

## Cardiovascular Perfusion Shadowing

Name: \_\_\_\_\_

### Requirements

It is the responsibility of the applicant to contact at least one currently practicing board-certified perfusionist requesting the opportunity to observe them in their practice. The applicant must shadow a single perfusionist or multiple perfusionists for a total duration of at least 5 hours per visit. This form may be duplicated if you have shadowed at various locations. At least one shadowing experience should contain a patient on bypass.

Date Shadowed: \_\_\_\_\_

Hospital or Institution and Location (City, State): \_\_\_\_\_

Case(s) Observed: \_\_\_\_\_

Perfusionist Observed (name & title): \_\_\_\_\_

Perfusionist Signature: \_\_\_\_\_

Observer Signature: \_\_\_\_\_

Briefly describe your experience (optional): \_\_\_\_\_

\_\_\_\_\_