

This form may be printed and mailed to the address listed below.

Department of Health & Human Services



Division of Public Health
 Licensure Unit
 P O Box 94986
 Lincoln NE 68509-4986
 402-471-2118 (p)
 402-471-8614 (f)

APPLICATION FOR PERFUSIONIST LICENSURE

ACCOUNTING
Business Unit#25550145

SECTION A – LICENSURE FEES – The fee must be submitted with the application. Payment may be made by personal check, cashier’s check, or money order payable to “DHHS Licensure Unit”.

Determine the month and year in which you are submitting your application.

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even-Numbered Year	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00	\$150.00
Odd-Numbered Year	\$150.00	\$150.00	\$150.00	\$37.50	\$37.50	\$37.50	\$37.50	\$37.50	\$37.50	\$150.00	\$150.00	\$150.00

SECTION B - PERSONAL INFORMATION (All applicants must complete this section) **This section is public information.**

Legal Name:	Last:	First:	Middle
Other Names Known As (maiden, AKA, etc):			
Mailing Address:	Street/PO/Route:		
	City:	State:	Zip:
Business Address:	Name of Business:		
	Street/PO/Route:		
	City:	State:	Zip:
Date of Birth (mm/dd/yyyy):		Place of Birth (city/state or country):	
You must attach a copy of your birth certificate, marriage license, driver’s license or other valid verification of your age.			
Check Appropriate Box(es)	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
	<input type="checkbox"/> Alien Registration Number (“A#”); or	A#	
	<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number	I-94#	
If you have both a SSN and an A# or I-94 number, you must report both. <small>Social Security Numbers obtained are not public information but may be shared by the Department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to this information.</small>			
Telephone Number: (Optional)		E-mail/Fax: (Optional)	

SECTION C – METHODS OF LICENSURE (All applicants must complete this section). Check below the method by which you are applying for licensure. Please make sure to complete the applicable sections below based upon your method of licensure.

Temporary Perfusionist License (For applicants who are eligible to sit for examination by the ABCP)

Education and Examination

Certification as a Certified Clinical Perfusionist

Perfusionist Licensure in Another State

IF APPLYING BY EDUCATION AND EXAMINATION or FOR A TEMPORARY LICENSE – If you are applying for licensure based on meeting the education and examination requirements OR for a temporary license, please provide the name and the location of the accredited perfusion education program you have completed, and check the examination(s) that you have successfully completed.

Education Completed – You must request that official documentation of successful completion of an accredited perfusion education program be sent directly to the Licensure Unit from the institution. The documentation must indicate the degree you received and the date it was conferred.

Institution/Program:

City/State/Country:

Degree Received:

Date Conferred (MM/DD/YY):

Examinations Completed – You must request that official documentation of successful completion of Parts I and II of the American Board of Cardiovascular Perfusion (ABCP) certification examination be sent directly to the Licensure Unit from the ABCP.

Part I – Perfusion Basic Science Examination

Part II – Clinical Applications in Perfusion Examination

IF APPLYING BY CERTIFICATION AS A CERTIFIED CLINICAL PERFUSIONIST – Check below if you are applying for licensure based on certification as a Certified Clinical Perfusionist by the ABCP.

I hold current certification as a Certified Clinical Perfusionist issued by the ABCP.

You must submit with this application documentation that you are certified by the American Board of Cardiovascular Perfusion as a Clinical Perfusionist.

IF APPLYING BY PERFUSIONIST LICENSURE IN ANOTHER STATE – Check below if you are applying for licensure based on perfusionist licensure in another state, and list all states where you are or have ever been licensed as a perfusionist. If more room is needed, attach an additional page.

I hold a license as a perfusionist issued by another state or possession of the United States or the District of Columbia which has standards substantially equivalent to those of Nebraska.

State of Licensure:

Issue
Date:

Expiration
Date:

State of Licensure:

Issue
Date:

Expiration
Date:

You must request that the standards/requirements for licensure in one of these states be sent directly to the Licensure Unit from the state regulatory authority for review in determining substantial equivalence.

SECTION D – CONVICTION AND LICENSURE INFORMATION *(All applicants must complete this section)* Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of civil penalty.

Answer the following questions either yes or no by placing a (✓) in the appropriate box. All 'yes' responses MUST be explained in detail and you must submit the requested documentation. Additional documentation may be requested by the Board/Department after submission of initial information.

NOTE: If you have any criminal charges or license disciplinary actions pending that result in conviction or license discipline, you are required to report such actions to the Investigations Unit within 30 days at the following website <http://www.dhhs.ne.gov/reg/invest.htm> or by telephone at 402-471-0175

Section One

Do you currently hold, or have you ever held, a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction?

YES

NO

If yes, please list below:

State of Licensure:	Issue Date:		Expiration Date:	
State of Licensure:	Issue Date:		Expiration Date:	
State of Licensure:	Issue Date:		Expiration Date:	
State of Licensure:	Issue Date:		Expiration Date:	

You must request that certification of licensure be sent directly to the Licensure Unit from each state where you are or have ever been licensed as a perfusionist. If disciplinary action has been imposed against your credential, official documentation of the disciplinary action must be submitted with the certification, including charges and disposition.

Section Two

1	Have you ever had any disciplinary or adverse action imposed against a health care credential in any state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a credential issued to you by a licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your credential in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been asked to and/or permitted to withdraw an application for a credential with any Board or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a credential to practice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section Three

1	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section Four

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during veterinary school or postgraduate training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been requested to voluntarily resign or suspend hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section Five

1	Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been convicted of a misdemeanor?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section Six

1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Section E – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section)

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

<p>Have you actively practiced perfusion in Nebraska outside of your educational program and prior to being issued a license? Effective July 1, 2004, the Department is authorized to assess an Administrative Penalty in the amount of \$10.00 per day, not to exceed a total of \$1000.00 when evidence exists that a person has practiced perfusion prior to being issued a license.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>If yes, how many days have you <u>actually practiced</u> perfusion in Nebraska?</p>	# of days: _____	
	Name of Business: _____	
	City: _____	
	Telephone #: _____	

******SIGNATURE REQUIRED ON NEXT PAGE******

SECTION F – ATTESTATION (All applicants must complete this section) You must provide proof of citizenship or lawful status which includes a copy of your birth certificate, passport,

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am a qualified alien under the Federal Immigration and Nationality Act. I have provided my immigration status and alien number and agree to provide a copy of my United States Citizenship and Immigration Services (USCIS) documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

Please check the appropriate box below:

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete;
3. I am of good character; and
4. I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §§38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

Print Name: _____

Signature: _____

Date: _____