Logo

Description automatically generated**The American Board of Cardiovascular Perfusion**

**EXTENSION REPORT**

**CLINICAL ACTIVITY COVER SHEET**

**Mail to: THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

555 E. Wells Street, Suite 1100 Phone: (414) 918-3008

Milwaukee, WI 53202 Fax: (414) 276-3349

**Send report with $131.00 Filing Fee and $81.00 Extension Fee (Total $212.00) by Certified Mail, Return Receipt Requested. Deadline for mailing of report is December 31 of the reporting year.**

**Name: ☐ Mr. ☐ Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABCP ID: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If this is a new address, please check here. ❏**

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If Clinical Instructor, please list school affiliations:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY**

**Fee \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Number\_\_\_\_\_\_\_\_\_\_\_\_**

**Checked\_\_\_\_\_\_\_\_\_\_\_**

**Validated\_\_\_\_\_\_\_\_\_\_\_**

**ARI \_\_\_\_\_\_ Cases \_\_\_\_\_\_\_\_\_\_\_**

**By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_

**I certify that all information submitted in this report is correct. I understand that any misrepresentation will result in revocation of my certification as a Certified Clinical Perfusionist.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**THIS SHEET MUST ACCOMPANY PERFUSION RECORDS**

**The signed and dated Authorization for Release of Information**

**Form must accompany the Extension Clinical Activity Report.**

**PLEASE COMPLETE HOSPITAL ADDRESS FORM**

REV: 4/2020

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

**HOSPITAL ADDRESS FORM for EXTENSION CASES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Name ABCP I.D. Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City, State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hospital Name of Hospital

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Name of Designated Authority **\***Name of Designated Authority

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip City, State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hospital Name of Hospital

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Name of Designated Authority **\***Name of Designated Authority

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip City, State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hospital Name of Hospital

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\***Name of Designated Authority **\***Name of Designated Authority

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State Zip City, State Zip  
 **\*for audit purposes**

Logo

Description automatically generated

THE AMERICAN BOARD OF

CARDIOVASCULAR PERFUSION

Authorization for Release of Information

I hereby authorize the Chief Perfusionist, immediate Supervisor, or other Hospital Authority to verify the accuracy of the information on the submitted Clinical Activity Report.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR USE BY CHIEF PERFUSIONIST, IMMEDIATE SUPERVISOR,**

**OR OTHER HOSPITAL AUTHORITY ONLY**

Cases verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cases not verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for lack of verification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

EXTENSION CASE RECORD

CLINICAL ACTIVITY REPORT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Name Accredited Affiliate Perfusion Program/School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City, State Zip

PUT NUMBER CORRESPONDING TO CASE CATEGORY IN COLUMN LABELED CC

Primary Clinical Perfusion Activities (PCPA) Secondary Clinical Perfusion Activities (SCPA)\*

1P Cardiopulmonary Bypass (CPB), Primary 1S CPB, First Assistant, Secondary

2P Instructor CPB, Primary 2S Ex Vivo, First Assistant, Secondary

3P Extra-Corporeal Membrane Oxygenation (ECMO), Primary 3S Intraperitoneal Hyperthermic Chemoperfusion

4P Isolated Limb/Ex Vivo Organ Perfusion, Primary or Intrapleural Hyperthermic Chemoperfusion

5P Veno-Venous or Left Heart Bypass, Primary (HIPEC), Secondary

6P Ventricular Assist Device (VAD), Primary 4S Cardiopulmonary Bypass (CPB) Standby or ECMO Standby Procedures, Secondary

5S High Fidelity Perfusion Simulation (HFPS),

Secondary \*Combined Maximum 15

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NAME OF HOSPITAL | DATE | OPERATION | SURGEON | CC |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |

**THE AMERICAN BOARD OF CARDIOVASCULAR PERFUSION**

EXTENSION CASE RECORD

CLINICAL ACTIVITY REPORT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate’s Name Accredited Affiliate Perfusion Program/School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address City, State Zip

PUT NUMBER CORRESPONDING TO CASE CATEGORY IN COLUMN LABELED CC

Primary Clinical Perfusion Activities (PCPA) Secondary Clinical Perfusion Activities (SCPA)\*

1P Cardiopulmonary Bypass (CPB), Primary 1S CPB, First Assistant, Secondary

2P Instructor CPB, Primary 2S Ex Vivo, First Assistant, Secondary

3P Extra-Corporeal Membrane Oxygenation (ECMO), Primary 3S Intraperitoneal Hyperthermic Chemoperfusion

4P Isolated Limb/Ex Vivo Organ Perfusion, Primary or Intrapleural Hyperthermic Chemoperfusion

5P Veno-Venous or Left Heart Bypass, Primary (HIPEC), Secondary

6P Ventricular Assist Device (VAD), Primary 4S Cardiopulmonary Bypass (CPB) Standby or ECMO Standby Procedures, Secondary

5S High Fidelity Perfusion Simulation (HFPS),

Secondary \*Combined Maximum 15

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NAME OF HOSPITAL | DATE | OPERATION | SURGEON | CC |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |
| 32 |  |  |  |  |  |
| 33 |  |  |  |  |  |
| 34 |  |  |  |  |  |
| 35 |  |  |  |  |  |
| 36 |  |  |  |  |  |
| 37 |  |  |  |  |  |
| 38 |  |  |  |  |  |
| 39 |  |  |  |  |  |
| 40 |  |  |  |  |  |

**Tables A & B Pages do NOT need to be returned with your Extension Report.**

**Table A – Primary Clinical Perfusion Activities (PCPA)**

|  |  |  |
| --- | --- | --- |
| **Primary Clinical Perfusion Activities (PCPA)** | **Clinical Definition** | **Core Elements** |
| 1P  Cardiopulmonary Bypass (CPB), Primary | A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine, used during cardiac surgery and other surgeries that require extracorporeal circulation, used to manage the patient's physiological status. | Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring |
| 2P  Instructor CPB Bypass, Primary | A Certified Clinical Perfusionist (CCP) who serves as a clinical instructor to a student enrolled in an accredited perfusion program during primary clinical perfusion activities that require extracorporeal circulation, used to manage the patient's physiological status. | Blood pump, reservoir, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic/ lab value monitoring. Primary clinical perfusion activities (PCPA) performed as clinical instructor in an accredited program are considered a primary perfusion activity and will receive full case credit. During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by the clinical instructor.  Students may also receive credit toward certification eligibility for the same case. |
| 3P  Extra-Corporeal Membrane Oxygenation (ECMO), Primary | A Certified Clinical Perfusionist (CCP) who is the primary operator of Extra-Corporeal Membrane Oxygenation (ECMO) circuit that provides life support for respiratory and/or cardiac failure. | Extracorporeal circuit, oxygenator, heat exchanger used accordingly with hemodynamic/lab value monitoring. For each ECMO case, one case credit per 24 hours will be awarded for initiating and bedside managing ECMO (4-hour minimum) or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple ECMO patients in this time period. |
| 4P  Isolated Limb, Ex Vivo Organ Perfusion, Primary | A Certified Clinical Perfusionist (CCP) who is (1) the primary operator of an extracorporeal device used to deliver anticancer drugs directly to an arm, leg, or organ and manages the patient's physiological status or (2) the primary operator of an extracorporeal device, including an oxygenator/de-oxygenator and pump, used to manage the physiologic state of isolated and separated human organs from the body, for potential transplant opportunities. | Reservoir, blood pump, heat exchanger, oxygenator, extracorporeal circuit used accordingly with hemodynamic, temperature, and lab value monitoring. g. No simultaneous credit will be awarded for managing multiple organs. |
| 5P  Veno-Venous or Left Heart Bypass, Primary | A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse specific vascular regions within the circulatory system or recirculate venous blood for purposes such as clot/tissue removal. | Blood pump, extracorporeal circuit used accordingly with hemodynamic/lab value monitoring. |
| 6P  Ventricular Assist Device (VAD), Primary | A Certified Clinical Perfusionist (CCP) who is the primary operator of the Ventricular Assist Device (VAD) that provides cardiac support for the failing heart. | For each VAD case, one case credit per 24 hours will be awarded for initiating and managing VAD or bedside managing (6-hour minimum). No simultaneous credit will be awarded for managing multiple VAD patients in this time period. |

**Table B – Secondary Clinical Perfusion Activities (SCPA)**

|  |  |  |
| --- | --- | --- |
| **Secondary Clinical Perfusion Activities (SCPA)** | **Clinical Definition** | **Core Elements** |
| 1S  CPB, First Assistant, Secondary | The “CPB First Assistant” is the Certified Clinical Perfusionist (CCP) whom the hospital/institution recognizes as the assistant to the primary perfusionist during the conduction of perfusion. | The “CPB First Assistant” must be documented within the operating suite and actively assisting during the operative case. Multiple First Assistant credits will not be allowed during concurrent operative procedures. |
| 2S  Ex Vivo, First Assistant, Secondary | A Certified Clinical Perfusionist (CCP) who is the primary operator of an extracorporeal device, used to perfuse isolated and separated human organs from the body, forpotential transplant opportunities. | A device with Ex Vivo blood flow regulation & extracorporeal oxygenation used accordingly with hemodynamic/lab value monitoring. For each Ex Vivo case, one secondary case credit per 24 hours will be awarded for initiating and/or managing. No simultaneous credit will be awarded for managing multiple organs in this time period. |
| 3S  Intraperitoneal Hyperthermic Chemoperfusion or Intrapleural Hyperthermic Chemoperfusion (HIPEC), Secondary | Certified Clinical Perfusionist (CCP) who is the primary operator of an intraperitoneal or intrapleural device. | A device with pump flow, circulation, temperature, monitoring, and regulation of chemotherapeutic fluids within abdominal or thoracic cavity for periods exceeding 30 minutes. Syringe infusion devices will not be counted as a SCPA. |
| 4S  Cardiopulmonary Bypass (CPB) Standby Procedures, and Extracorporeal Membrane Oxygenation (ECMO) Standby Procedures, Secondary | A Certified Clinical Perfusionist (CCP) who is the primary standby operator of the heart-lung machine, which is used during cardiac surgeries that may require extracorporeal circulation to manage the patient's physiological status, or is the primary standby operator of the Extracorporeal Membrane Oxygenator (ECMO) that provides life support for respiratory and/or cardiac failure. | Any procedure that may require immediate and onsite extracorporeal circulatory support. Standby procedures must be documented, requested by the attending physician, and verifiable in an audit. |
| 5S  High Fidelity Perfusion Simulation (HFPS), Secondary | A Certified Clinical Perfusionist (CCP) who is the primary operator of the heart-lung machine or ECMO circuit, used to manage physical and physiological variables during simulated perfusion scenarios taking place at an ABCP-recognized HFPS center. HFPS is the use of simulation modalities or mechanisms to create a realistic patient model or perfusion simulation. | HFPS must be an interactive process facilitated by a CCP using standardized medical simulation devices that integrate realistic perfusion events experienced during CPB procedures in a realistic surgical setting using a conventional heart-lung machine or ECMO circuit. Each HFPS or series of HFPS must have an education/briefing, simulation, and debriefing. The simulation/simulation series length must be no less than 50 minutes of active simulation activity. One case credit is awarded for each HFPS activity that meets or exceeds these guidelines. Each HFPS must include and retain a participant evaluation form. |