

THE SOCIETY OF CLINICAL PERFUSION SCIENTISTS
OF GREAT BRITAIN AND IRELAND



THE COLLEGE OF CLINICAL PERFUSION
SCIENTISTS
OF GREAT BRITAIN AND IRELAND

APPLICATION FOR THE ACCREDITATION EXAMINATION

Surname	Forenames	Date of Birth
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Home Address _____ _____ _____ Post Code _____ Telephone _____	Hospital Address _____ _____ Telephone _____ Email _____
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How many years have you worked in Perfusion?

I confirm that this Candidate is eligible to apply for the Accreditation Examination.

I confirm that the perfusion for this exam will be conducted in accordance with the minimum standards of monitoring as recommended by the Society of Clinical Perfusion Scientists.

I confirm that there will be a spare registered perfusionist nominated to support the student, if required.

Signed (Head of Department)
Name _____ Position _____

Qualifications	Year Obtained	Qualifications	Year Obtained

The College of Clinical Perfusion Scientists of GB and I Trainee Registration Number:	Are you a member of The Society of Clinical Perfusion Scientists of GB and I?
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* Please note: Discounted exam fee applies where Society Membership has been continuous for at least 12 months. In all other cases, an invoice for the balance will be sent to the Trainee's department

You must enclose the following with this application:

1. Departmental Protocols, including emergency procedures.
2. A copy of personal log book.

All these documents should be sent electronically to: admin@scps.org.uk

SIGNATURE	DATE
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