

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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MEDICAL EXAMINING BOARD

PERFUSIONIST EMPLOYMENT VERIFICATION FORM

IMPORTANT: PLEASE FORWARD THIS FORM TO ALL EMPLOYERS DURING THE LAST 10 YEARS (This form may be photocopied).

The **State of Wisconsin** requests that you complete this form concerning the following individual:

PERFUSIONIST'S NAME: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S TELEPHONE: _____

1. What position did this perfusionist hold when employed by you? _____
2. What were this perfusionist's dates of employment? _____

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 3. Did this person perform perfusionist duties while employed by you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did this perfusionist leave your employ in good standing?
If no, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was the perfusionist on probation, suspended or in any way sanctioned/disciplined while employed by you?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was this perfusionist granted a leave of absence while employed by you?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were any restrictions or special requirements placed on this perfusionist's activities which were not placed on all other employees holding similar positions?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was this perfusionist denied hospital privileges while employed by you?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were any restrictions or special requirements placed on this perfusionist's hospital privileges?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were any formal patient or staff complaints filed against this perfusionist?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |

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- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 11. Were any incident reports filed involving the professional conduct or behavior of this perfusionist?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was this perfusionist ever subject to a non-routine monitoring while in your employ?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was this perfusionist removed from a call schedule for cause?
If yes, please attach explanation on a separate sheet. | <input type="checkbox"/> | <input type="checkbox"/> |

Print name of Employer Supplying Information _____

Signature of Employer Supplying Information _____
(Print and Sign Form)

Date form was completed _____

PLEASE ATTACH LETTERHEAD FROM THE FACILITY WHERE THE APPLICANT WORKED OR SUPPLY SOME FORM OF IDENTIFICATION FOR INDIVIDUAL SUPPLYING INFORMATION.

Please return directly to:

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Medical Examining Board
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