

Cleveland Clinic School of Cardiovascular Perfusion APPLICATION

Name: (Mr. / Miss / Mrs. / _____). _____

Mailing Address _____

_____ mail code/zip _____ Nation _____

e-mail addresses: _____

Telephone numbers _____

Degree(s) _____

Positions of responsibility held (show inclusive dates) _____

Attach:

1. A page or less statement of why you wish to become a cardiovascular perfusionist, and a brief description of the duties of a perfusionist as you understand them.
2. Three letters of personal reference (character reference).
3. Three letters of employment / educational reference.
4. Copy of transcripts with catalog descriptions of the courses taken. (This information is available upon request from the university, or can be found in the university library.)
[Official transcripts may be sent later.]
5. A letter (or note) from a Certified Cardiovascular Perfusionist (CCP) acknowledging that you have observed a perfusionist at work in the O.R.

. Send by mail or by e-mail as an attachment to:

Mail: Cleveland Clinic Heart Center (G-33), 9500 Euclid Ave., Cleveland OH 44195, USA
(attention: Perfusion Education).

E-Mail: farrowr@ccf.org