

FORM A - PERFUSIONIST
PROVISIONAL PERFUSIONIST STATEMENT OF SUPERVISION
Texas Medical Board

APPLICANT: Complete the information in this box. Your supervisor must complete the remainder of the form and sign the last page.

Applicant's Current Full Name: _____
Printed

Applicant's Date of Birth: _____ Applicant TMB ID# _____

Applicant's Address: _____

Telephone: _____ E-Mail: _____

Application Status: ☐ Initial Application ☐ Renewal Application

Supervising Licensed Perfusionist _____

Beginning Supervision Date (mm/dd/yyyy) _____

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business or professional associates (past, present and future) and all governmental agencies (local, state, federal, or foreign) to release to the Texas Medical Board or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application, necessary to determine my medical competence, professional conduct, or physical and/or mental ability to safely engage in the practice allowed under my license/certification. I further authorize the Texas Medical Board or its successors to release to the organizations, individuals, or groups listed above, any information, which is material to this application, or any subsequent licensure.

I authorize the release of the information contained in this evaluation form to the Texas Medical Board.

Applicant's Signature

SUPERVISOR:

- The Perfusionist rules require that a supervisor submit a supervision agreement.
- After completing this form, place this form in an envelope of the institution that you represent, seal the envelope, and place your signature over the outside sealed envelope flap.
- If you have any questions regarding how to complete this form, contact the Licensure Department at 512-305-7030.

This is important: All information on this Form, (including attachments that you provide as the Evaluating Professional) regarding a licensure applicant is confidential pursuant to §164.007(c) of the Medical Practice Act. **However, the Board must provide a copy of this Form and attachments to an applicant when an application is referred to the Licensure Committee for licensure determination. Any information furnished by you is further subject to Chapter 160.010, of the Medical Practice Act, Immunity from Civil Liability.**

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Applicant's Name _____
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SUPERVISOR

1. Name: _____
2. License Number: _____
3. License Number Issue Date (mm/dd/yyyy): _____
4. License Number Expiration Date (mm/dd/yyyy): _____
5. Mailing Address: _____

6. Telephone Number: (_____) _____
7. Email Address: _____

SUPERVISION SETTING

1. Primary location and setting of services rendered: _____
2. Mailing Address: _____

3. Telephone Number: (_____) _____
4. Fax Number: (_____) _____
5. Description of services rendered by applicant: _____

6. Date employment will begin (mm/dd/yyyy): _____
7. Date supervision will begin (mm/dd/yyyy): _____
8. Applicant's number of cases worked per week: _____

Terms of Supervision:

To meet licensure and license renewal requirements, a provisional licensed perfusionist shall be under the supervision and direction of a currently licensed perfusionist who resides in Texas. Supervision and direction shall be defined as procedural guidance provided by a licensed perfusionist and need not be on site. The supervising licensed perfusionist must sign the application for a provisional license and the application for renewal of the provisional license. A provisional licensed perfusionist must have a supervising licensed perfusionist at all times whether or not the provisional licensed perfusionist is actively employed. Any change in the supervision shall be submitted in writing to the Executive Secretary. The signature of the supervising licensed perfusionist shall be included in the written notice. **In the event of termination, the supervising licensed perfusionist must submit written notification of termination of supervision to the department and the applicant within 14 days of when supervision has ceased. The provisional licensed perfusionist shall make a good faith effort to ensure that the supervising licensed perfusionist submits an appropriate notification.** A provisional license is valid for one year from the date it is issued and may be renewed annually for not more than three times by the procedures set out at §140.12 of the rule.

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Applicant's Name _____
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THIS SECTION MUST BE SIGNED AND DATED BY THE SUPERVISOR AND PROVISIONAL PERFUSIONIST APPLICANT.

If the supervisory relationship changes, it is the *responsibility of the Supervisor* to IMMEDIATELY notify the Board in writing. IF for any reason the Supervisor does not notify the Board, then the Provisional Perfusionist must assume this responsibility.

I agree to follow and abide by the Licensed Perfusionists Act and Board Rules.

Applicant's Signature

Date

Supervisor's Signature

Date

****Please notify the Board of any Name, Address, Telephone, or Supervision Changes Immediately****

REMINDER: Supervisor - after completing this form, place it in an envelope of the facility that you represent, seal the envelope, and place your signature over the outside sealed envelope flap.

SEND TO: Texas Medical Board
MC-240
P.O. Box 2029
Austin, TX 78768-2029