



Shadowing Form

Name: _____

Requirements

It is the responsibility of the applicant to contact at least 1 currently practicing board certified perfusionist requesting the opportunity to observe him or her in their practice. The applicant must shadow a single perfusionist or multiple perfusionists for a total duration of at least 3 hours. This form may be duplicated if you have shadowed at multiple locations.

Date Shadowed: _____

Hospital or Institution and Location (City, State): _____

Case(s) Observed: _____

Perfusionist Observed (name & title): _____

Perfusionist Signature: _____

Observer Signature: _____

Briefly describe your experience (optional): _____
