

FORM D
CERTIFICATE OF EDUCATION FOR LICENSED CLINICAL PERFUSIONIST

It is hereby certified that _____ of
(Student's Name)

_____ *matriculated in _____

at _____ on _____.

The dates of attendance are certified to be from: _____ to
_____.

The above name applicant graduated the perfusion education program from

_____ on _____

and was granted a _____ certificate/degree.

School of Dean, Registrar or Director

(SCHOOL SEAL)

Date Signed

Notary Public
Sworn to and subscribed before me

This _____ day of _____, 20____.

My commission expires _____, 20____.

Note: This form must be either notarized or have a school seal embossed or attached. Please mail the completed form to:

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

*Matriculated - (beginning date of program)