

PERFUSIONIST
APPLICATION CHECKLIST
TO BE RETURNED DIRECTLY TO BOARD OFFICE BY APPLICANT

_____	a.	<p>APPLICATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Properly completed, signed and notarized application, including Applicant Responsibility statement; <input type="checkbox"/> Recent passport quality photograph (at least 2”x 2”) attached to application; <input type="checkbox"/> Appropriate explanations and copies of all pertinent documentation must be attached for affirmative responses to questions numbered 8, 9, 10, 11, 12, 12a, 13, 14, 21, 22, 23, 24, 25, and 26; <input type="checkbox"/> Release form - signed and notarized (Form A);
_____	b.	<p>FEES:</p> <ul style="list-style-type: none"> • Proper application, registration, AND criminal background investigation fees – cashier’s check or money order made payable to Nevada State Board of Medical Examiners (NSBME) or by credit card as instructed. Credit cards will only be accepted by receipt of the signed credit card authorization form. Note: Application and criminal background investigation fees are <u>non</u>-refundable;
_____	c.	<p>IDENTITY (Important identity documents will be returned to you via secured mail):</p> <ul style="list-style-type: none"> • U.S. born citizens – Photocopy of U.S. Birth Certificate or current (unexpired) U.S. passport <u>with notarized</u> Certificate of Identification • Proof of affiliation with the Armed Forces of the United States (DD214, Orders, Military ID., etc.) <i>if applicable</i>; • Foreign-born citizens – Photocopy of current (unexpired) U.S. passport or Certificate of Naturalization <u>with notarized</u> Certificate of Identification • Non U.S. citizens – Copy of both sides of Alien Registration card, Employment Authorization card, or Visa <u>and</u> copy of foreign passport;
_____	d.	<p>SELF-QUERY VERIFICATION:</p> <ul style="list-style-type: none"> • Self-query response from the National Practitioner Data Bank (NPDB); The NPDB will send the report directly to you and you will forward <u>the final report</u> to the Board office; <p>The request form for the National Practitioner Data Bank (NPDB) is available at http://www.npdb.hrsa.gov. Click on ‘Self-Query’ for Healthcare Professionals on the right side of the page and follow the instructions provided. If you require additional information, please call the NPDB at (800) 767-6732. Once you have received the <u>final report</u> or self-query response from the NPDB, forward a copy of this report to the Board office.</p>
_____	e.	<p>SUPPLEMENTARY FORM:</p> <ul style="list-style-type: none"> • FORM B: ONLY if you have answered affirmatively to either of the two malpractice questions on the application; Also include: <ul style="list-style-type: none"> ○ Copy of the legal Complaint ○ Copy of the Settlement and/or filed Dismissal
_____	f.	<p>EDUCATION:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of high school transcripts or diploma; <input type="checkbox"/> Copy of transcripts or diplomas for degrees other than Perfusionist degree – an Associates, Bachelors or Masters Degree that you would like added to your educational profile on the Board’s website;
_____	g.	<p>NOTIFICATION OF PRACTICE LOCATION:</p> <ul style="list-style-type: none"> • Notification of Practice Location form signed and dated;
_____	h.	<p>NOTIFICATION OF SUPERVISING PERFUSIONIST(S) (required for Temporary Perfusionist only):</p> <ul style="list-style-type: none"> • Notification of Nevada Licensed Supervising Perfusionist(s) form signed and dated;
_____	i.	<p>FINGERPRINTING:</p> <ul style="list-style-type: none"> • Once the application and criminal background investigation fee have been received, a sample fingerprint card and instructions will be emailed to you. The fingerprint card sample you receive from the Board contains the necessary account numbers required for processing. You will take this sample to a fingerprinting service or Law Enforcement agency so they may use the correct card and enter the necessary information. Completed card <u>must</u> be returned to the Board as well as the signed Civil Applicant Waiver (included in your application package, which will be emailed to you) prior to licensure. Note: Receipt of the Criminal history background results will not delay licensure.

PERFUSIONIST APPLICATION CHECKLIST

DIRECT SOURCE VERIFICATIONS TO BE SOLICITED BY APPLICANT FOR DIRECT RETURN BY THE VERIFYING INSTITUTION TO BOARD OFFICE

Verifying agencies may charge a fee. Do not provide pre-stamped or pre-addressed envelopes for direct source verifications.

_____	a.	PERFUSIONIST SCHOOL: <ul style="list-style-type: none"> <input type="checkbox"/> Verification of completion of accredited perfusionist program (Form 1); <input type="checkbox"/> Official transcripts from perfusionist program. If trained on the job (grandfathered into your position as a perfusionist), please provide copies of supporting documentation or certificates which so indicate. If no such document(s) exist, provide a notarized statement indicating your training experience (who, what, where, when, why);
_____	b.	EXAMINATION: <ul style="list-style-type: none"> • Current certification by the American Board of Cardiovascular Perfusion (Form 2);
_____	c.	MALPRACTICE INSURANCE CARRIER VERIFICATIONS: <ul style="list-style-type: none"> • Malpractice insurance carrier verification (Form 4) to be completed by appropriate entity and returned directly by the verifying institution to the Board office and must include the loss history report for any and all malpractice cases that occurred within the past 10 years with a liability, settlement or claim paid on your behalf (see Disclaimer below).

Disclaimer: Per Nevada Revised Statute 630.173(2), the Board has the right to consider information for any malpractice history or derogatory hospital privilege history that is more than 10 years old.