

Dear Applicant and Perfusionist allowing observation,

In an attempt to assure our applicant that appropriate observations to ascertain accurate confirmation of interest in the perfusion field is being done, we are asking that applicants gain at least a total of *three* unique observations of a Perfusionist. We are seeking on behalf of the applicant an accurate understanding of the rigors and requirements in advance of matriculation. We would appreciate if you could help the applicant understand:

1. What are the time responsibilities of a Perfusionist?
2. What other things does a Perfusionist do besides the H/L machine?
3. What unique stresses must a Perfusionist face?
4. What are the general responsibilities of a Perfusionist?

We are also asking that the applicant return a copy of this sheet for EACH of the observations with the Perfusionist's name and contact information so that we may follow-up if need be:

Students' name: \_\_\_\_\_

Observation date: \_\_\_\_\_

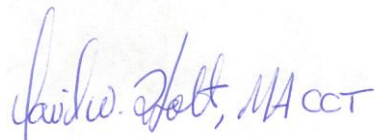
Perfusionists' name: \_\_\_\_\_

Institution where observation occurred: \_\_\_\_\_

Perfusionists' contact info (email or phone) \_\_\_\_\_

If there are any questions or concerns, please let me know. We certainly appreciate your cooperation!

Respectfully,



David W. Holt  
Program Director  
Clinical Perfusion Education  
Email: [dwholt@unmc.edu](mailto:dwholt@unmc.edu)  
Mobile: 614-406-2893

**Return completed forms to:**

UNMC School of Allied Health Professions  
Office of Student Affairs  
984000 Nebraska Medical Center  
Omaha, NE 68198-4000

Phone: 402-559-6673

Fax: 402-559-8696

E-mail: [SAHPadmissions@unmc.edu](mailto:SAHPadmissions@unmc.edu)