



Cardiovascular Perfusion 2011 Professional Experience Checklist

Clinical Experience	Yes / No		Notes	Required Documentation
<p>Do You Have Past/Current Experience in Any of the following areas:</p> <p>1. Cardiovascular Perfusionist or, experience operating Extracorporeal Membrane Oxygenation (ECMO) For example: RRT or RN, or MD with clinical experience in Cardiovascular Care (ECMO specialist)</p>				<p>** Detailed, current resume and letter of reference outlining experience.</p>
<p>2. RRT, RN, or MD with 2 years critical care experience (i.e.) NICU, ICU, Operating Room</p>				<p>** Detailed, current resume and letter of reference outlining experience.</p>
<p>3. RRT, RN, or MD, or Allied Healthcare Worker with non-critical care experience (i.e.) Catheterization Lab</p>				<p>** Detailed, current resume and letter of reference outlining experience.</p>
<p>4. Authorized visit to a Perfusion Dept.</p>				<p>**Proof of visit required in form of a letter from hospital</p>

Post Graduate Education/Research	Yes/No	Notes	Required Documentation
<p><u>Education:</u></p> <ol style="list-style-type: none"> 1. PhD in Science 2. PhD non-science related 3. MSc 4. Masters 			<p>**Official transcripts are required as proof of post-graduate education. WES/ICAS evaluation is required for applicants with international post-secondary education.</p>
<p><u>Post-Graduate Research:</u></p> <ol style="list-style-type: none"> 1. Healthcare Related (i.e.) Human Physiology, Pharmacology, Applied Physics, Organic Chemistry, or Cardiovascular: only these subjects are acceptable. 			<p>** Please provide proof of research papers. Relevant areas must be highlighted.</p>
<p><u>Volunteer Experience:</u></p> <ol style="list-style-type: none"> 1. Direct Patient Care (i.e.) hands on 2. Non-hands on patient care 			<p>**2-3 year recency required.</p> <p>** Letter from volunteer supervisor required detailing experience.</p>



Instructions to Applicant

- 1. All applicants to the Cardiovascular Perfusion program for 2011 must submit a copy of this checklist no later than **February 1st, 2011.****
- 2. All supporting documents must be submitted with the checklist, not separately.**
- 3. You must mail, or fax (416) 596-3122, the checklist to The Michener Institute. We will not accept copies received by email.**

Please mail to:

**The Michener Institute-Office of the Registrar
Attention: Karyn Roscoe
222 St.Patrick St.
Toronto, ON.
M5T 1V4**

Please Print:

First Name: _____ **Last Name:** _____

OCAS#: _____

Signature: _____