

FORM F

PROVISIONAL LICENSED CLINICAL PERFUSIONIST STATEMENT OF SUPERVISION

This form is required of all applicants seeking a provisional license and must be signed by any and all licensed clinical perfusionists who will supervise the applicant.

O.C.G.A. 43-34-175 provides for provisional licensure for graduates of approved perfusion programs. A provisional license is valid for two years from the date it is issued and may not be renewed. If a person fails any portion of the licensure examination, his or her provisional license shall be automatically revoked and surrendered to the Georgia Composite Medical Board.

Type of Application (check one): **Initial** **Renewal**

Applicant Name: _____

Applicant Address: _____

Address _____ City _____ State _____ Zip Code _____

Applicant Telephone: _____

Employment: _____

Name and Address of Employer: _____

Address _____ City _____ State _____ Zip Code _____

Date employment and supervision will begin: _____

By signing below, we, (the applicant and supervising licensed clinical perfusionist), attest that we have read and agree to adhere to the requirements of the Licensed Clinical Perfusionist Act and Rules of the Georgia Composite Medical Board. You may list additional supervisors on an attached sheet if necessary, but each addition must contain the supervisor's name, license number, signature and date.

Supervisor(s) Name (Please Print)	License Number	Signature	Date

Applicant Signature

Date

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