

FORM E REFERENCE FORM

To Applicant: The GEORGIA COMPOSITE MEDICAL BOARD requires completion of **two (2)** reference forms from the following sources; supervisor, physician with whom you have worked with professionally, professor from perfusion program, or a clinical instructor. These forms must be sent from the reference source directly to:

**Georgia Composite Medical Board
ATTENTION: CLINICAL PERFUSIONIST LICENSURE
2 Peachtree Street, NW 36TH FLOOR
Atlanta, GA 30303**

Please be sure to indicate your name below for identification purposes.

NAME OF APPLICANT: _____

To Reference Source: Please complete this form, sign, and return to the Georgia Composite Medical Board at the above stated address. Your response is confidential, pursuant to Georgia law. All applicants are required to sign a general release, which relieves anyone of any liability for information furnished in good faith. Please print or type all information. Please make sure the applicant's name is indicated on the form. The processing time for licensure directly depends on timely receipt of critical forms such as this.

ATTENTION: The person who signs this form **MAY NOT** be related to the applicant by blood, marriage, or adoption.

From: _____
First Middle Initial Last Degree

Address

City State Zip

Area code Phone Number

Area code FAX Number

Email address

PLEASE CONFIRM THAT THE FOLLOWING RESPONSES ARE CORRECT BEFORE SUBMITTING THIS FORM. INAPPROPRIATE ANSWERS CAN RESULT IN A DELAY IN PROCESSING.

If you answer "YES" to questions 3-7, please provide an explanation.

1.	How long have you known this applicant?
2.	In what capacity are you acquainted with this perfusionist?

		YES	NO
3.	To your knowledge, has this applicant ever displayed an inability to practice perfusion with reasonable skill and safety to the public or has become unable to practice perfusion with reasonable skill and safety to the public by reason of illness or the use of alcohol, drugs, narcotics, chemicals or any other type of material?	<input type="checkbox"/>	<input type="checkbox"/>
4.	To your knowledge, has the applicant ever been convicted of a felony or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you aware of any lawsuits having to do with the applicant's practice of perfusion that the applicant has either lost or settled out of court?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you aware of any restrictions, limitations or other actions of any nature taken against this applicant by a hospital or other health related entity?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you aware of any derogatory information about the applicant that may have a bearing upon the applicant's fitness or ability to perform the applicant's professional duties that are not covered by questions contained in this form or discussed in your answers?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you recommend this applicant for an unrestricted clinical Perfusionist license?	<input type="checkbox"/>	<input type="checkbox"/>

Please add further comments that will assist the Board in evaluating the qualifications of this applicant (use additional pages if necessary):

Signature

Title

Date