FORM B
CERTIFICATION OF EXAMINATION
RELEASE OF INFORMATION FORM

PLEASE SEND THIS FORM DIRECTLY TO THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION (ABCP).

CLINICAL PERFUSIONIST: Please complete the top half of this form and send to:

American Board of Cardiovascular Perfusion (ABCP)
207 N. 25th Avenue
Hattiesburg, MS 39401

Last Name	First Name	Middle Initial

Address	City	State	Zip Code

The undersigned authorizes the **American Board of Cardiovascular Perfusion** to release to the **Georgia Composite Medical Board**, the information requested below:

_____ _____
Applicant's Signature **Date Signed**

TO: AMERICAN BOARD OF CARDIOVASCULAR PERFUSION (ABCP)

As Registrar of the American Board of Cardiovascular Perfusion, I hereby attest that the above named applicant was certified on _____ and is currently certified by the Board until _____.

Certificate #_____.

_____ _____
Signature of Registrar **Date Signed**

COMMISSION SEAL

PLEASE RETURN THIS FORM TO:

Georgia Composite Medical Board
2 Peachtree Street, N.W., - 36th Floor
Attn: Clinical Perfusionist Unit
Atlanta, GA 30303