

COLLEGE OF CLINICAL PERFUSION SCIENTISTS

Clinical Activity – Evidence of Perfusions

Part 1 of Professional Activity Report (to be submitted yearly)

Period covered by report: 1st Apr to 31st Mar
(Note: if period covered is less than 12 months, then please amend the start date above)

Before completing this form you should refer to the Re-Registration Document that details the points awarded for clinical activity and the procedure by which certification is maintained. Additional copies can be obtained from the College Administrator, if required.

Please complete in either black ink or typescript and return to your Departmental Tutor or the College Administrator.

1. Personal Details

Name of Perfusionist	
Centre Address and Site	Departmental telephone number
	Name of Departmental Tutor
Email address	

2. Perfusion Details

Date of Procedure	Hospital / Centre	OFFICE USE
Type of Procedure		POINTS AWARDED
Name(s) of Perfusionist(s)	Name of Surgeon	<div style="border: 2px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Name of Anaesthetist	Patient Hospital Number	
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed:	
	Print:	

Date of Procedure	Hospital / Centre	OFFICE USE
Type of Procedure		POINTS AWARDED
Name(s) of Perfusionist(s)	Name of Surgeon	<div style="border: 2px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
Name of Anaesthetist	Patient Hospital Number	
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed:	
	Print:	

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

OFFICE USE

POINTS
AWARDED

Date of Procedure	Hospital / Centre
--------------------------	--------------------------

OFFICE USE

Type of Procedure	
Name(s) of Perfusionist(s)	Name of Surgeon
Name of Anaesthetist	Patient Hospital Number
Authorised by Head of Department * (only to be completed for Locums / Independent/Overseas Perfusionists)	Signed: Print:

POINTS
AWARDED

☐

* **Locum, Independent, Overseas Perfusionists – PLEASE NOTE:**
If all your cases are performed in the same Hospital/Centre, then it is not necessary to have each case signed by the Head of Department. Please ensure that the Head of Department signs below.

TOTAL
POINTS
AWARDED

☐

- I have enclosed the appropriate filing fee ☐ tick or
(please make cheques payable to “College of Clinical Perfusion Scientists”)
- I am paying the filing fee by direct debit ☐ tick or
- I am paying the filing fee by credit / debit card ☐ tick

IMPORTANT – PLEASE RETURN THIS FORM AND FEE BEFORE 1ST MAY

Declaration: I declare that the information provided in and/or attached to this report is accurate and true. I understand that if I knowingly provide false information this may result in disciplinary action and that I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of this information from this form for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.

Signed (Perfusionist) _____ **Date** _____

Signed (Dept'al Tutor) _____ **Date** _____

Signed (Manager/ Head of Dept) _____ **Date** _____

Valerie Campbell, Administrator, College of Clinical Perfusion Scientists, Royal College of Surgeons, 35-43 Lincoln's Inn Fields, London, WC2A 3PE, England Tel: 020 7869 6891 Email: admin@scps.org.uk