



**CERTIFIED CARDIOPULMONARY PERFUSIONIST
COMPETENCY VERIFICATION**

Regarding: _____

Please complete the following information, if applicable:

License #: _____

License expiration date: _____

Certification #: _____

Certification expiration date: _____

COMPETENCY CHECKLIST

Reviewer: Please indicate whether the above-named practitioner demonstrates competence in each skill by initialing under the “Yes,” “No,” or “N/A” column.

<u>Basic Skills:</u>	<u>Date:</u>	<u>Yes</u>	<u>No</u>	<u>N/A</u>
Administer and mix drugs under the supervision of physician	_____	_____	_____	_____
Request appropriate labs to monitor the performance of the heart-lung machine, including venous and arterial blood gases and clotting studies	_____	_____	_____	_____
Cardiac perfusion	_____	_____	_____	_____
Assist in performance of sternotomy	_____	_____	_____	_____
Assist in femoral artery and vein exposure and cannulation	_____	_____	_____	_____
Intra-aortic balloon performance management	_____	_____	_____	_____
Management of the cell saver	_____	_____	_____	_____

Management of the left ventricular assist device, right ventricular assist device, bi-ventricular assist device, and other long-term cardiac support devices

Emergency Cardiopulmonary Pump Management

Supervision of equipment and supplies relative to cardiopulmonary bypass and the above mentioned operations

ECMO

Administer blood and products under the supervision of a physician

When necessary, use hemoconcentrator or renal dialysis membrane when combined with the heart-lung machine

Additional comments: _____

Reviewer signature: _____

Reviewer name (printed): _____

Date: _____