

**Regular Mailing Address**  
**STATE BOARD OF MEDICINE**  
**STATE BOARD OF OSTEOPATHIC MEDICINE**  
**P.O. BOX 2649**  
**HARRISBURG, PA 17105-2649**  
**717-783-1400/717-787-2381**  
**Email: [st-medicine@pa.gov](mailto:st-medicine@pa.gov)**  
**[st-osteopathic@pa.gov](mailto:st-osteopathic@pa.gov)**

**Courier Delivery Address**  
**STATE BOARD OF MEDICINE**  
**STATE BOARD OF OSTEOPATHIC MEDICINE**  
**2601 NORTH THIRD STREET**  
**HARRISBURG, PA 17110**

## **APPLICATION FOR A TEMPORARY EMERGENCY PERFUSIONIST REGISTRATION**

### **ALL APPLICANTS SHOULD NOTE THE FOLLOWING:**

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| 1. | If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).  |
| 2. | Applicant must be at least 18 years of age.  |
| 3. | <p><b><u>You may practice for no longer than one 72-hour period after your registration has been completed and submitted to the Board.</u></b></p> <p><b>Your registration is NOT complete until the Board has received your completed application and the completed verification form is submitted by the health care facility--which MUST include verification that your practice is covered by liability insurance.</b></p> |

#### **IMPORTANT INFORMATION:**

- An out-of-state perfusionist shall register with the Board **PRIOR** to providing TEMPORARY EMERGENCY perfusionist service in the Commonwealth.
- The out-of-state perfusionist **MUST** hold a current and/or active license in another state, territory or jurisdiction of the United States. If there are any restrictions and/or conditions on the out-of-state license, the perfusionist will provide services in accordance with the restrictions and/or conditions of that license.
- A TEMPORARY EMERGENCY perfusionist registration is not limited to a single procedure or single patient or group of related patients; **However**, an out-of-state perfusionist may provide TEMPORARY EMERGENCY perfusionist services in this Commonwealth for **not longer than a period of 72 hours**.
- A registered out-of-State perfusionist may not provide TEMPORARY EMERGENCY perfusionist service in this Commonwealth more than once without being licensed in accordance with 49 Pa Code § 18.533.
- A health care facility (licensed by the Department of Health) must certify to the Board by electronic means **PRIOR** to the out-of-state perfusionist performing the temporary emergency perfusionist services that all of the following apply:
  - The emergency perfusionist services will be provided for a patient of the health care facility.
  - The perfusionist licensed by the Board and retained by the health care facility that would normally perform the emergency perfusionist services is not available or incapable of providing the perfusionist services.
  - No other perfusionist licensed by the Board is available to provide or capable of providing the emergency perfusion service.
  - The out-of-state perfusionist will provide only the emergency perfusionist services for the patient(s) of the health care facility and will not provide any other perfusionist services at that facility.
  - The out-of-state perfusionist shall obtain a license from the Board if a health care facility licensed by the Department of Health retains the perfusionist or if the perfusionist provides any future perfusionist services.
  - The out-of-state perfusionist shall not perform any other perfusionist services other than the emergency perfusionist services.
  - The health care facility is required to ensure that the perfusionist performing perfusionist services at their facility has professional liability insurance coverage for the minimum amount of \$1,000,000.00 per occurrence or claims made.

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| 4. | Complete pages 1 and 2 of the application and submit to the Board electronically.  |
| 5. | The health care facility must complete and submit the Health Care Facility Verification. <b>The form must be sent to the Board with the completed application.</b> |



## LEGAL QUESTIONS

**YOU MUST ANSWER THE FOLLOWING QUESTIONS.** If you answer "YES" to #2 through #12, provide complete details on a separate sheet of paper as well as certified copies of relevant documents. **Sign and date below.**

		Yes	No
1.	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? <b>If you answered yes, provide the profession and state or jurisdiction.</b> <b>LIST:</b> _____		
2.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5.	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7.	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8.	Have you had your DEA registration denied, revoked or restricted?		
9.	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10.	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11.	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12.	Have you been the subject of a civil malpractice lawsuit? <b>If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.</b> <b>**If you previously reported the complaint to the Board provide the docket number</b> _____		

## SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

**HEALTH CARE FACILITY VERIFICATION**  
**(Temporary Emergency Perfusionist Services)**  
**TO BE COMPLETED BY THE HEALTH CARE FACILITY**

**NAME & LICENSE NO. OF PERFUSIONIST PERFORMING SERVICES AT THIS HEALTH CARE FACILITY:**

Last		First		Middle	
STATE WHERE LICENSED:		LICENSE NO:		LICENSE STATUS:	

NAME OF HEALTH CARE FACILITY:

ADDRESS:

City	State	ZIP
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DATE EMERGENCY PERFUSION SERVICES WILL BEGIN AT THIS FACILITY:	Month	Day	Year
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I certify that this health care facility will ensure that the perfusionist employed by this facility will meet or be in compliance with the following:

**IMPORTANT INFORMATION:**

- An out-of-state perfusionist shall register with the Board **PRIOR** to providing TEMPORARY EMERGENCY perfusionist service in the Commonwealth.
- The out-of-state perfusionist holds a current and/or active license in another state, territory or jurisdiction of the United States. If there are any restrictions and/or conditions on the out-of-state license, the perfusionist will provide services in accordance with the restrictions and/or conditions of that license.
- A TEMPORARY EMERGENCY perfusionist registration is not limited to a single procedure or single patient or group of related patients; **However**, an out-of-state perfusionist may provide TEMPORARY EMERGENCY perfusionist services in this Commonwealth for **not longer than a period of 72 hours**.
- An out-of-State perfusionist registration may not provide TEMPORARY EMERGENCY perfusionist service in this Commonwealth more than once without being licensed in accordance with § 18.533, Perfusionist; § 18.534, Temporary Graduate Perfusionist; or § 18.535, Temporary Provisional Perfusionist.
- A health care facility (licensed by the Department of Health) must certify to the Board by electronic means PRIOR to the out-of-state perfusionist performing the emergency perfusionist services that all of the following apply:
  - o The emergency perfusionist services will be provided for a patient of the health care facility.
  - o The perfusionist licensed by the Board and retained by the health care facility that would normally perform the emergency perfusionist services is not available or incapable of providing the perfusionist services.
  - o No other perfusionist licensed by the Board is available to provide or capable of providing the emergency perfusion service.
  - o The out-of-state perfusionist will provide only the emergency perfusionist services for the patient(s) of the health care facility and no other perfusionist services at that facility.
  - o The out-of-state perfusionist shall obtain a license from the Board if a health care facility licensed by the Department of Health retains the perfusionist or if the perfusionist provides any future perfusionist services.
  - o The out-of-state perfusionist shall not perform any other perfusionist services other than the emergency perfusionist services.
  - o The health care facility ensures that the perfusionist performing perfusionist services at their facility has professional liability insurance coverage for the minimum amount of \$1,000,000.00 per occurrence or claims made.

SIGNATURE OF PROGRAM DIRECTOR OR HOSPITAL EXECUTIVE:

DATE:	Month	Day	Year	The health care facility must submit this completed form directly to the Pennsylvania State Board of Medicine or State Board of Osteopathic Medicine along with the completed application <b>prior</b> to any perfusionist services being provided at this facility.
(Seal of Health Care Facility)				

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