

**NEVADA STATE BOARD OF MEDICAL EXAMINERS
ABCP CERTIFICATION**

The American Board of
Cardiovascular Perfusion
2903 Arlington Loop
Hattiesburg, MS 39401
601-268-2221
Fax 601-268-2229
www.abcp.org

Part 1 – to be completed by applicant

I, _____ am in the process
(name of applicant)
of applying for perfusionist licensure in the state of Nevada and hereby authorize release of the following
information directly to the Nevada State Board of Medical Examiners.

(signature of applicant)

Part 2 – to be completed by ABCP and returned directly to the Nevada State Board of Medical Examiners

I, the undersigned, certify that _____
(name of applicant)
was granted initial certification by the American Board of Cardiovascular Perfusion
on: date issued _____
 certificate number _____.

The above certificate is: current, in good standing not current
Expiration date of current certification: _____.

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

(Affix seal here)

By: _____
(typed name and title of certifying agent)

(signature of certifying agent)

Completed form is to be returned by the verifying institution directly to:

**Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
(775) 688 – 2559**