

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, _____, DO HEREBY CERTIFY
Name of official

THAT _____ IS/HAS BEEN
Name of applicant

EMPLOYED IN THE PRACTICE OF PERFUSION AT:

_____, LOCATED IN
Name of health care facility

City State

FROM ____ / ____ / ____ TO ____ / ____ / ____.

(SEAL) _____
Name of official

Signature

Date (mm/dd/yy) 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: _____