

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, _____, DO HEREBY CERTIFY THAT,
Name of educator

_____ GRADUATED ON _____
Name of applicant Date (mm/dd/yy)

AT _____ LOCATED IN _____,
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.)

Name of educator - please type or print

Original Signature

Date (mm/dd/yy)

Title

(SEAL)

This institution has no seal _____
Signature of educator

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

Notary Signature Commission number: _____