

Applicant: Each school where perfusionist education was received must complete this form. If more than one school, photocopies of this blank form may be made and used. The Board also requires transcripts from the perfusionist program(s) or school(s) to be sent directly from the school(s) to the Nevada State Board of Medical Examiners.

FORM 1

NEVADA STATE BOARD OF MEDICAL EXAMINERS PERFUSIONIST EDUCATION VERIFICATION

This certifies that _____
Name of Applicant

was enrolled in _____
Name of Perfusionist School (Location – City / State / Country)

The following information to be completed by program only!

The undersigned further certifies that the records of this institution show that the applicant attended this perfusion program from *(please only include dates related to the perfusion program/degree)*

from _____ to _____
(date of enrollment for Perfusionist Degree) (ending date of attendance for Perfusionist Degree)

The applicant was granted:

- Perfusionist Certificate
- Perfusionist Degree
- Bachelor's Degree
- Combined Perfusionist / Bachelor's Degree
- Combined Perfusionist / Masters Degree
- Other (Please attach explanation.)

on the _____ day of _____, _____.
(day) (month) (year)

Signed and the institutional seal affixed this
_____ day of _____, _____

By: _____
Printed name of President, Registrar or Dean)

Title _____
Title of President, Registrar or Dean

Signature _____
*Signature of President, Registrar or Dean ***

Affix Seal Here

Telephone: _____

Fax: _____

Email: _____

** Signatures by personnel other than the President, Registrar or Dean must attach documentation granting authorization to sign in lieu of the President, Registrar or Dean.

Completed form is to be returned by the verifying institution directly to:
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Perfusionist School: If you have questions, you may contact the Board at (775) 688-2559. The Board requires that this verification form be received by mail or email **only**, and NOT by facsimile. **Emails may be sent to nsbme@medboard.nv.gov**