

COLLEGE OF CLINICAL PERFUSION SCIENTISTS

Clinical Activity – Evidence of Perfusions

PLEASE USE THIS FORM IF YOU ARE USING A DATABASE PRINT-OUT TO REPORT YOUR CASES

**Part 1 of
Professional Activity Report
(to be submitted yearly)**

Period covered by report: 1st April to 31st Mar
(Note: if period covered is less than 12 months, then please amend the start date above)

Before completing this form you should refer to the Re-Registration Document that details the points awarded for clinical activity and the procedure by which registration is maintained. Additional copies can be obtained from the College Administrator, if required, or downloaded from www.scps.org.uk. Please complete in either black or blue ink or typescript and return to your Departmental Tutor or the College Administrator.

1. Personal Details

Name of Perfusionist	
Centre Address and Site	Departmental telephone number
Email address	Name of Departmental Tutor

- * **Locum, Independent, Overseas Perfusionists – PLEASE NOTE:**
If all your cases are performed in the same Hospital/Centre, then it is not necessary to have each case signed by the Head of Department. Please ensure that the Manager / Head of Department signs below.

TOTAL
POINTS
AWARDED

- I have enclosed the appropriate filing fee ☐ tick or
(please make cheques payable to "College of Clinical Perfusion Scientists")
- I am paying the filing fee by direct debit ☐ tick or
- I am paying the filing fee by credit / debit card ☐ tick

IMPORTANT – PLEASE RETURN THIS FORM AND FEE BEFORE 1ST MAY

Declaration: I declare that the information provided in and/or attached to this report is accurate and true. I understand that if I knowingly provide false information this may result in disciplinary action and that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of this information from this form for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.

Signed (Perfusionist) _____ **Date** _____

Signed (Dept'al Tutor) _____ **Date** _____

Signed (Manager/Head of Dept) _____ **Date** _____