

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

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 _____ (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: _____ MAILING ADDRESS: _____
FIRST NAME: _____ STREET / P.O. BOX: _____
MIDDLE NAME: _____ CITY: _____
SUFFIX: _____ SOC. SEC. NUMBER: _____ STATE: _____ ZIP: _____

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

DATE AND PLACE OF BIRTH: _____ PRACTICE ADDRESS: _____
Mo. / Day / Yr. _____
CITY: _____ CITY: _____
STATE: _____ COUNTRY: _____ STATE: _____ ZIP: _____

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

SEX: (M/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

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Has your license or certificate ever been revoked, voluntarily surrendered or have you ever been the subject of disciplinary action by a licensing agency, institution or professional society?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: _____

5. PHOTOGRAPH

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

MOUNT PHOTOGRAPH HERE
(Should be no larger than 2" x 3")

APPLICANT SIGNATURE

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

I, _____, 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)

APPLICANT'S SIGNATURE

SWORN TO BEFORE ME: _____

NOTARY PUBLIC

COMMISSION NUMBER: _____

MY COMMISSION EXPIRES: _____