



**Section II: Verification of Practice**

**Instructions to the Authorized Representative:** Complete this section and return both pages of this form directly to the Office of the Professions at the address at the end of the form. Do not return this form to the applicant. **This form will not be accepted if returned by the applicant. Please be sure the return address is that of the supervisor or the agency.**

Name of Applicant: \_\_\_\_\_  
(Section I, item 3)

**Hospital/Organization Information**

Hospital/Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Applicant's Employment**

Was the applicant employed by your organization as a perfusionist?  Yes  No

Duration of employment: Beginning: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Ending: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr. mo. day yr.

Did the applicant practice as a perfusionist as defined in Section 6630 Subdivision (3) of Article 134 of New York's Education Law during the period indicated above?  Yes  No

Is the setting in which the applicant worked an inpatient unit that provides cardiac surgery services in a hospital approved by the Department of Health or a substantially equivalent accrediting body acceptable to the Committee for Perfusion and the Department?  Yes  No

**Attestation**

I declare and affirm under penalty of perjury that I am authorized by the employing organization to complete the above information and that the statements made are true, complete and correct. Any false or misleading information in, or in connection with, this certification may be cause for denial of license and may result in criminal prosecution.

Signature of Authorized Representative \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Print or type name \_\_\_\_\_

Title \_\_\_\_\_

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Perfusionist Unit, 89 Washington Avenue, Albany, NY 12234-1000.**