



Australian and New Zealand Board of Perfusion

Emeritus Status Acknowledgement Form

I, _____, a recently retired Australian and New Zealand Board of Perfusion Certified perfusionist with more than 20 cumulative years of service, and in good standing at the time of my retirement wish to apply to have my status changed to Emeritus in the Register of Certified Clinical Perfusionists.

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 Australian and New Zealand Board of 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 _____