LIPSCOMB UNIVERSITY CARDIOVASCULAR PERFUSION

Clinical Shadowing Documentation

Instructions: Please use a separate copy of this form for each individual surgical case observed. Applicants must document a minimum of one (1) clinical case or ten (10) total hours of shadowing to be eligible for application review. This form must be signed by the CCP present during the case.

Applicant Name: _____

Date of Observation: _____ **Total Hours for this Case:** _____

Facility Name: _____

City/State: _____

Type of Case Observed: _____

Surgeon's Name: _____

Bypass time: _____ Cross Clamp time: _____

Applicant Reflection: ***Briefly describe the perfusionist's role in this case, any specific technologies used, and how this experience impacted your interest in the field.***

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I certify that the above-named applicant shadowed me during the clinical procedure described above.

Perfusionist Name (Printed): _____

Perfusionist Email or Phone: _____

Perfusionist Signature: _____ Date: _____ _____