 TR	I
PL A 105	INTRO PHIL: ANCNT GREECE	4.00 TR	I
XFER 0000	FR LEVEL TRANSFER CREDIT	4.00 TR	I
XFER 0000	JR LEVEL TRANSFER CREDIT	4.00 TR	I
Ehrs: 32.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00			

University Of Wisconsin - Gree

BL A 104	PRINCIPLES OF BIOLOGY	4.00 TR	I
BL A 106	PRINCIPLES OF BIOLOGY II	4.00 TR	I
CH A 103	INTRO TO CHEMISTRY I	5.00 TR	I
ENGA 150	PRACTICE OF WRITING	3.00 TR	I
ENGA 193	SPECIAL TOPICS	3.00 TR	I
HS A 111	WEST CIV: FOUND-MOD WORLD	3.00 TR	I
PSYA 101	GENERAL PSYCHOLOGY	3.00 TR	I
XFER 0000	SO LEVEL TRANSFER CREDIT	2.00 TR	I
***** CONTINUED ON NEXT COLUMN *****			

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
----------	--------------	----------	-------

Transfer Information continued:

XFER 0000	SO LEVEL TRANSFER LEVEL	4.00 TR	I
XFER 0000	SO LEVEL TRANSFER CREDIT	3.00 TR	I
Ehrs: 34.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00			

INSTITUTION CREDIT:

Summer 1992			
PRFH 120	INTRO-PERFUSION TECH	0.00 S	0.00
Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00			

Fall 1992			
PAEH 330	INTRO CLN LAB MEDICINE	4.00 A	16.00
PAEH 336	CLINICAL PHARMACOLOGY	3.00 C+	7.50
PRFH 322	EXTRACORPOREAL INSRMNTN	6.00 B+	21.00
PY G 254	LABORATORY		0.00
PY G 254	HUMAN PHYSIOLOGY	4.00 A	16.00
Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 60.50 GPA: 3.55			

Spring 1993			
PRFH 323	ADJUNCTV-MNTRING TECHN I	4.00 B+	14.00
PRFH 330	INTRO CLINICAL MEDICINE	6.00 B	18.00
PRFH 342	ADULT PERFSN PRCTCM I	5.00 B+	17.50
Ehrs: 15.00 GPA-Hrs: 15.00 QPts: 49.50 GPA: 3.30			

Summer 1993			
PRFH 347	CLINICAL PRACTICUM	0.00 S	0.00
Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00			

Fall 1993			
PRFH 324	ADJUNCTV-MNTRING TECHN II	2.00 B	6.00
PRFH 343	ADULT PERFSN PRCTCM II	4.00 B+	14.00
PRFH 345	PED PERFSN-ANESTH PRCTCM	5.00 B+	17.50
PRFH 346	CARDIOVSLR PROC PRCTCM	3.00 A	12.00
Ehrs: 14.00 GPA-Hrs: 14.00 QPts: 49.50 GPA: 3.53			

\*\*\*\*\* CONTINUED ON PAGE 2 \*\*\*\*\*

PRIMARY SOURCE

Issued To:

OKLAHOMA STATE MEDICAL BOARD O

Jay Staugen  
University Registrar

169  
15



SAINT LOUIS UNIVERSITY

Higher purpose. Greater good.  
St. Louis, MO 63103

Record of: Christopher P Brabant

Date Issued: 25-JAN-2024  
University ID: 000052359  
Social Security Number: [REDACTED]  
Date of Birth: [REDACTED]

Page: 2

SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:

Spring 1994				
SUBJ NO.	COURSE TITLE	CRED	GRD	PTS R
PRFH 344	ADULT PERFSN PRCTCM III	4.00	B+	14.00
PRFH 348	ELECTIVE PRACTICUM	4.00	A	16.00
PRFH 350	SPEC APPLCTN-PERF TECHNQ	4.00	A	16.00
Ehrs: 12.00		GPA-Hrs: 12.00	Qpts: 46.00	GPA: 3.83
***** TRANSCRIPT TOTALS *****				
TOTAL INSTITUTION	Earned Hrs	GPA Hrs	Points	GPA
	58.00	58.00	205.50	3.54
TOTAL TRANSFER	72.00	0.00	0.00	0.00
OVERALL	130.00	58.00	205.50	3.54
***** END OF TRANSCRIPT *****				

PRIMARY SOURCE

RECEIVED

JAN 25 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

University Registrar

RECEIVED

JAN 23 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

01/15/2024

Oklahoma State Board of  
Examiners of Perfusionists  
PO Box 18256, Oklahoma City, OK  
73154-0256

Dear Board of Examiners of Perfusionists,

I would like to attest that I made a good faith effort to contact an educator of the Perfusion education program at St. Louis University, where I graduated from the School of Allied Health Professions, in May of 1994. Unfortunately, I was unable to locate anyone who directly contributed to my Perfusion education, given that I graduated 30 years ago. However, I included in my application packet, a copy of my diploma issued to me by St. Louis University.

I would also like to attest that I made a good faith effort to locate the licensure verification links on the states of which I hold Perfusion licenses, those being Wisconsin, Missouri and Illinois. Unfortunately, I could only locate a licensure verification link on the WI Department of safety and Professional Services website. The website would not accept the OK State Board of Examiners of Perfusionists resulting in the verification being sent to the OK State Board of Medical Licensure. I included in my application packet copies of the results of state licensure 'look up' for WI, and IL and I included a copy of my MO issued license.

Finally, I attest that I sent requests to the three hospitals listed on the OK Perfusion Licensure application as the employers that I provided perfusion services, to verify employment.

Please accept my attestations as valid. I am happy to provide, within my ability, any documentation or other forms of validation you may require for attendance at an accredited perfusion training program, licensure and/or employment as a Clinical Perfusionist. Thank you for reviewing my application documents for OK perfusion licensure.

Sincerely,



Christopher P. Brabant CCP  
262-210-7622  
christopher.brabant@hshs.org

LP 1/6/24  
10



PRIMARY SOURCE

RECEIVED

FEB 02 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Kids deserve the best.

Employment & Income (WRT)

Requested Date: Feb 2 2024 8:36AM Completed Date: Feb 2 2024 8:37AM  
 Requested By: Order #: 1237376  
 Reference #: Original Order #: N/A

Company Disclaimer

Employees who are inactive casual or casual will not have any annual salary reported.

The presence of multiple employment reports may correlate to a corporate transition between payroll systems. Please scroll to the base of the report you receive to view the full employment history.

Information you entered to conduct the search

P-S1704-E59255-C41616

Search requested for: Children's Hospital and Health System, Inc./20502  
 Purpose of the search:  
 Social Security Number: [REDACTED]  
 Reference #:

Employee Data Reported # 1(10 - CHS Children's Hospital and Health System, Inc.)

Record last updated with VaultVerify on: 02/02/2024

First Name: Christopher  
 Last Name: Brabant

Employment Dates:

Employment dates can be impacted by changes to payroll system/HRIS systems, acquisitions, reclassifications or leave of absence. The dates provided within this report are a direct reflection of the data available for this employee, per employer payroll records.

Original Start Date	Last Start Date	End Date
09/08/1998	09/23/2020	11/01/2023

Position/Title: Cardiovascular Perfusionist Location: Milwaukee Hospital  
 Employment Status: Inactive Employment Type: casual/Part time

Pay Details

Annual Salary: [REDACTED] Pay Frequency: BIWEEKLY  
 Additional Salary Info: N/A Hourly Rate: N/A

Last Three Years Gross Income Breakdown

Category	2024	2023	2022
Bonus	N/A	[REDACTED]	[REDACTED]
Gross Pay	\$0.00	[REDACTED]	[REDACTED]

Last Two Pay Periods

Period End	Pay Date	Gross Pay	Net Pay
04/29/2023	05/05/2023	[REDACTED]	[REDACTED]
04/01/2023	04/07/2023	[REDACTED]	[REDACTED]

Last Check Detail Breakdown

Period End	Pay Date	Gross Pay	Net Pay
04/29/2023	05/05/2023	[REDACTED]	[REDACTED]

Category	Gross Pay
Bonus	[REDACTED]
Total:	[REDACTED]

LP 1169 10

**Kenna L. Shaw**

**From:** Trinity Health HR Service Center / [REDACTED]  
**Sent:** Saturday, January 20, 2024 10:54 AM  
**To:** Brabant, Christopher P  
**Subject:** Verification of Employment [WARNING! - EXTERNAL]  
**Importance:** High

**PROVIDED BY  
APPLICANT**

Hello Chris,

Based on the identifying information you have provided, our records indicate that your employment with Trinity Health ended more than seven years ago. In compliance with Federal and state guidelines, Trinity Health's record retention policy only requires us to maintain employment records for colleagues for seven years following their date of separation. As such, we are no longer able to complete the form you have requested as your employment record is no longer available.

Warm Regards,  
Your HR Service Center Team  
Trinity Health

**RECEIVED**  
**JAN 25 2024**  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

*Your Trinity Health HR Service Center—the first point of contact for all your HR needs*

Colleague portal address: <https://HR4U.trinity-health.org>

[REDACTED]  
[trinity-health.org](https://trinity-health.org)

20555 Victor Parkway  
Livonia, MI 48152

[trinity-health.org](https://trinity-health.org) | [Facebook](#) | [Twitter](#) | [LinkedIn](#)



This is an automatic email, please do not reply as the address is not monitored. To contact us, please visit <https://HR4U.trinity-health.org>

**IMPORTANT NOTIFICATION:** The HR Service Center is available to you by clicking on the HR4U icon in your ZENworks window or entering <https://hr4u.trinity-health.org> in your web browser. Here you will find our Knowledgebase with answers to most commonly asked questions.

This message originates from the Trinity Health, Human Resources department. It may contain information that is confidential and is intended only for the individual(s) or entity named above. It is prohibited for anyone else to disclose, copy, distribute or use the



contents of this message. If you have received this message in error, please notify the service center immediately at 1-877-750-HR4U

**Confidentiality Notice:**

This e-mail, including any attachments is the property of Trinity Health and is intended for the sole use of the intended recipient(s). It may contain information that is privileged and confidential. Any unauthorized review, use, disclosure, or distribution is prohibited. If you are not the intended recipient, please delete this message, and reply to the sender regarding the error in a separate email.

**WARNING!** - This email is from an external sender. Do not click links or open attachments unless you know the sender. Never give out your username and password.



Illinois Department of Financial and Professional Regulation

RECEIVED

JAN 25 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PRIMARY SOURCE

### Lookup Detail View

#### Contact

##### Contact Information

Name	City/State/Zip	DBA / AKA
CHRISTOPHER PETER BRABANT	SOBIESKI, WI 54171	

#### License

##### License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
214000202	LICENSED PERFUSIONIST	ACTIVE	07/25/2003	03/23/2022	04/30/2024	N

Generated on: 1/25/2024 8:18:21 AM

LP 169  
MS

The Division of Professional Registration and its boards are open during the regular business hours of 8:00a.m. to 5:00p.m. Monday through Friday, excluding state holidays (<https://oa.mo.gov/commissioner/state-holidays>).

Did you know that there is a drop box located in the front of the Professional Registration building? Individuals may leave items for the division and its boards any time. We do ask that all items be placed in a sealed envelope labeled with the board name or name of the individual if not located in a board.

### Missouri Division of Professional Registration

[PR Home \(https://pr.mo.gov/\)](https://pr.mo.gov/)

RECEIVED

Detail

PRIMARY SOURCE

JAN 25 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

### Primary Source Verification

The licensee search function of this website provides data extracted from our database and constitutes a Primary Source Verification.

Licensee Name:	Brabant, Christopher Peter
Profession Name:	Perfusionist
Licensee Number:	2023038935
Expiration Date:	1/31/2025
Original Issue Date:	9/21/2023
Address:	SSM Health Cardinal Glennon
Address Con't:	1465 S Grand Blvd
City, State Zip:	Saint Louis, MO 63104
County:	St. Louis City
Practitioner DBA Name:	
Certification Type:	
Classification:	
Other Actions:	
Current Discipline Status:	None

LP 1/25/24



(<http://dsps.wi.gov/>)

# Wisconsin Department of Safety and Professional Services

## Credential/Licensing Search

### Individual Search Results - Detail

Credential/License Summary for 39

**Name:** BRABANT, CHRISTOPHER P

**Profession:** PERFUSIONIST (18)

**Credential/License Number:** 39-18

**Location:** SOBIESKI WI

**Credential/License Type:** regular

**Status:** License is current (Active)

**Eligible To Practice:** credential license is current

RECEIVED

JAN 25 2024

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE  
AND SUPERVISION

PRIMARY  
SOURCE

**Credential/License current through:** 3/1/2026

**Granted date:** 9/10/2003

**Multi-state:** N

**Orders:** NONE

**Specialties:** NONE

**Other Names:** Christopher P Brabant

ATTENTION: If a renewal application including payment is received by the renew by date (or Credential/License current through date), the credential holder is eligible to practice while the credential renewal is being processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat. § 227.51(2).

[Requirement Code Description \(https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf\)](https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf)

[Return to Search Results \(/IndividualLicense/SearchResults\)](/IndividualLicense/SearchResults)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov) (<mailto:dsps@wisconsin.gov>).

LP 1169  
10

*Amended: June 1, 2021*

**OKLAHOMA LICENSED PERFUSIONISTS ACT  
TITLE 59 O.S.  
SECTIONS 2051 - 2071**

**INDEX**

- 2051. Short Title**
- 2052. Definitions**
- 2053. State Board of Examiners of Perfusionists – Creation – Members – Term – Composition – Grounds for Removal**
- 2054. Meeting – Elections – Quorum – Compliance with Acts**
- 2055. Duties of State Board of Examiners of Perfusionists**
- 2056. Personnel, Facilities, Equipment, and Supplies – Executive Secretary of Board – Duties**
- 2057. State Board of Examiners of Perfusionists – Service Without Compensation – Protection from Personal Liability**
- 2058. Creation of Perfusionists Licensure Fund**
- 2059. Licensure Requirements – Qualifications – Application – Examination**
- 2060. Passing Examination Required – Notice of Results – Analysis – Limit on Retakes**
- 2061. Waiver of Examination**
- 2062. Issuance of Provisional License**
- 2063. Qualifications for Issuance of License**
- 2064. Use of Titles – Requirements of License Holder – Surrender of License**
- 2065. Renewal of Licenses**
- 2066. Applicability of Act**
- 2067. Assessment of Disciplinary Proceedings**
- 2068. Complaint – Hearing Procedures – Costs – Public Nature of Names and Addresses of Persons whose License Has been Denied, Surrendered, Revoked, suspended, or who Have Been Reprimanded**
- 2069. Misdemeanor Acts**
- 2070. Penalties for Violations**
- 2071. Penalties for Violations**

**Section 2051. Short Title**

Sections 2051 through 2071 of this act shall be known and may be cited as the "Oklahoma Licensed Perfusionists Act".

*Added by Laws 1996, c. 226, § 1, eff. July 1, 1996.*

**Section 2052. Definitions**

As used in the Oklahoma Licensed Perfusionists Act:

1. "Board" means the State Board of Examiners of Perfusionists;
2. "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, or both;
3. "Licensed perfusionist" means a person licensed to practice perfusion pursuant to the Oklahoma Licensed Perfusionists Act;
4. "Perfusion" means the functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular, circulatory and respiratory systems to ensure the safe management of physiologic functions by monitoring the parameters of the systems under an order and under the supervision of a licensed physician, including:
  - a. the use of extracorporeal circulation, cardiopulmonary support techniques, and other therapeutic and diagnostic techniques,
  - b. ventricular assistance, administration of cardioplegia, 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 acts described in this paragraph:
    - (1) the administration of:
      - (a) pharmacological and therapeutic agents, or
      - (b) blood products or anesthetic agents through the extracorporeal circuit or through an intravenous line as ordered by a physician,
    - (2) the performance and use of:

- (a) anticoagulation analysis,
  - (b) physiologic analysis,
  - (c) blood gas and chemistry analysis,
  - (d) hypothermia,
  - (e) hyperthermia,
  - (f) hemoconcentration, and
  - (g) hemodilution,
- (3) the observation of signs and symptoms related to perfusion services, and the determination of whether the signs and symptoms exhibit abnormal characteristics, and
- (4) the implementation of appropriate reporting and perfusion protocols, and changes in, or the initiation of, emergency procedures;

5. "Perfusion protocol" means perfusion-related policies and protocols developed or approved by a licensed health facility or a physician through collaboration with administrators, licensed perfusionists, and other health professionals; and

6. "Provisional licensed perfusionist" means a person provisionally licensed by this state pursuant to the Oklahoma Licensed Perfusionists Act.

*Added by Laws 1996, c. 226, § 2, eff. July 1, 1996.*

**Section 2053. State Board of Examiners of Perfusionists – Creation – Members – Term – Composition – Grounds for Removal**

A. There is hereby re-created until July 1, 2024, in accordance with the provisions of the Oklahoma Sunset Law, the State Board of Examiners of Perfusionists. The Board shall administer the provisions of the Oklahoma Licensed Perfusionists Act. The Board shall consist of nine (9) members, appointed by the State Board of Medical Licensure and Supervision.

B. The initial appointments for each member shall be for progressive terms of one (1) through three (3) years so that only one term expires each calendar year; subsequent appointments shall be for five-year terms. Members of the Board shall serve at the pleasure of and may be removed from office by the appointing authority. No member shall serve more than

three (3) consecutive terms. Members shall continue to serve until their successors are appointed. Any vacancy shall

be filled in the same manner as the original appointments. Five members shall constitute a quorum.

C. The Board shall be composed as follows:

1. Three members shall be members of the general public;
2. Four members shall be licensed perfusionists appointed from a list of not less than ten licensed perfusionists submitted by a statewide organization representing licensed perfusionists; and
3. Two members shall be physicians licensed pursuant to the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act and who are also board certified in cardiovascular surgery.

D. The licensed perfusionist members shall have been engaged in rendering perfusion services to the public, teaching perfusion care, or research in perfusion care, for at least five (5) years immediately preceding their appointments. These members shall at all times be holders of valid licenses for the practice of perfusion in this state, except for the members first appointed to the Board. These initial members shall, at the time of appointment, be credentialed as a Certified Clinical Perfusionist (CCP) conferred by the American Board of Cardiovascular Perfusion (ABCP) or its successor organization, and all shall fulfill the requirements for licensure pursuant to the Oklahoma Licensed Perfusionists Act. All members of the Board shall be residents of this state.

E. Upon expiration or vacancy of the term of a member, the respective nominating authority may, as appropriate, submit to the appointing authority a list of not less than three persons qualified to serve on the Board to fill the expired term of their respective member. Appointments may be made from these lists by the appointing authority and additional lists may be provided by the respective organizations if requested by the appointing authority.

F. It shall be a ground for removal from the Board if a member:

1. Does not have at the time of appointment the qualifications required for appointment to the Board;
2. Does not maintain during service on the Board the qualifications required for appointment to the Board;
3. Violates a prohibition established pursuant to the Oklahoma Licensed Perfusionists



Act;

4. Cannot discharge the member's term for a substantial part of the term for which the member is appointed because of illness or disability; or

5. Is absent from more than half of the regularly scheduled board meetings that the member is eligible to attend during a calendar year unless the absence is excused by a majority vote of the Board.

*Added by Laws 1996, SB 788, c. 226, § 3, emerg. eff. July 1, 1996; Amended by Laws 2002, HB 2167, c. 84, § 1, eff. August 23, 2002; Amended by Laws 2008, HB 2202, c. 10, § 1, eff. August 22, 2002*

#### **Section 2054. Meeting – Elections – Quorum – Compliance with Acts**

A. Within thirty (30) days after the member of the State Board of Examiners of Perfusionists are appointed, the Board shall meet to elect a chair and a vice-chair who shall hold office according to the rules adopted by the Board.

B. The Board shall hold at least two regular meetings each year as provided by the rules and procedures adopted by the Board.

C. A majority of the members of the Board, including the chair and vice-chair shall constitute a quorum at any meeting, and a majority of the required quorum shall be sufficient for the Board to take action by vote.

D. The Board shall comply with the provisions of the Oklahoma Open Meeting Act, the Oklahoma Open Records Act, the Administrative Procedures Act, and any other general act, statutorily created duty or requirement applicable to state agencies.

*Added by Laws 1996, c. 226, § 4, eff. July 1, 1996.*

#### **Section 2055. Duties of State Board of Examiners of Perfusionists**

A. The State Board of Examiners of Perfusionists shall promulgate rules not inconsistent with the provisions of the Oklahoma Licensed Perfusionists Act as are necessary for the governing of the proceedings of the Board, the performance of the duties of the Board, the regulation of the practice of perfusion in this state, and the enforcement of the Oklahoma Licensed Perfusionists Act.

B. The Board shall:

1. Adopt and publish standards of professional conduct for perfusionists and adopt an official seal;

2. Establish the qualifications and fitness of applicants for licenses, renewal of licenses, and reciprocal licenses;

3. Examine, certify, and renew the licenses of duly qualified applicants and establish the requirements and procedures therefor;

4. Maintain an up-to-date list of every person licensed to practice perfusion pursuant to the Oklahoma Licensed Perfusionists Act. The list shall show the license holder's last-known place of employment, last-known place of residence and the date and number of the license;

5. Cause the prosecution of all persons violating the Oklahoma Licensed Perfusionists Act and incur necessary expenses therefor;

6. Keep a record of all proceedings of the Board and make the record available to the public for inspection during reasonable business hours;

7. Conduct hearings and issue subpoenas according to the Administrative Procedures Act, the Oklahoma Licensed Perfusionists Act, and rules promulgated by the Board.

8. Investigate or cause to be investigated alleged violations of the Oklahoma Licensed Perfusionists Act.

9. Determine and assess administrative penalties, take or request civil action, request criminal prosecution or take other administrative or civil action as specifically authorized by the Oklahoma Licensed Perfusionists Act or other law against any person or entity who has violated any of the provisions of the Oklahoma Licensed Perfusionists Act, rules promulgated thereunder, or any license or order issued pursuant thereto;

10. Enter into interagency agreements or other contracts necessary to implement the Oklahoma Licensed Perfusionists Act;

11. Share information on a case-by-case basis of any person whose license has been suspended, revoked, or denied. This information shall include the name, social security number, type and cause of action, date and penalty incurred, and the length of the penalty and any other information determined necessary by the Board. This information shall be available for public inspection during reasonable business hours and shall be supplied to similar governing boards in other states upon request;

12. Establish reasonable and necessary fees for the administration and implementation of the Oklahoma Licensed Perfusionists Act;

13. Provide to its members and employees, as often as necessary, information regarding

their qualifications for office or employment under the Oklahoma Licensed Perfusionists Act and their responsibilities under applicable laws relating to standards of conduct for state officers or employees;

14. Establish continuing professional education programs for licensed perfusionists and

provisional licensed perfusionists pursuant to the Oklahoma Licensed Perfusionists Act, the standards of which shall be at least as stringent as those of the American Board of Cardiovascular Perfusion or its successor agency, and shall:

- a. establish a minimum number of hours of continuing education required to renew a license under the Oklahoma Licensed Perfusionists Act,
- b. develop a process to evaluate and approve continuing education courses,
- c. identify the key factors for the competent performance by a license holder of the license holder's professional duties, and
- d. adopt a procedure to assess a license holder's participation in continuing education programs;

15. By agreement, secure and provide for compensation for services that the Board considers necessary to the administration and implementation of the Oklahoma Licenses Perfusionists Act and may employ and compensate within available funds professional consultants, technical assistants, and employees on a full-time or part-time basis; and

16. Enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading, or reporting the results of examinations. Such organizations must be capable of providing an examination which:

- a. meets the standards of the American Board of Cardiovascular Perfusion or its successor agency,
- b. is able to be validated by an independent testing professional, and
- c. is nationally recognized as testing cardiovascular perfusion competencies.

*Added by Laws 1996, c. 226, § 5, eff. July 1, 1996.*

#### **Section 2056. Personnel, Facilities, Equipment, and Supplies – Executive Secretary of Board - Duties**

A. The State Board of Examiners of Perfusionists may employ such personnel and acquire such facilities, equipment, and supplies as are necessary to assist the Board in the administration and implementation of the provisions of the Oklahoma Licensed Perfusionists Act.

B. The Board shall designate a member of the Board to serve as the Executive Secretary of the Board. The Executive Secretary shall be the administrator of the licensure activities of the Board.

C. In addition to other duties prescribed by the Oklahoma Licensed Perfusionists Act and by the Board, the Executive Secretary shall:

1. Keep full and accurate minutes of the transactions and proceedings of the Board;
2. Be the custodian of the files and records of the Board;
3. Prepare and recommend to the Board plans and procedures necessary to implement the purposes and objectives of the Oklahoma Licensed Perfusionists Act, including rules and proposals on administrative procedures consisting with the Oklahoma Licensed Perfusionists Act;
4. Exercise general supervision over persons employed by the Board in the administration of the Oklahoma Licensed Perfusionists Act;
5. Be responsible for the investigation of complaints and for the presentation of formal complaints;
6. Attend all meetings of the Board as a nonvoting participant; and
7. Handle the correspondence of the Board and obtain, assemble or prepare the reports and information that the Board may direct or authorize.

*Added by Laws 1996, c. 226, § 6, eff. July 1, 1996.*

**Section 2057. State Board of Examiners of Perfusionists – Service Without Compensation – Protection from Personal Liability**

A. Members of the State Board of Examiners of Perfusionists shall serve without compensation but shall be reimbursed for all actual and necessary expenses incurred while engaged in the discharge of official duties pursuant to the Oklahoma Licensed Perfusionists Act in accordance with the State Travel Reimbursement Act.

B. Members of the Board shall enjoy the same rights of protection from personal liability as those enjoyed by other employees of the state for actions taken while acting under the provisions of the Oklahoma Licensed Perfusionists Act and in the course of their duties.

*Added by Laws 1996, c. 226, § 7, eff. July 1, 1996.*

### **Section 2058. Creation of Perfusionists Licensure Fund**

There is hereby created in the State Treasury a revolving fund for the State Board of Examiners of Perfusionists to be designated the "Perfusionists Licensure Fund." The fund shall

be a continuing fund, not subject to fiscal year limitations, and shall consist of fees received by the Board and any other monies collected pursuant to the Oklahoma Licensed Perfusionists Act. All monies accruing to the credit of the fund are hereby appropriated and may be budgeted and expended by the Board for any purpose which is reasonably necessary to carry out the provisions of the Oklahoma Licensed Perfusionists Act. Expenditures from the fund shall be made upon warrants issued by the State Treasurer against claims filed as prescribed by law with the Director of State Finance for approval and payment.

*Added by Laws 1996, c. 226, § 8, eff. July 1, 1996.*

### **Section 2059. Licensure Requirements – Qualifications – Application - Examination**

A. Except as otherwise provided in the Oklahoma Licensed Perfusionists Act, no person shall practice perfusion in this state unless licensed pursuant to the provisions of the Oklahoma Licensed Perfusionists Act.

B. No person shall be licensed to practice perfusion in this state except upon a finding by the State Board of Examiners of Perfusionists that such person:

1. Has fully complied with all applicable licensure requirements of the Oklahoma Licensed Perfusionists Act; and

2. Has produced satisfactory evidence to the Board of the ability of the applicant to practice perfusion with reasonable skill and safety.

C. An applicant for a perfusionist license must submit a sworn application accompanied by an application fee specified in Section 2071 of this title in an amount set by rule of the Board.

D. The Board shall prescribe the form of the application and by rule may establish dates by which applications and fees must be received. These rules must not be inconsistent with present rules of the State Board of Medical Licensure and Supervision related to application dates of other licenses. The Board may review and verify medical credentials and screen applicant records through recognized national information services.

E. To qualify for the examination for licensure, the applicant must have successfully completed a perfusion education program approved by the Board.

F. In approving perfusion education programs necessary for qualification for examination, the Board shall approve only a program that has educational standards that are at least as

stringent as those established by the Accreditation Committee for Perfusion Education and approved by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors.

G. Not later than the forty-fifth day after the date of receipt of a properly submitted and timely application and not later than the thirtieth day before the next examination date, the Board shall notify an applicant in writing that the applicant's application and any other relevant evidence pertaining to applicant qualifications established by the Board by rule have been received and investigated. The notice shall state whether the application and other evidence submitted have qualified the applicant for examination. If the applicant has not qualified for examination, the notice shall state the reasons for lack of qualification.

*Added by Laws 1996, SB 788, c. 226, § 9, emerg. eff. July 1, 1996; Amended by Laws 2000, HB 1890, c. 29, § 1, emerg. eff. April 6, 2000*

### **Section 2060. Passing Examination Required – Notice of Results – Analysis – Limit on Retakes**

A. The applicant, except where otherwise provided in the Oklahoma Licensed Perfusionists Act, shall be required to pass an examination, whereupon the State Board of Examiners of Perfusionists may issue to the applicant a license to practice perfusion. Examinations shall be prepared or approved by the Board and administered to qualified applicants at least once each calendar year.

B. An examination prescribed by the Board may be or may include the written and oral examinations given by the American Board of Cardiovascular Perfusion or by a national or state testing service in lieu of an examination prepared by the Board.

C. Not later than thirty (30) days after the date on which an examination is administered under the provisions of the Oklahoma Licensed Perfusionists Act, the Board shall notify each examinee of the results of the examination. If an examination is graded or reviewed by a national or state testing service, the Board shall notify examinees of the results of the examination within two (2) weeks after the date the Board receives the results from the testing service. If the notice of examination results will be delayed for more than ninety (90) days after the examination date, the Board shall notify the examinee of the reason for the delay before the ninetieth day.

D. If requested in writing by a person who fails the examination, the Board shall furnish the person with an analysis of the person's performance on the examination.

E. The Board by rule may establish a limit on the number of times the applicant who fails an examination may retake the examination and the requirements for retaking the examination.

*Added by Laws 1996, c. 226, § 10, eff. July 1, 1996.*

### **Section 2061. Waiver of Examination**

A. Upon the receipt of an application and application fee, the State Board of Examiners of Perfusionists shall waive the examination requirement and issue a license to practice perfusion by endorsement to an applicant who:

1. Is currently permitted, licensed or certified by another state, territory, or possession of the United States if the requirements of that state, territory, or possession for the permit, license or certificate are deemed by the Board to be equivalent to those required in this state by the Oklahoma Licensed Perfusionists Act; or

2. Holds a license as a Certified Clinical Perfusionist (CCP) by the American Board of Cardiovascular Perfusion prior to January 1, 1997, provided such license has not been not renewed, suspended, or revoked; or

3. Has been practicing perfusion in a full-time capacity for a period of more than twenty-four (24) months prior to January 1, 1997; and

4. Meets and complies with all other requirements specified by the Oklahoma Licensed Perfusionists Act or rules promulgated thereto.

B. An applicant applying for a license pursuant to the provisions of this section shall certify under oath that the applicant's credentials have not been suspended, revoked, or not renewed or the applicant has not been placed on probation, or reprimanded.

*Added by Laws 1996, c. 226, § 11, eff. July 1, 1996.*

### **Section 2062. Issuance of Provisional License**

A. 1. Upon the receipt of an application and application fee, the State Board of Examiners of Perfusionists may issue a provisional license to practice perfusion for a period of one (1) year to a person permitted, licensed or certified in another state, territory, or possession of the United States who does not qualify for a licensure by endorsement pursuant to Section 2061 of this act but has applied to take the examination and otherwise meets the qualifications of the Board. Provided, the applicant must show written evidence, verified by oath, that the applicant is currently practicing or has within the last six (6) months practiced perfusion in another state, territory, or possession of the United States.

2. A graduate of a perfusion education program approved by the Accreditation Committee for Perfusion Education and approved by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors, who has applied to take the examination and otherwise meets the qualifications of the Board.

3. A student currently enrolled in a perfusion education program approved by the Accreditation Committee for Perfusion Education and approved by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors

may receive a provisional license as set out by the rules of the Board.

B. A person to whom a provisional license is issued pursuant to this section shall be under the supervision and direction of a licensed perfusionist at all times during which the provisional licensed perfusionist performs perfusion. Rules promulgated by the Board governing such supervision and direction shall require the immediate physical presence of the supervising licensed perfusionist.

*Added by Laws 1996, c. 226, § 12, eff. July 1, 1996.*

### **Section 2063. Qualifications for Issuance of License**

The Board may issue a license to practice perfusion upon payment of a licensure fee specified by Section 2071 of this act to any person who has:

1. Qualified pursuant to Section 2060 or Section 2061 of this act; or
2. Been practicing perfusion in a full-time capacity for a period of more than twenty-four (24) months prior to January 1, 1997; provided, such applicant must demonstrate through written evidence verified under oath and certified to by the employing health care facility that the applicant has in fact been employed in such capacity for more than twenty-four (24) months preceding January 1, 1997.

*Added by Laws 1996, c. 226, § 13, eff. July 1, 1996.*

### **Section 2064. Use of Titles – Requirements of License Holder – Surrender of License**

A. A person holding a license to practice perfusion in this state may use the title "licensed perfusionist" and the abbreviation "L.P."

B. A license holder must:

1. Display the license in an appropriate and public manner; or
2. Maintain on file at all times during which the license provides services in a health care facility a true and correct copy of the license in the appropriate records of the facility; and
3. Keep the State Board of Examiners of Perfusionists informed of any change of address.

C. A licensure issued by the Board is the property of the Board and shall be surrendered on demand.

*Added by Laws 1996, c. 226, § 14, eff. July 1, 1996.*



**Section 2065. Renewal of Licenses**

A. Except as otherwise provided in the Oklahoma Licensed Perfusionists Act, a license shall be renewed annually. The State Board of Examiners of Perfusionists shall mail notices at least thirty (30) calendar days prior to the expiration for renewal of licenses to every person to whom a license was issued or renewed during the preceding renewal period. A person may renew an unexpired license by submitting proof satisfactory to the Board of compliance with the continuing professional education requirements prescribed by the Board and paying a renewal fee as specified by Section 2071 of this act to the Board before the expiration date of the license.

B. If a person's license has been expired for not more than ninety (90) days, the person may renew the license by submitting proof satisfactory to the Board of compliance with the continuing professional education requirements prescribed by the Board and paying to the Board a renewal fee as specified by Section 2071 of this act.

C. If a person's license has been expired for more than ninety (90) days but less than two (2) years, the person may renew the license by submitting proof satisfactory to the Board of compliance with the continuing professional education requirements prescribed by the Board and paying to the Board all unpaid renewal fees and a reinstatement fee as specified by Section 2071 of this act.

D. If a person's license has been expired two (2) years or more, the person may not be permitted to renew the license, but such person may obtain a new license by submitting to reexamination and complying with the current requirements and procedures for obtaining a license.

E. No penalty for late renewal shall be charged to any license holder whose license expires while the holder is in military service if an application for renewal is made within one (1) year following such holder's service discharge.

F. The Board is authorized to establish by rule fees for replacement and duplicate licenses.

*Added by Laws 1996, c. 226, § 15, eff. July 15, 1996.*

**Section 2066. Applicability of Act**

The provisions of the Oklahoma Licensed Perfusionists Act shall not apply to:

1. A person licensed by another health professional licensing board if:
  - a. the person does not represent to the public, directly or indirectly, that the person is licensed pursuant to the provisions of the Oklahoma Licensed Perfusionists Act, and does not use any name, title, or designation indicating that the person is licensed pursuant to the Oklahoma Licensed Perfusionists Act, and

- b. the person confines the person's acts or practice to the scope of practice authorized by the other health professional licensing laws;
2. A student enrolled in an accredited perfusion education program if perfusion services performed by the student:
- a. are an integral part of the student's course of study, and
  - b. are performed under the direct supervision of a licensed perfusionist assigned to supervise the student and who is on duty and immediately available in the assigned patient care area;
3. The practice of any legally qualified perfusionist employed by the United States government which is in the discharge of official duties; or
4. A person performing autotransfusion or blood conservation techniques under the supervision of a licensed physician.

*Added by Laws 1996, c. 226, § 16, eff. July 1, 1996.*

**Section 2067. Assessment of Disciplinary Proceedings**

The State Board of Examiners of Perfusionists may assess administrative penalties, revoke, suspend, or refuse to renew any license, place on probation, or otherwise reprimand a license holder or deny a license to an applicant if it finds that the person:

- 1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of a license to practice perfusion;
- 2. Is unfit or incompetent by reason of negligence, habits, or other cause of incompetence;
- 3. Is habitually intemperate in the use of alcoholic beverages;
- 4. Is addicted to, or has improperly obtained, possessed, used, or distributed habit-forming drugs or narcotics;
- 5. Is guilty of dishonest or unethical conduct;
- 6. Has practiced perfusion after the license has expired or has been suspended, revoked, or not renewed;
- 7. Has practiced perfusion under cover of any permit, license, or certificate illegally or fraudulently obtained or issued;
- 8. Has violated or aided or abetted others in violation of any provision of the Oklahoma

Licensed Perfusionists Act;

9. Has been guilty of unprofessional conduct as defined by the rules established by the Board, or of violating the code of ethics adopted and published by the Board;

10. Is guilty of the unauthorized practice of medicine; or

11. Has been found to be in violation of any provision of the Oklahoma Licensed Perfusionists Act or rules promulgated thereto.

*Added by Laws 1996, c. 226, § 17, eff. July 1, 1996.*

**Section 2068. Complaint – Hearing Procedures – Costs – Public Nature of Names and Addresses of Persons whose License Has been Denied, Surrendered, Revoked, suspended, or who Have Been Reprimanded**

A. Upon the filing of a written complaint with the State Board of Examiners of Perfusionists charging a person with any of the acts described in Section 2067 of this act, an authorized employee of the Board may make an investigation. If the Board finds reasonable grounds for the complaint, a time and place for a hearing shall be set, notice of which shall be served on the license holder, or applicant at least fifteen (15) calendar days prior thereto. The notice shall be by personal service or by certified or registered mail sent to the last-known address of the person.

B. Hearing procedures shall be conducted in accordance with, and a person who feels aggrieved by a decision of the Board may make an appeal pursuant to, Article II of the Administrative Procedures Act.

C. Any person who has been determined to be in violation of the Oklahoma Licensed Perfusionists Act or any rule promulgated thereto, in addition to any administrative penalty assessed by the Board pursuant to Section 2070 of this act, shall pay for all costs incurred by the Board.

D. The Board shall make public on a case-by-case basis the names and addresses of persons whose licenses have been denied, surrendered, revoked, suspended, or who have been denied renewal of their licenses, placed on probation or otherwise reprimanded, and persons who have been practicing perfusion in violation of the Oklahoma Licensed Perfusionists Act.

*Added by Laws 1996, c. 226, § 18, eff. July 1, 1996.*

**Section 2069. Misdemeanor Acts**

It is a misdemeanor for any person to:

1. Sell, fraudulently obtain or furnish any perfusion license or record, or aid or abet therein;

2. Practice perfusion under cover of any perfusion diploma, license, or record illegally or fraudulently obtained or issued;
3. Practice perfusion unless duly licensed to do so pursuant to the provisions of the Oklahoma Licensed Perfusion Act;
4. Impersonate in any manner or pretend to be a perfusionist or use the title "licensed perfusionist," the letters "L.P." or other words, letters, signs, symbols, or devices to indicate the person using them is a licensed perfusionist unless duly authorized by a license to perform under the provisions of the Oklahoma Licensed Perfusionists Act;
5. Practice perfusion during the time a license is suspended, revoked, or expired or not renewed;
6. Fail to notify the Board of the suspension, probation, or revocation of any past or currently held permits, licenses, or certificates required to practice perfusion in this or any other jurisdiction;
7. Knowingly employ unlicensed persons in the practice of perfusion in the capacity of a perfusionist;
8. Make false representations or impersonate or act as a proxy for another person or allow or aid any person or impersonate the person in connection with any examination or application for licensure or request to be examined or licensed; or
9. Otherwise violate any provisions of the Oklahoma Licensed Perfusionists Act.

*Added by Laws 1996, c. 226, § 19, eff. July 1, 1996.*

### **Section 2070. Penalties for Violations**

A. 1. Any person who has been determined by the State Board of Examiners of Perfusionists to have violated any provision of the Oklahoma Licensed Perfusionists Act or any rule or order issued pursuant thereto may be liable for an administrative penalty of not more than Five Hundred Dollars (\$500.00) for each day that said violation continues. The maximum administrative penalty shall not exceed Ten Thousand Dollars (\$10,000.00) for any related series of violations that do not constitute immediate jeopardy to patients. Penalties of not more than One Thousand Dollars (\$1,000.00) per day may be imposed for violations constituting immediate jeopardy to residents.

2. The amount of the penalty shall be assessed by the Board pursuant to the provisions of paragraph 1 of this subsection, after notice and hearing. In determining the amount of the penalty, the Board shall include but not be limited to consideration of the nature, circumstances, and gravity of the violation, the repetitive nature of the violation of the person, the previous degree of difficulty in obtaining compliance with the Oklahoma Licensed Perfusionists Act or the rules promulgated pursuant thereto and, with respect to the person found to have committed

the violation, the degree of culpability, and substantial show of good faith in attempting to achieve compliance with the provisions of the Oklahoma Licensed Perfusionists Act.

3. Any license holder may elect to surrender the license of such holder in lieu of said penalty but shall be forever barred from obtaining a reissuance of the license pursuant to the Oklahoma Licensed Perfusionists Act.

B. Any person determined to be in violation of any provision of the Oklahoma Licensed Perfusionists Act, upon conviction thereof, shall be guilty of a misdemeanor and shall be punishable by a fine of not more than One Thousand Dollars (\$1,000.00) or by imprisonment for not more than six (6) months, or by both such fine and imprisonment for each offense.

*Added by Laws 1996, c. 226, § 20, eff. July 1, 1996.*

### **Section 2071. Maximum Fees**

The maximum fees to be charged pursuant to the Oklahoma Licensed Perfusionists Act are as follows:

Application fee for licensure	\$100.00
License to practice perfusion	\$300.00
Provisional license to practice perfusion	\$300.00
Renewal for unexpired license to practice perfusion	\$300.00
Renewal for expired license to practice perfusion if made prior to ninety (90) days after expiration of license	\$400.00
Renewal for expired license to practice perfusion if made between ninety (90) days and two (2) years after expiration of license	\$500.00

*Added by Laws 1996, c. 226, § 21, eff. July 1, 1996.*

*Effective: September 11, 2020*

**\*OKLAHOMA ADMINISTRATIVE CODE**

**TITLE 527. STATE BOARD OF EXAMINERS OF PERFUSIONISTS**

**CHAPTER 1. DESCRIPTION OF ORGANIZATION**

Section

- 527:1-1-1. Purpose
- 527:1-1-2. Description of organization
- 527:1-1-3. Method of operations
- 527:1-1-4. Rulemaking procedures
- 527:1-1-5. Declaratory rulings

**CHAPTER 10. PRACTICE/LICENSURE/EXAMINATION**

Section

- 527:10-1-1. Purpose
- 527:10-1-2. Practice of perfusion/general licensure provisions
- 527:10-1-3. Continuing education/annual renewal
- 527:10-1-4. Provisional license
- 527:10-1-5. Licensed perfusionist
- 527:10-1-6. Examinations
- 527:10-1-7. Educational programs
- 527:10-1-8. Fraud/misrepresentation in application process

**CHAPTER 15. FEES**

- 527:15-1-1. Purpose
- 527:15-1-2. Fees

This is an unofficial copy of Title 527, Chapters 1, 10 and 15 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

## CHAPTER 1. ADMINISTRATION AND ORGANIZATION

### **527:1-1-1. Purpose**

The rules of this chapter have been adopted to establish the organizational and procedural framework of the agency and Board.

[Source: Added at 14 Ok Reg 160, eff 10-17-96 (emergency); Added at 14 Ok Reg 2319, eff 6-16-97]

### **527:1-1-2. Description of organization**

(a) The Board is created by the Oklahoma Legislature, 59 O.S. 1996 Supp. §2053. The Board has the authority and duty to regulate and administer the practice of perfusion in this state.

(b) The Board consists of nine (9) members who are qualified and appointed in accordance with the provisions of 59 O.S. 1996 Supp. §2053 and §2054.

(c) Officers of the Board, Terms of office, and Vacancy. The officers of the Board shall be, in order of seniority, the Chair, Vice Chair, and Executive Secretary. Effective January 1, 2021, the officers of the Board shall serve one three-year term, with the exception of the Chair who shall only serve as Chair for one (1) year, and shall be elected at the first meeting after January 1 of the same year by a majority vote of the members attending the meeting. Each succeeding year, the Vice-Chair shall become the Chair, the Executive Secretary shall elevate to be the Vice-Chair, and a new Executive Secretary shall be elected by the Board. Should any officer be unable to serve due to death, incapacity, or resignation, the next most senior officer, except in the case of a vacancy in the office of Executive Secretary, shall assume the vacant office and fulfill the unexpired year. He or she shall subsequently succeed himself or herself in the same office for a full year as if he or she had been elevated as set forth above. In the case of a vacancy in the office of Executive Secretary, the Board shall elect a new Executive Secretary at its next meeting to serve the unexpired portion of the year and will be subject to a retention vote at the first meeting of the year after January 1.

(d) Absence of Chair and Vice Chair. When the Chair is absent, the Vice Chair shall act in his or her absence. If the Vice Chair is also absent, the most senior member of the Board shall act as the chair.

### **527:1-1-3. Method of operations**

(a) The offices of the Oklahoma State Board of Perfusionists are located in Oklahoma City, Oklahoma

(b) The offices shall be open to the public for review of public records in accordance with the Open Records Act, 51 O.S. 24A.1 et seq.

(c) Every communication in writing to the Board shall be addressed to the Board at the Oklahoma City office unless the Board directs otherwise.

(d) The Board shall hold meetings in accordance with the Oklahoma Open Meetings Act. Special meetings may be called by the Chairman of the Board. Five (5) members of the Board constitute a quorum and may transact any business or conduct an individual proceeding by simple majority vote of a quorum.

(e) All rules and other written statements of policy or interpretations formulated, adopted or used by the Board in the discharge of its functions and all final orders, decisions, and opinions



will be made available for public inspection at the Board office during regular office hours.

(f) All records of the Board which are public records pursuant to the Oklahoma Open Records Act shall be available during regular business hours. Copies shall be available upon payment of applicable fees. It is the policy of the Board to maintain as confidential all records held by the Board in any file, pursuant to 12 O.S section 2503. It is the position of the Board that investigative files are confidential under the Open Records Act.

[Source: Added at 14 Ok Reg 160, eff 10-17-96 (emergency); Added at 14 Ok Reg 2319, eff 6-16-97]

#### **527:1-1-4. Rulemaking procedures**

(a) **Submission of data.** Prior to the adoption, amendment, or repeal of any rule the Board shall afford any interested person a reasonable opportunity to submit data, views, or arguments, orally or in writing, to the Board concerning the proposed action on the rule. Should the proposed action on a rule affect one's substantive rights, the opportunity for an oral hearing will be granted if requested in writing by an individual or by an association. If no substantive rights are involved, the opportunity for oral arguments or views is in the discretion of the Board. The Board shall decide whether any substantive rights are involved.

(b) **Petition on rules.** Any interested person may petition the Board requesting the promulgation, amendment, or repeal of a rule. The petition shall be filed with the Executive Secretary of the Board and shall set forth in writing, clearly and concisely, all matters pertaining to the requested action and reasons for the request. The request should also state whether there is someone known to the petitioner who is concerned with the subject and should be notified of the hearing.

(c) **Hearing of petition.** The Board, at the next regularly scheduled session after the completion of notice or at a special meeting specified in the notice, will hear the petition and notify the petitioner of the ruling within twenty (20) days after the decision. The Board may, at its discretion, postpone the discussion and ruling of the petition until the next regularly scheduled meeting or at a special meeting and all parties shall be notified of the postponement.

(d) **APA notice requirements.** In any rulemaking action, whether initiated by the Board or by petition, the Board shall comply with the current notice requirements in the Administrative Procedures Act [75 O.S. section 301 et seq.].

(e) **Notice of rulemaking proceedings.** The notice of rulemaking proceedings shall be mailed to all interested persons who have made a request of the Board for advance notice of the rulemaking proceedings, or who were specified in the petition for the rules, and shall be published in the Oklahoma Gazette or its successor publication. Twenty (20) days time shall be calculated from the date of the mailing of notice or the publication, whichever is later.

(f) **Place for hearings.** Unless otherwise specified by the Board in the notice, all hearings shall be conducted in the office of the Board. Any person interested in or affected by a proposed action may appear at such hearing individually, by attorney or by authorized agent.

(g) **Emergency rules.** Emergency rules may be adopted by the Board without the prescribed notice and hearing in accordance with the provision of the Administrative Procedures Act, 75 O.S. section 301 et seq. regarding emergency rules.

[Source: Added at 14 Ok Reg 160, eff 10-17-96 (emergency); Added at 14 Ok Reg 2319, eff 6-16-97]

**527:1-1-5. Declaratory rulings**

(a) Any individual or group may petition the Board for a declaratory ruling as to the applicability of any statute, rule or order of the Board. Any other individual or group may file a response thereto.

(b) All petitions filed for a declaratory ruling by the Board shall set out fully the views of the petitioner giving any reasons and citations of legal authority he has in support of such views.

(c) The Board may request the petitioner or any respondent to present witnesses on any facts involved in the petition or legal memorandum with citations of authority on any legal issues involved in his petition.

(d) The Board may initially assign a petition for declaratory ruling to an appropriate advisory committee and/or board subcommittee for its review and for a recommendation. The Board may hold hearings, take testimony or require any legal memoranda that the Board may require. The Board shall give reasonable notice to the petitioner and any respondents in advance of making a final ruling and shall accompany any ruling with written findings of fact and conclusions of law.

[Source: Added at 14 Ok Reg 160, eff 10-17-96 (emergency); Added at 14 Ok Reg 2319, eff 6-16-97]

**CHAPTER 10. PRACTICE/LICENSURE/EXAMINATION****527:10-1-1. Purpose**

The rules of this Chapter govern the practice of perfusion, general licensure provisions and examination requirements.

[Source: Added at 14 Ok Reg 161, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97]

**527:10-1-2. Practice of perfusion/general licensure provisions**

(a) Perfusion is the treatment, measurement or supplementation of the cardiovascular, circulatory and respiratory systems to ensure the safe management of physiologic functions by monitoring the parameters of the systems under order and supervision of a licensed physician.

(b) No person shall perform any act prohibited by the Licensed Perfusionist Act for any fee or other compensation or for free, or hold himself or herself out as a perfusionist under the Act unless first licensed by the Board of Examiners of Perfusionists to do so.

(c) The Board directs the Executive Secretary to undertake affirmative action to seek prosecution of any person found to be in violation of the Act or rules.

(d) No person shall be issued a full license or provisional license unless and until that person first fully complies with all licensure provisions of the Act and has satisfied the Board of the ability of that person to practice perfusion with reasonable skill and safety.

(e) Any license issued by the Board shall be signed by all members of the Board

(f) The Board directs the Executive Secretary to prepare and create forms to be used in the application for licensure process. Applicants shall be required to submit all information required by the Act prior to review by the Board. Application forms may be obtained from the office of the Board upon written or telephonic request.

(g) An applicant for licensure or provisional licensure must provide the Board with all

information required by law and rules promulgated by the Board on forms approved by the Board. In addition, an applicant shall provide original documents or notarized duplicates. Academic records including transcripts of grades and examination scores shall be received before a determination is made by the Board as to qualification for licensure.

- (h) Except as specifically may be waived by the Board upon a finding of good cause, applications for licensure or provisional licensure must be submitted at least thirty (30) days prior to a regularly scheduled Board meeting.
- (i) Any Board member may request an applicant to provide additional information the Board member feels necessary to properly assess qualifications for licensure.
- (j) Any past action disciplinary in nature must be considered by the Board en banc before any license can be issued.
- (k) Applicants for licensure shall be provided a copy of the Act and rules upon request of an application for licensure. The applicant shall pay all necessary fees related to the application before the application can be considered for licensure or provisional licensure by the Board.
- (l) The Board may contact other resources as necessary to make a determination as to whether the applicant meets qualifications for licensure or provisional licensure at the discretion of the Executive Secretary of the Board or any Board member.
- (m) The Board may require a criminal background check on all applicants for licensure or provisional licensure. The fee shall be paid by the applicant.
- (n) An applicant may withdraw an application for licensure at any time before the application has been submitted to the Board for action; however, the applicant forfeits any fees associated with the application or licensure process.
- (o) An applicant for renewal of a license that has lapsed for failure to renew may be required, at the discretion of the Board, to meet the same requirements for full or provisional licensure at the time the application for renewal is considered by the Board.

[Source: Added at 14 Ok Reg 161, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97; Amended at 15 Ok Reg 2476, eff 1-6-98 (emergency); Amended at 15 Ok Reg 2396, eff 6-11-98; Amended at 23 Ok Reg 1104, eff 5-11-06]

### **527:10-1-3. Continuing education/annual renewal**

- (a) Continuing education is required for renewal of a license or provisional license
- (b) Compliance with the laws and rules regarding renewal of licensure shall be evidenced by recertification issued by the American Board of Cardiovascular Perfusionists or, for candidates for renewal who are ineligible for that recertification, compliance may be evidenced by submitting to the Oklahoma Board of Examiners of Perfusionists, evidence equivalent thereto.
- (c) On an annual basis, each person licensed by the Board shall renew with the Board. Renewal period shall be from February 1 to January 31. The Board shall mail out notices at least thirty (30) calendar days prior to the expiration for renewal of licenses to every person to whom a license was issued or renewed during the preceding renewal period.
- (d) It shall be the affirmative duty of each licensee to comply with renewal requirements. No grace period beyond that provided by law, 59 O.S. ss2065 shall be allowed. The Board will not hear requests for extensions for renewal or exemption from any renewal requirement that the licensee did not receive renewal materials.

[Source: Added at 14 Ok Reg 161, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97; Amended at 15 Ok Reg 2476, eff 1-6-98 (emergency); Amended at 15 Ok Reg 2396, eff 6-11-98; Amended at 17 Ok Reg 3362, eff 8-24-00 (emergency); Amended at 18 Ok Reg 1322, eff 5-11-01]

#### **527:10-1-4. Provisional license**

- (a) A provisional license may be issued for no longer than one year to an applicant who does not meet the qualifications for a full perfusionist license but who holds a license, permit or certification to practice perfusion in another state, territory or possession of the United States or a graduate of a perfusion education program approved by the Accreditation Committee for Perfusion Education and approved by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors, who has applied to take the examination and otherwise meets the qualifications of the Board and who does not qualify for full licensure by endorsement and who has applied to take the examination prescribed by the Board and who meets other qualifications set by the Board.
- (b) A provisional license may be renewed only once; a provisional license is good for two years
- (c) Said applicant must show evidence on application that he or she is otherwise qualified by requirements set forth in 59 O.S. §2062 of the Oklahoma Licensed Perfusionist Act.

[Source: Added at 14 Ok Reg 161, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97]

#### **527:10-1-5. Licensed perfusionist**

- (a) A licensed perfusionist may be responsible to perform those tasks and functions set out in 59 O.S. §2052 of the Oklahoma Licensed Perfusionist Act.
- (b) A licensed perfusionist must hold an unrevoked, active license issued by the Oklahoma State Board of Examiners of Perfusionists while performing any task or function described above in the State of Oklahoma.

[Source: Added at 14 Ok Reg 161, eff 10-17-96 (emergency), Added at 14 Ok Reg 2321, eff 6-16-97]

#### **527:10-1-6. Examinations**

The examination recognized by the Board is the certification examination given by the American Board of Cardiovascular Perfusionists.

[Source: Added at 14 Ok Reg 161, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97]

#### **527:10-1-7. Educational programs**

The programs recognized by the Board for examination are those recognized by the American Board of Cardiovascular Perfusionists.

[Source: Added at 14 Ok Reg 161, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97]

#### **527:10-1-8. Fraud/misrepresentation in application process**

Fraud or misrepresentation in applying for or procuring a license/provisional license or in connection with applying for or procuring annual renewal of a license/provisional license may be

grounds for denial or revocation by the Board.

[Source: Added at 15 Ok Reg 2476, eff 1-6-98 (emergency); Added at 15 Ok Reg 2396, eff 6-11-98]

## **CHAPTER 15. FEE SCHEDULE**

### **527:15-1-1. Purpose**

The purpose of the rules in this Chapter are to set out the fees and charges collected by the State Board of Examiners of Perfusionists.

[Source: Added at 14 Ok Reg 163, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97]

### **527:15-1-2. Fees**

#### **(a) Fee schedule**

(1) **Licensure/certification.** The following fees shall be assessed for licensure and certification:

(A) Initial licensure

- (i) Application fee for licensure - \$100.00
- (ii) License to practice perfusion - \$300.00
- (iii) Provisional license to practice perfusion - \$150.00

(B) Renewal of licensure

- (i) Renewal for unexpired license - \$200.00
- (ii) Renewal for expired license if made prior to ninety days after expiration of license - \$400.00
- (iii) Renewal for expired license if made between ninety days and two years after expiration of license - \$500.00

(2) **Miscellaneous fees.** The following fees shall be assessed for services rendered by the agency/Board:

(A) Reimbursement of expenditures for individual proceedings resulting in disciplinary action - At cost

(B) Public records

- (i) Duplication of public records - \$0.25 per page
- (ii) Certification of public records - \$1.00 per page

(C) Written verification of licensure - \$20.00

#### **(b) Submission of fees.**

- (1) All fees are non-refundable.
- (2) All fees shall be received prior to services being performed.

[Source: Added at 14 Ok Reg 163, eff 10-17-96 (emergency); Added at 14 Ok Reg 2321, eff 6-16-97; Amended at 17 Ok Reg 1366, eff 5-11-00]