FORM B CERTIFICATION OF EXAMINATION RELEASE OF INFORMATION FORM

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

CLINICAL PERFUSIONIST: American Board of Cardiov 2903 Arlington Loop Hattiesburg, MS 39401	•	•	n and send to:	
Last Name	First Name		Middle Initial	
Address	City	State	Zip Code	
The undersigned authorizes th Composite Medical Board,			usion to release to the Georgia	
Applicant's Signature		Date Signed		
TO: AMERICAN BOA	RD OF CARDIOVAS	CULAR PERFUS	ION (ABCP)	
As Registrar of the American E	Soard of Cardiovascular Pe	erfusion, I hereby atte	est that the above named applican	
was certified on	and is cur	and is currently certified by the Board until		
Certificate #	<u>.</u>			
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