Australasian Board Of Cardiovascular Perfusion



Emeritus Status Acknowledgement Form

I,
I acknowledge that I am no longer participating in clinical practice. If I wish to return to clinical practice, I will undergo the Continuing Professional Development requirements for re-entry certification in accordance with the Australasian Board of Cardiovascular Perfusion Continuing Professional Development document.
Furthermore, I will henceforth, on awarding of the Emeritus status only use the title Certified Clinical Perfusionist Emeritus (CCP Emeritus).
Signature
Date