

Applicants' Name:

COLLEGE OF ALLIED HEALTH PROFESSIONS

Clinical Perfusion Program

Dear Applicant and Perfusionist conducting conversation,

In an attempt to assure that appropriate conversations have occurred to ascertain accurate confirmation of interest in the perfusion field, we are asking that applicants gain at least a total of *three (3)* unique conversations with 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 submit a copy of this sheet for EACH of the conversations with the Perfusionist's name and contact information so that we may follow-up if need be.

Conversation Date:	
Perfusionists' Name:	
Institution where conversation occurred:	
Perfusionists' contact info (email or phone):	
If there are any questions or concerns, please let me know.	We certainly appreciate your cooperation!
Respectfully,	Submission of completed forms:
	Completed forms should be uploaded into the online application portal with your application. Any questions

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