

Section II: Supervisor's Attestation

1. Complete this section and be sure to sign and date the attestation. The employing hospital/organization is certifying that the applicant named will practice under the direction and supervision of a licensed and currently registered perfusionist.
2. A limited permit shall expire one year from the date of issuance. The permit may be extended for one additional year for good cause as determined by the Department.
3. The applicant may not practice as a perfusionist until the limited permit is issued.

Applicant's name: _____
Section I, item 3

Supervisor's Name: _____

Are you licensed as a perfusionist in New York State? Yes No

New York State License Number: _____

Hospital/Organization Name: _____

Address: _____

Telephone: _____ Fax: _____ E-mail: _____

Attestation

I declare and affirm, under penalty of perjury, (1) that I am authorized by the employing Hospital/Organization to complete the above information, (2) that the applicant is employed by the above identified Hospital/Organization, (3) that the applicant meets the qualifications established by such Hospital/Organization to perform extracorporeal or intracorporeal services under the order and direction and supervision of a licensed physician, (4) that the setting the applicant will practice perfusion is either in a general Hospital licensed pursuant to article twenty-eight of the public health law or during the transport of patients or organs supported by extracorporeal or intracorporeal equipment, and (5) that the statements made in the foregoing certification are true, complete and correct. Any false or misleading information in, or in connection with, this certification may be cause for denial of permit and may result in criminal prosecution.

Signature Date

Print Name

Title

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.