

ATTENTION!

Effective October 1, 2016 Criminal History Record Checks (CHRC) will be required for all applicants applying for a license in Maryland.

Please do not submit your application for licensure until after you have submitted your finger prints for a CHRC.

For detailed instructions on submitting your fingerprints for a CHRC, please read and follow the attached instructions.



STATE OF MARYLAND

DHMH Board of Physicians

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

Notice: Criminal History Records Check Effective October 1, 2016

Dear Licensee:

Effective October 1, 2016, a full Criminal History Records Check (CHRC) will be a qualification of licensure and a requirement for all Maryland Board of Physicians (Board) licensees. The Board may not issue a new license, renew or reinstate an existing license of any applicant, physician or allied health practitioner if criminal history record information has not been received.

A CHRC will include both a State and national criminal history records check conducted by the Maryland Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) and will be maintained in the Maryland and FBI data base for further identification purposes. Applicants have the right to challenge their records and is discussed in more detail in the FBI NonCriminal Justice Applicant's Privacy Rights notice (http://www.mbp.state.md.us/forms/fbi_privacy_rights.pdf). An applicant for initial licensure, renewal or reinstatement shall apply to CJIS for a CHRC and the application shall include:

1. Two complete sets of legible fingerprints taken on forms approved by CJIS and the FBI; and
2. Payment of the required fees.

Fingerprints

A. For Initial Applicants and Reinstatements

All applicants for licensure in Maryland will be required to submit fingerprints for the CHRC. In order to get fingerprinted, the fingerprinting entity will need the following Board specific information:

- CJIS Authorization #: 1600000743
- FBI ORI #: MD 920522Z
- Reason Fingerprinted: Professional License
- Type of Check: Governmental Licensing/ Certification

1. Within Maryland

- a. Go to an authorized location to get fingerprinted prior to mailing in your application to the Board. For a list of Electronic fingerprinting locations go to the following website: <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>. The Board is not responsible for the list. If there are any concerns about a fingerprinting location please contact CJIS directly.
- b. Provide the fingerprinting entity the CJIS Authorization number and FBI ORI # provided on page 1 of this letter.
- c. Pay the appropriate fee to the fingerprinting entity.

Once the results of the CHRCs are received at the Board, the application process will be completed in accordance to Board regulations and policies.

2. Outside of Maryland

- a. Out of state applicants have the option of using a Maryland location for fingerprinting. If a Maryland location is used follow the instructions above for applicants within Maryland. If a location outside of Maryland is used, follow the instructions below.
- b. Either:
 - i. Write to CJIS-Central Repository at P.O Box 32708, Pikesville, Maryland 21282-2708, or
 - ii. Call the Central Repository in Baltimore City at 410-764-4501 or toll free number 1-888-795-0011 to request fingerprint cards.
- c. Have CJIS Authorization and FBI ORI Board #'s available to complete your submission.
- d. Mail the fingerprint card and associated fee to CJIS-Central Repository, P.O Box 32708, Pikesville, Maryland 21282-2708, or overnight the fingerprint card to 6776 Reisterstown Road, Suite 102, Baltimore Maryland 21215.
- e. Please include a check or cashier's check made out to "CJIS Central Repository".

Once the results of the CHRCs are received at the Board, the application process will be completed in accordance to the Board regulations and policies.

B. For Renewal Applicants

All applicants for licensure in Maryland will be required to submit fingerprints for the CHRC. In order to get fingerprinted, the fingerprinting entity will need the following Board specific information:

- CJIS Authorization #: 1600000743
- FBI ORI #: MD 920522Z
- Reason Fingerprinted: Professional License
- Type of Check: Governmental Licensing/ Certification

3. Within Maryland

- a. Go to an authorized location to get fingerprinted prior to mailing in your application to the Board. For a list of Electronic fingerprinting locations go to the following website: <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>. The Board is not responsible for the list. If there are any concerns about a fingerprinting location please contact CJIS directly.
- b. Provide the fingerprinting entity the CJIS Authorization number and FBI ORI # referenced on page 1 of this letter.
- c. Pay the appropriate fee to the fingerprinting entity.

Once the results of the CHRCs are received at the Board, the application process will be completed in accordance to Board regulations and policies.

PLEASE BE ADVISED: If the Board is not in receipt of the CHRC, online automatic renewal will be BLOCKED. You will be unable to renew the license.

4. Outside of Maryland

- a. Out of state applicants have the option of using a Maryland location for fingerprinting. If a Maryland location is used follow the instructions above for applicants within Maryland. If a location outside of Maryland is used, follow the instructions below.
- b. Either:
 - i. Write to CJIS-Central Repository at P.O Box 32708, Pikesville, Maryland 21282-2708, or
 - ii. Call the Central Repository in Baltimore City at 410-764-4501 or toll free number 1-888-795-0011 to request fingerprint cards.
- c. Have CJIS Authorization and FBI ORI Board #'s available to complete your submission.
- d. Mail the fingerprint card and associated fee to CJIS-Central Repository, P.O Box 32708, Pikesville, Maryland 21282-2708,, or overnight the fingerprint card to 6776 Reisterstown Road, Suite 102, Baltimore Maryland 21215.
- e. Please include a check or cashier's check made out to "CJIS Central Repository".

Once the results of the CHRCs are received at the Board, the application process will be completed in accordance to the Board regulations and policies.

PLEASE BE ADVISED: If the Board is not in receipt of the CHRC, the online automatic renewal will be BLOCKED. You will be unable to renew the license.

Fees:

Fees are required for CJIS to process each criminal background record check request. All fees must be paid by credit card, check or cashier's check in United States currency. The Central Repository cannot accept cash.

The total fee is \$ 50.00 (\$30.00 background check and \$20.00 fingerprinting service) if done by CJIS. However, the cost of fingerprinting services from private providers may vary. The fingerprinting fee must be paid directly to the fingerprinting entity.

Do not send any payment to the Board, as it does not conduct CHRCs. For additional information contact CJIS at 410-764-4501 or visit <http://www.dpscs.state.md.us/publicservs/fingerprint.shtml>.

Questions?

Should you have any questions, concerns, or to check the status of a criminal history record information request, please contact the **CJIS Call Center at 410-764-4501 or 1-888-795-0011**, Monday-Friday 8:00 a.m. - 5:00 p.m. The Board cannot assist you in this regard.

*** Please do not contact the Board to verify receipt or submit receipts. The Board receives electronic CHRC notifications within 72 hours.**

MARYLAND BOARD OF PHYSICIANS

www.mbp.state.md.us

BASIC AND ADVANCED PERFUSIONIST APPLICATION FOR LICENSURE

Dear Applicant:

Attached is an application to obtain a **Perfusionist-Basic** license or a **Perfusionist-Advanced** license in Maryland. A **Perfusionist-Basic** license is for applicants who graduated from an accredited perfusion program, but have not passed the American Board of Cardiovascular Perfusion (ABCP) exam and obtained Certification in Clinical Perfusion (CCP). A **Perfusionist-Basic** license expires two years after it is issued and is not eligible for renewal or extension. A **Perfusionist-Advanced license** is for applicants who are currently certified by the ABCP as a CCP.

The application fee for both types of licenses is **\$300.00** and is **non-refundable**. Please make your check or money order payable to: **Maryland Board of Physicians**. Mail your application and check to:

Maryland Board of Physicians
P.O. Box 37217
Baltimore, MD 21297

Please **DO NOT** mail or hand deliver your application to the Board office or any other address except the address listed above. Applications mailed or hand delivered to the Board office will be forwarded to the above address. This will delay the processing of your application. **Please note: Federal Express (FEDEX) or UPS do not deliver to post office boxes.**

Applications are processed in order of receipt. **Please allow at least 3 to 6 weeks for the processing of your application.** Board staff will make every effort to process your application as quickly as possible. Incomplete applications and/or failure to submit the required information will delay the processing of your application.

Please do not continuously call your analyst to check on the status of your application. Constant interruptions slow down the process. Generally, within 5 - 7 business days from the receipt of your application, your analyst will contact you if additional documentation is required. Please make sure your contact information is current.

Documents submitted to support your application must come directly from the source. For example, verification of education must come directly from your school. Verification of national certification must come from the national certifying body and verification of other licenses must come from the state board that issued your license.

Board staff will not disclose the status of your application to another party unless you have completed the Third Party Option on page 7 of the application or provided documentation allowing staff to disclose the status to another party. Other parties include family members, friends and future employers, etc.

The Board will keep your application open for 120 days from the original date of receipt. All requirements for licensure must be met within the 120 day period. The Board does not grant exemptions from these requirements. If the requirements are not met, your application will be closed and a new application and full application fee will be required.

The Board's website is updated every 24 hours. You may wish to check the website at www.mbp.state.md.us before calling the Board to find out if a license was issued to you. When you get to the website, click [Practitioner Profiles](#).

We look forward to receiving your completed application and will process it as quickly as possible.

The Allied Health Division
Board of Physicians



Maryland Board of Physicians

Check One:

Initial Licensure

Reinstatement

Name of Profession: _____

ATTENTION

If You Are a Veteran, Service Member or Military Spouse

PLEASE REVIEW AND COMPLETE BEFORE PROCEEDING

“Veteran” means a former service member who was discharged from active duty under circumstances other than dishonorable within one year before the date on which the application for license, certificate, or registration is submitted.

“Veteran” does not include an individual who has completed active duty and has been discharged for more than one year before the application for a license, certification, or registration is submitted.

“Military Spouse” means the spouse of a service member or veteran,

“Service Member” means an individual who is an active duty member of:

“Military Spouse” includes a surviving spouse of:

- * A veteran; or
- * A service member who died within one year before the date on which the application for license, certification, or registration is submitted.

- * The Armed Forces of The United States
- * A reserve component of the Armed Forces of the United States; or
- * The National Guards of any state

Complete ONLY if You Meet the Following Criteria

Check the appropriate box.

- Service Member – Currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any state. **Provide supporting documentation..**
- Veteran – Discharged from active military duty under circumstances other than dishonorable within the one year of submitting the application. **Provide supporting documentation.**
- Military Spouse: **Check the appropriate box**
 - Spouse is a Veteran. **Provide supporting documentation.**
 - Spouse was a service member who died within one year before the date of submitting the application. **Provide supporting documentation.**
 - Spouse is a Service Member currently serving in the U.S. Armed Forces, a reserve component of the Armed Forces or National Guards of any state. **Provide supporting documentation.**

Name of Applicant (PRINT)

Military Branch

MARYLAND BOARD OF PHYSICIANS

P.O. Box 37217

Baltimore, Maryland 21297

Telephone: 410-764-4777 800-492-6836

www.mbp.state.md.us

APPLICATION FOR LICENSURE OF PERFUSIONIST: BASIC AND ADVANCED

INSTRUCTIONS AND IMPORTANT INFORMATION

Before completing the application, please check the box for the appropriate application.

Basic: For applicants who graduated from an accredited CAAHEP perfusion program, but have not yet completed the requirements to take the ABCP exam. This license will expire two years after it is issued. This license may not be renewed or extended.

Advanced: For applicants who are currently certified by the American Board of Cardiovascular Perfusion (ABCP).

1. **Name:** If the name on the application form differs from the name on any of your supporting documentation, you must submit a copy of a marriage license, divorce decree, or a court order explaining the change of name. The Board must be notified of any change in your name on a timely basis.
2. **Non-Public Address:** The non-public (home) address will be the location to which the Board directs all correspondence. If your address changes during the application process, please notify the Board in writing.
3. **Public Address:** The public address (business address) is your address of record and available to the public. However, if no public address is listed, the non-public address will be made available to the public.
4. **Contact Information (Telephones and E-mail Address):** The Board will contact you using the information provided.
5. **Date of Birth:** Health Occupations Article §14-5E-09(b)(2), Annotated Code of Maryland requires applicants to be at least 18 years old. Date of birth will also be used for identification and criminal background checks.
6. **Gender:** Disclosure of Gender is not a requirement of licensure, but the information provided will be used for identification purposes and for criminal background checks only.
7. **Race and Ethnicity:** Disclosure of race or ethnicity is not requirements of licensure, but the information provided will be used for identification purposes and for criminal background checks only.
8. **Social Security Number:** Maryland law requires the Board of Physicians to collect Social Security numbers from all persons applying for professional licenses or certificates. Disclosure of your Social Security number is mandatory. The Maryland Board of Physicians is permitted by State or Federal law or regulation to use the Social Security number for the following purposes:
 - A. Verification of identity with respect to actions related to your license (Code of Maryland Regulations 10.32.01.);
 - B. Administration of the Child Support Enforcement Program (Family Law Article, §10-119.3);
 - C. Identification by the Department of Assessments and Taxation of new businesses in Maryland (Health Occupations Article, §1-210);
 - D. Verification by the Maryland Medicaid program of licensure and sanctions for providers participating in Medicaid 42 U.S.C. §1396(a)(49); 42 U.S.C. §1396r-2; 42 U.S.C. §1320 a-7).

INSTRUCTIONS AND IMPORTANT INFORMATION CONTINUED

- 9. Employment Activities:** Please complete and include all employment history beginning with the date you graduated from an accredited perfusion program (9A) or list employment history since April 15, 1981 (9B).
- 10. Educational Program: (Perfusion-Basic Applicants):** Complete this section and the top portion of the Verification of Professional Education form (CCP 1) and forward it to the CAAHEP-accredited perfusion program from which you graduated.
- 11. National Certification: (Perfusion-Advanced Applicants):** The Board requires primary source verification of certification from the American Board of Cardiovascular Perfusion (ABCP). Applicants for licensure as a **Perfusionist-Advanced** must be currently certified by the ABCP. The Board will make every effort to verify certification directly from the ABCP. If the Board cannot verify the certification, the Perfusionist will be required to request a verification of certification from the ABCP.
- 12. Oral and Written Competency in English:** Demonstrate verbal and written competency in the English language by:
 - a. Graduation from an English-speaking high school or undergraduate school after at least 3 years of enrollment; **OR**
 - b. Graduation from a recognized English-speaking professional school with acceptable proof of proficiency in the oral and written communication of English; **OR**
 - c. Provide evidence that you achieved at least a passing score of 26 on the spoken part and at least 79 on written part of the Test of English as Foreign Language (TOEFL).
- 13. Licensure in Other States:** If you have ever held a license, certification or registration to practice as a Perfusionist in any state or jurisdiction or in ANY other health care profession in any other state, including Maryland, complete this section and the top portion of the Verification of Other State Licenses form (CCP 2) and send it to the licensing board in each state in which you are or have been licensed/certified/registered. PLEASE check with the applicable state board to see if there is a fee required for this information prior to mailing the form.
- 14. Character and Fitness Questions:** Answer the Character and Fitness questions "YES" or "NO." If you answer "YES" to any item, please provide a detailed explanation, on a separate sheet of paper, and any supporting documents. If you were discharged from the military, please provide documentation that shows, including, but not limited to, the type of service, date and type of discharge, e.g. DD14. Failure to provide a detailed explanation of a "Yes" response and the required supporting documentation will delay the review process.
- 15. Release:** Sign and date the certification. You are giving the Board and the Perfusion Advisory Committee permission to request additional information to support your application for licensure.
- 16. Optional Third Party Release:** If you wish the Board to release your information to a third party, complete the third party release statement.
- 17. Cooperation in an Investigation:** You may be asked to cooperate fully with any request for information related to your practice as a Perfusionist.

INSTRUCTIONS AND IMPORTANT INFORMATION CONTINUED

18. Certification and Passport Quality Photo: Sign and date the certification in the presence of a notary public after you have affixed a recent passport quality (2" x 2") photo to the application in the space provided.

Supplemental Forms:

- ◆ **CCP 1:** Complete **CCP 1 Verification of Education** and send it to the institutions where you completed your perfusion educational program.
- ◆ **CCP 2:** Complete the **CCP 2 Verification of Other State Licenses** if you issued a license/certification/registration as Perfusionist or ANY other health care provider.

Expiration Dates:

- ◆ **Perfusionist-Advanced:** The initial expiration date for Perfusionist-Advanced is January 31, 2016. After the first renewal, licenses will expire on January 31st of every even year.
- ◆ **Perfusionist-Basic:** These licenses will expire two years after the license is issued to give the licensee time to complete the requirements to pass the ABCP exam. These licenses may not be renewed or extended.

Conversion from Perfusionist-Basic to Perfusionist-Advance license: The holder of the Perfusionist-Basic license is required to:

- ◆ Convert the license to a Perfusionist-Advanced license before the Perfusionist-Basic license expires;
- ◆ Ensure that the ABCP submits evidence to the Board that the Perfusionist-Basic licensee has passed the ABCP and received the CCP. When the Board receives notice of passing, the Board will issue a Perfusionist-Advanced license at no additional charge. The Perfusionist-Advanced will expire on the date set by the Board.

Failure to Convert: If the holder of the Perfusionist-Basic license fails to convert prior to the expiration date of the license, the licensee will be required to file a new application for a Perfusionist-Advanced license.

Licensure and Renewal for Perfusionist-Advanced: If Board approves the application, the new licensee will receive an approval letter containing the license number, the original date of licensure and expiration, and a license. Regardless of the date of initial licensure, the license will expire on January 31st of the first even year following the date on which the license was initially issued. The licensee will have to renew the license to continue practicing in Maryland. The renewal notice will be sent at least 30 - 60 days prior to the expiration date of license to the current address on file. **Licensees will be required to renew the license by January 31st of the first even year whether or not they receive the renewal notice.**

Licensure and Renewal for Perfusionist-Basic: If Board approves the application, the new licensee will receive an approval letter containing the license number, the original date of licensure and expiration, and a license.

PRACTICING AS A PERFUSIONIST: A person may not practice, attempt to practice, or offer to practice perfusion in this State unless licensed to practice perfusion by the Board. A person may not provide, attempt to provide, offer to provide, or represent that the person provides perfusion services unless the perfusion is provided by an individual who is authorized to practice perfusion under this subtitle. Individuals practicing without a license may be fined up to \$5,000.

The Maryland Board of Physicians supports the Americans with Disabilities Act and will provide this material in an alternative format to facilitate effective communication with sensory impaired individuals (for example, Braille, large print, audio tape). If you need such accommodation, please notify the Board ADA designee, Ms. Yemisi Koya at (410)764-4777 or 1-800-492-6836. For the hearing impaired, please contact the Maryland Relay Services TTY/Voice number at 1-800-735-2258. If you have a complaint concerning the Board's compliance with the ADA, please contact Ms. Koya.

PERFUSIONIST
LICENSURE APPLICATION
2/2017

MARYLAND BOARD OF PHYSICIANS
P.O. Box 37217 • Baltimore, MD 21297
Telephone: 410-764-4777 Toll Free: 800-492-6836

FOR BANK USE ONLY

Date _____
Check Number _____
Amt Paid _____
Name Code _____
App ID: 70
Fee: \$300

**APPLICATION FOR LICENSURE:
PERFUSIONIST: BASIC OR ADVANCED**

PLEASE CHECK BOX WITH THE APPROPRIATE CATEGORY OF LICENSURE:

<input type="checkbox"/>	Perfusionist-Basic: Check this box if you graduated from an accredited perfusion program, but have not taken the ABCP exam.
<input type="checkbox"/>	Perfusionist Advanced: Check this box if you are currently certified by the ABCP as a CCP.

Please print legibly or type the required information. Do not leave any item unanswered.

1. **Your Complete Current Legal Name:** As listed on your U.S. birth/marriage certificate, U.S. passport, or most recent document issued by the INS.

Last name and generational indicator (Jr., Sr., II, III, etc.):

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First name and middle name:

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(If applicable, please check a box and complete below) Complete Maiden Name OR Complete Former Name

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Stop! If any credential you submit bears a name other than your current legal name as listed above, or if you have been licensed in another state under any name other than your current legal name, sign and date an attachment which includes each different name, an explanation of why the name differs from your current legal name, and a copy of the legal document to support the name change.

2. **Non-Public Address:** This address, usually your home, is for Board use only. However, if no public address is listed, this address will be made public.

Street Address: (Do NOT use a P. O. Box) If you change your address prior to being licensed, immediately notify the Board in writing.

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City

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3. **Public Address:** Your public address of record. This address, usually your place of employment, is available to the public and will be posted on the Internet.

Street Address: If you change your address prior to being licensed, notify the Board in writing.

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4. **Telephone (s):** Home

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 Office:

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Cell/Pager:

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 E-mail address:

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5. **Date of Birth:**

Month	Day	Year
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 6. **Gender:** Male Female

For Board Use Only	License Number:	<table border="1" style="width: 150px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																															
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Licensed By: _____																																																	

7. **Race:** Check all that apply

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino			

Ethnicity:

8. **Social Security Number:**

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9A. Chronology of Employment Activities After Graduation:
 A. Beginning with the date you graduated from your accredited perfusion program and continuing through the present, list chronologically all of your employment activities. Explain any lapse in time over one year in which you were not employed. Please photocopy this page if more space is needed. Sign and date all additional pages.

Graduation Date from Perfusionist Program: Month: _____ Year: _____

Employment activities after graduation from Perfusion Program

month	year	TO	month	year	Activity/Position:
Name and Telephone number of Supervisor:			Name and Address of Employer:		
month	year	TO	month	year	Activity/Position:
Name and Telephone number of Supervisor:			Name and Address of Employer:		
month	year	TO	month	year	Activity/Position:
Name and Telephone number of Supervisor:			Name and Address of Employer:		
month	year	TO	month	year	Activity/Position:
Name and Telephone number of Supervisor:			Name and Address of Employer:		
month	year	TO	month	year	Activity/Position:
Name and Telephone number of Supervisor:			Name and Address of Employer:		

CONTINUED ON PAGE 3: If you will need more space than page 3 allows, please photocopy page 3 for your use or attach a separate sheet. Please sign and date each sheet you attach.

9B. Chronology of Activities for Applicants Eligible for ABCP Certification Prior to April 15, 1981 to the present. Explain any lapse in time over one year in which you were not employed. Please photocopy this page if more space is needed. Sign and date all additional pages.

month	year		month	year	Activity/Position:
		TO			
Name and telephone of Supervisor:			Name and Address of Employer:		
month	year		month	year	Activity/Position:
		TO			
Name and telephone of Supervisor:			Name and Address of Employer:		
month	year		month	year	Activity/Position:
		TO			
Name and telephone of Supervisor:			Name and Address of Employer:		
month	year		month	year	Activity/Position:
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Name and telephone of Supervisor:			Name and Address of Employer:		
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		TO			
Name and telephone of Supervisor:			Name and Address of Employer:		

10. EDUCATIONAL PROGRAM FOR PERFUSION-BASIC APPLICANTS: Please complete this section and send the attached **Verification of Education (CCP1)** to your accredited Perfusion program. This section should be completed only by applicants who have not taken the ABCP exam and who wish to obtain a license prior to passing the ABCP exam.

Name of School/Program _____		_____/_____/_____ Graduation Date
Street Address _____		
City _____	State _____	Zip Code _____
Telephone Number, including area code _____		

11. NATIONAL CERTIFICATION FOR PERFUSION-ADVANCED: The Board requires primary source verification of certification from the American Board of Cardiovascular Perfusion (ABCP). Applicants for licensure as a **Perfusionist-Advanced** must be currently certified by the ABCP. The Board will make every effort to verify certification directly from the ABCP. If the Board cannot verify the certification, the Perfusionist will be required to request a verification of certification from the ABCP and have them send the verification to the Board.

ABCP certificate number: _____

Initial Certification Date: ____/____/____

Expiration Date: ____/____/____

12. ORAL AND WRITTEN COMPETENCY IN ENGLISH (Check one):

- I graduated from a recognized English-speaking high school or undergraduate school after at least 3 years of enrollment; **OR**
- I graduated from a recognized English-speaking professional school; **OR**
- I achieved a passing score of at least 26 on the spoken part **and** at least 79 on the written part of the Test of English as a Foreign Language (TOEFL).

13a. Licensure as a Perfusionist. List all states or other jurisdictions in which you have ever held a license to practice as a Perfusionist. Please complete and mail the attached **Verification of Other State License(s)** form (**CCP 2**) to the appropriate state board(s). If you have never been licensed as a Perfusionist, write N/A here _____.

State	License #	Category (CCP)	Year Issued	Expiration Date

13b. Licensure as another health care practitioner. List all states or other jurisdictions in which you have ever held a license to practice in ANY other health occupation. Please complete and mail the attached **Verification of Other State License(s)** form (**CCP 2**) to the appropriate state board(s). If you have never been licensed in any other health occupation, write N/A here _____.

State	License #	Category (PA, RN, etc.)	Year Issued	Expiration Date

14. Character and Fitness Questions (Check either YES or NO) Please answer questions “a” through “q” on pages 6 and 7

YES NO

- a. Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services or the Veterans Administration, ever denied your application for licensure, reinstatement, or renewal?
- b. Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services or the Veterans Administration, ever taken action against your license? Such actions include, but are not limited to, limitations of practice, required education admonishment or reprimand, suspension, probation or revocation.
- c. Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services or the Veterans Administration, ever filed any complaints or charges against you or investigated you for any reason?
- d. Have you ever withdrawn your application for a medical license or other health professional license?
- e. Has a hospital, related health care institution, HMO, or alternative health care system ever investigated you or ever brought charges against you?
- f. Has a hospital, related health care institution, HMO, or alternative health care system ever denied your application; failed to renew your privileges, including your privileges as a resident; or limited, restricted, suspended, or revoked your privileges in any way?
- g. Have you ever pleaded guilty or *nolo contendere* to any criminal charge, been convicted of a crime, or received probation before judgment because of a criminal charge?
- h. Have you ever committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or *nolo contendere*, or for which you were convicted or received probation before judgment? Such offenses include, but are not limited to, driving while under the influence of alcohol or controlled dangerous substances.
- i. Are there any charges pending against you in any court of law, are you currently under arrest, released pending trial with or without bond, or is there an outstanding warrant for your arrest?
- j. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice your profession in a safe, competent, ethical, and professional manner?

If you answered “YES” to any question, on a separate sheet of paper, please provide a signed and dated detailed explanation and attach appropriate supporting documents.

Failure to provide documentation and a signed and dated explanation will delay the processing of your application.

14. Character and Fitness Questions (Check either **YES** or **NO**):

YES NO

- k. Have any malpractice claims or other claims for money damages ever been filed against you? Include past claims as well as any claim that is now pending, has been dismissed, has been settled, or which has resulted in a damages award against you or your medical practice.
- l. Are you in default of a service obligation that you incurred by receiving State or Federal funds for your medical education?
- m. Have you ever failed to make arrangements to satisfy State or Federal loans that financed your medical education?
- n. Has your employment or contractual relationship with any hospital, HMO, other health care facility, health care provider, institution, armed services, or the Veterans Administration ever been terminated for disciplinary reasons?
- o. Have you ever voluntarily resigned or terminated a contract with any hospital, HMO, other health care facility, health care provider, institution, armed services or the Veterans Administration while under investigation by that institution for disciplinary reasons?
- p. Have you ever surrendered your license or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, any entity of the armed services or the Veterans Administration?
- q. Have you ever been dishonorably discharged from any military service of the U.S. Government? If so, attach a copy of your military discharge documentation that includes type of service, date of discharge, and type of discharge.

»»» If you answered "YES" to any question, on a separate sheet of paper, please provide a signed and dated detailed explanation and attach appropriate supporting documents.

Failure to provide documentation and a signed and dated explanation will delay the processing of your application.

15. Release:

I agree that the Maryland Board of Physicians (the Board) and Perfusion Advisory Committee may request any information necessary to process my application for licensure as a Perfusionist in Maryland from any person or agency, including but not limited to former and current employers, government agencies, the National Practitioners Data Bank, the Federation of State Medical Boards, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent releases for information that may be requested by the Board.

Applicant's Name (Printed)

Applicant's Signature

Date

16. (OPTIONAL) Third Party Release: Although the Board encourages you to complete all aspects of your application on your own, if you plan to use an intermediary to receive information about the status of your application, please complete this release.

The Maryland Board of Physicians may release any information pertaining to the status of my application to the following person:

Name: _____

Phone: _____

Applicant's Signature

Date

17. Cooperation in an Investigation: I agree that I will cooperate fully with any request for information or with any investigation related to my practice as a licensed Perfusionist in the State of Maryland, including the subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under Md. Code Ann., Health Occ. § 14-5E-16.

Applicant's Signature

Date

18. Certification: To be completed by the applicant in the presence of a notary public after the applicant's picture has been attached below.

I certify that I have personally reviewed all responses to the items in this application and that the information I have given is true and correct to the best of my knowledge and that any false information provided as part of my application may be cause for the denial of my application. I also certify that I am thoroughly familiar with the Statute (MD. Code Ann., Health Occ. 14-5E-01 et seq.) which governs the practice of Perfusion in Maryland.

Applicant's Signature

Date

STATE OF _____

CITY/COUNTY OF _____

I HEREBY CERTIFY that on this _____ day of _____, 20 _____, before me, a Notary Public of the State and

City/County aforesaid, personally appeared the Applicant, _____, whose likeness is identifiable as that of
(print applicant's name)

the person in the photograph attached to this application and who has made oath in due form of law that signing the foregoing application was his voluntary act and deed.

AS WITNESS my hand and notarial seal. _____
Notary Public

My Commission expires: _____

SEAL

APPLICANT:

PASTE YOUR ORIGINAL
PASSPORT- QUALITY PHOTO
HERE BEFORE NOTARIZING

COPIES OF PHOTOS ARE
UNACCEPTABLE

Perfusionist

Supplemental Forms

CCP 1—Verification of Education

CCP 2—Verification of Other State Licenses

CCP 1
Verification of Education
Supplemental Form

MARYLAND BOARD OF PHYSICIANS
4201 Patterson Avenue ■ P.O. Box 2571
Baltimore, Maryland 21215-0095
Telephone: 410-764-4777 800-492-6836
www.mpb.state.md.us

For Board Use Only
Program accredited?

Y N
Date verified _____

VERIFICATION OF PROFESSIONAL EDUCATION FOR
PERFUSIONIST LICENSURE

Part 1

APPLICANT: Complete Part 1 and send to the institution where you completed your Perfusionist program.

Name: _____
Last name and generational indicator (Jr., Sr., II, III, etc.) First name Middle name Maiden Name

Date of Birth: ____/____/____ Social Security Number: ____-____-____
mm dd yyyy

Professional School of Graduation: _____

Attended from: _____ to _____

Date of Graduation: _____ Degree Received: _____
mm/yyyy

Applicant's Signature: _____ Date: _____

Part 2

REGISTRAR, DEAN, PRINCIPAL or OTHER AUTHORIZED OFFICIAL: Please complete this form and mail it to the above address.

I hereby certify that the above-named individual graduated from this institution on: _____
Date of Graduation (mm/yyyy)

The individual graduated with a(n):

Associate's Degree Certificate Bachelor's Degree Master's Degree Other: _____
(specify)

in _____ Educational Program. The program was accredited by: _____
CAHEA, CAAHEP,

Printed Name of Authorized Official Name of Institution

Title of Authorized Official Telephone Number Fax Number

Signature of Authorized Official Date

SEAL
OF THE
INSTITUTION

VERIFICATION OF OTHER STATE LICENSES

Part 1 **APPLICANT:** Complete and sign Part 1 and send a copy of this form to each state board that ever issued you a license to practice as a Perfusionist. Also use this form to send to each state board, including Maryland, that ever issued you a certification, license or registration to practice as ANY other health care practitioner. Please copy this form if you need to send it to more than one state board.

License Type: _____

State of Licensure: _____ License Number: _____

Date: _____ Expiration Date: _____

Name: _____
 (Print) Last (Generational Indicator, Jr., III) First Middle Maiden

Social Security No. : _____ Date of Birth: _____ / _____ / _____

Professional School of Graduation: _____ Year: _____

Signature: _____ Date: _____

Part 2 **AUTHORIZED OFFICIAL OF STATE MEDICAL BOARD:** Please certify the following information regarding the above-listed individual and send this form directly to the Maryland Board of Physicians at the above address.

License number _____ Date Issued _____ Expiration Date _____

Is/was the license in good standing? Yes No

If not in good standing, is/was it: reprimanded suspended revoked surrendered

Was the license administratively revoked, suspended, or surrendered because the licensee did not renew? Yes No

If yes, please explain: _____

Other Derogatory Information or Pending Charges: _____

 Printed Name of Authorized Official

 Title of Authorized Official

 Signature of Authorized Official

 Direct Telephone Number

 Printed Name of State

 Date

