CLINICAL AFFILIATE REQUIRED DOCUMENTS

- This process must be completed by programs for each clinical affiliate(s). It should be reviewed and updated for the annual report. An online folder should be available during site visit review.
- Use a separate application form for each clinical affiliate.

A. *Perfusion Program/Sponsoring Institution:* ________________________________

B. *Clinical Affiliate:* __________________________________________________________
   
   Address: _____________________________________________________________________
   
   City, State & Zip: _____________________________________________________________
   
   Is the affiliate accredited? _____Yes _____No
   
   Accreditation agency (ie The Joint Commission): ____________________________________
   
   Current status and effective date _______________________________________________
   
   When did the program director/clinical coordinator visit the affiliate? _______________
   
   When will students begin clinical rotations at the site? _____________________________
   
   What is affiliation end date? Is contract self-renewing? ___________________________

C. *Student Capacity*

   Length of clinical rotation at this site: __________________________________________
   
   Number of students from this sponsor’s perfusion class: ___________________________
   
   Number of students from other perfusion programs: _________________________________
   
   Number of full-time certified perfusionists: ______________________________________
   
   Total number of procedures annually: ____________________________________________
   
   Has the program verified that the affiliate has appropriate equipment and supplies?
   
   _____Yes _____No
Check all case types that are performed at this clinical site:

- CABG on-pump
- Infant
- Hemoconcentrator
- CABG + Valve
- Pediatric
- HIPEC/Limb
- Valves
- VADS
- IABP
- Aortic
- ECMO
- Autotransfusion
- Adult Congenital
- Transplants: Heart
- Lung
- Liver

List ancillary techniques: ______________________________________________________
___________________________________________________________________________
___________________________________________________________________________

D. Clinical Affiliate Officials

Director of Perfusion Services or equivalent Administrator or Manager

Name and Title: ______________________________________________________________

Address: ___________________________________________________________________

City, State & Zip: _________________________ Phone: _________________________

Signature___________________________________________________________________

Below are Responsibilities and Qualifications requirements for Clinical Perfusion Faculty and Fair Practices-Safeguards, taken from the Standards and Guidelines for the Accreditation of Educational Programs in Perfusion (Standards). A complete copy of the Standards is available on the CAAHEP website at https://www.caahep.org/CAAHEP/media/CAAHEP-Documents/PerfusionStandards-2019_1.pdf.

III.B.4. Clinical Instructors

a. Responsibilities

The clinical instructor(s) must provide students with appropriate and adequate clinical instruction/supervision and must evaluate student clinical competence.

Sufficient time for accomplishing the clinical objectives must be provided. The clinical instructor(s) must communicate regularly with the program officials.

At least one clinical instructor must be designated as site coordinator at each clinical affiliate to facilitate communication and appropriate site orientation/training, and summary student evaluation.
b. Qualifications
   A clinical instructor must be:
   1) certified as a perfusionist by the American Board of Cardiovascular Perfusion;
   2) knowledgeable and effective in teaching the subjects assigned, and
   3) knowledgeable of the program goals, clinical objectives, and clinical evaluation system.

   Clinical instructors should participate periodically in teaching methodology continuing education.

V.C. Fair Practices - Safeguards
The health and safety of patients, students, faculty, and all participants associated with the educational activities of the students must be adequately safeguarded.

During clinical instruction in which the student is operating extracorporeal circulation equipment, there must be direct one-to-one supervision by a clinical instructor. The clinical instructor and physician in charge of the procedure must be responsible for patient safety.

All activities in the program must be educational and students must not be substituted for staff.

Programs should provide a rest period for consecutive work as established by professional guidelines

Per Standard III.B.4.a., at least one clinical instructor must be designated as site coordinator at each clinical affiliate to facilitate communication and appropriate site orientation/training, and summary student evaluation.

Designated Site Coordinator Name: _____________________________________________

Currently certified by the American Board of Cardiovascular Perfusion?  ___Yes  ___No

Signature: __________________________________________________________________

*Include a copy of the curriculum vitae for the Designated Site Coordinator.

- The clinical site’s designated staff has read and agrees to abide by the Standards.
- The designated clinical staff agrees to provide clinical education in compliance with the Standards.
- It is further understood that in order to supervise students operating extracorporeal circulation equipment, the clinical instructor must be certified.
- Clinical Site Coordinator will be required to complete AC-PE clinical instructor online modules. All clinical instructors should also be encouraged to complete AC-PE online modules.

   This document only requires coordinator CV at each site. A separate folder is required for Clinical instructor CCP #. This should be verified each year during annual reporting process.
E. Attachments

☐ 1. Curriculum vitae for Designated Clinical Site Coordinator.

☐ 2. Verification of malpractice insurance coverage, if required by the affiliation Agreement.

☐ 3. Signed affiliation agreement.

The above form must be completed in its entirety to be in compliance. This form and the corresponding folder must be readily available during a site visit or to be sent electronically for verification processes.

Clinical Instructor(s):

Name: __________________________________________________________________
ABCP Number_________________

Name: __________________________________________________________________
ABCP Number_________________

Name: __________________________________________________________________
ABCP Number_________________

Name: __________________________________________________________________
ABCP Number_________________

Name: __________________________________________________________________
ABCP Number_________________

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ABCP Number_________________