



New Jersey Office of the Attorney General

State Board of Medical Examiners

Perfusionists Advisory Committee

140 East Front Street, 3rd Floor, P.O. Box 183

Trenton, New Jersey 08625

(609) 826-7100

Temporary Perfusionist Supervising Counselor Form

As of _____, work permit holding _____, will
Date Name of Permit Holder

be engaging in the supervised practice as a Temporary Perfusionist Counselor under my direct supervision.

Name of licensed perfusionist counselor License number

Name of facility Telephone number (include area code) Type of facility

Street address City State ZIP code

Employer if different from above

Street address City State ZIP code

Temporary Perfusionist Supervising Counselor's Affidavit

I, the supervising perfusionist counselor or medical geneticist, have read the regulation N.J.A.C 13:35-13.10 and accept the responsibility for its implementation and I certify that the forgoing statements made by me are true. I am aware that if any of the statements made by me are willfully false, I am subject to disciplinary action.

I also verify that I am a licensed perfusionist counselor in the State of New Jersey and that my license is in good standing.

Print the supervisor's name Signature of the supervisor Date