

Chapter Med 22

PERFUSIONISTS

Med 22.01	Authority and purpose.
Med 22.02	Definitions.
Med 22.03	Applications and credentials.
Med 22.04	Examinations; panel review of applications.
Med 22.05	Temporary licenses.

Med 22.06	Locum tenens license.
Med 22.07	Examination review by applicant.
Med 22.08	Board review of examination error claim.
Med 22.09	Scope of practice.
Med 22.10	Continuing education.

Med 22.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board under the authority of ss. 15.08 (5) (b) and 227.11 (2), Stats., and ss. 448.02, 448.04, 448.05, 448.13 and 448.40, Stats.

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04.

Med 22.02 Definitions. As used in this chapter:

- (1) “Board” means the medical examining board.
- (2) “Council” means the perfusionists examining council.
- (3) “Perfusion” has the meaning set forth in s. 448.015 (1m), Stats.
- (4) “Perfusionist” has the meaning set forth in s. 448.015 (1s), Stats.

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04.

Med 22.03 Applications and credentials. Every applicant for initial licensure as a perfusionist shall submit:

- (1) A completed application form.
- (2) The fee specified in s. 440.05, Stats.
- (3) One of the following:
 - (a) For applications submitted before January 1, 2004, satisfactory evidence that the applicant has, for the entire 10 year period prior to May 3, 2002, been practicing perfusion.
 - (b) 1. Satisfactory evidence that the applicant has successfully completed an educational program in perfusion recognized by the board and accredited by the Accreditation Committee for Perfusion Education of the Commission on Accreditation of Allied Health Educational Programs.
 2. Written verification that the applicant has passed both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion.
 3. Evidence of successful completion of the state board statutes and rules examination and an oral examination, if required.

Note: Application forms are available on request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

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Med 22.04 Examinations; panel review of applications. (1) An applicant under s. Med 22.03 (3) (b) 3., shall certify on forms provided by the board that he or she has read and understands the statutes and rules relating to the provision of perfusion.

(2) An applicant who meets the criterion under s. Med 22.03 (3) (a), may be required to submit to an oral interview by the board if the applicant meets any of the following:

- (a) Has a medical condition which impairs or limits the applicant’s ability to practice perfusion with reasonable skill and safety.
- (b) Uses chemical substances so as to impair the applicant’s ability to practice perfusion with reasonable skill and safety.
- (c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
- (d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(f) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(g) Has within the past 2 years engaged in the illegal use of controlled substances.

(h) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(3) An applicant for licensure as a perfusionist under s. Med 22.03 (3) (b), shall pass both the perfusion basic science examination and the clinical application in perfusion examination of the American Board of Cardiovascular Perfusion.

(4) An applicant for licensure as a perfusionist under s. Med 22.03 (3) (b), shall pass a state board statutes and rules examination conducted by the council as evidenced by documents submitted directly to the council by the department’s office of examinations.

(5) An applicant who meets the criteria under s. Med 22.03 (3) (b), may be required to complete an oral examination if the applicant:

(a) Has a medical condition which impairs or limits the applicant’s ability to practice perfusion with reasonable skill and safety.

(b) Uses chemical substances so as to impair the applicant’s ability to practice perfusion with reasonable skill and safety.

(c) Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.

(d) Has been convicted of a crime the circumstances of which substantially relate to the practice of perfusion.

(e) Has not practiced perfusion for more than 1,200 hours during the 3–year period preceding the date of application.

(f) Has practiced over 1,200 hours in the last 3 years but practice was limited.

(g) Has been found negligent in the practice of perfusion or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of perfusion.

(h) Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism.

(i) Has within the past 2 years engaged in the illegal use of controlled substances.

(j) Has been subject to adverse formal action during the course of perfusion education, postgraduate training, hospital practice, or other perfusion employment.

(6) The council shall conduct oral examinations and interviews. At the request of the council, the board shall provide a medical consultant to the council to provide assistance in evaluating applicants examined under s. Med 22.03 (3) (a) and (b).

(7) All examinations shall be conducted in English.

(8) Where both written and oral examinations are required, they shall be graded separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(9) An applicant who fails to receive a passing grade on an examination may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails an examination 3 times, the applicant may not retake that examination unless the applicant submits proof of having completed further professional training or education as the board may prescribe. An applicant for an oral examination may reapply twice at not less than 4 month intervals.

(10) If after receipt of additional information from applicants who have been treated for alcohol or drug abuse or impairment or from applicants who have been treated for an acute or chronic psychological impairment the council decides that an oral interview or examination shall be administered, the examination shall be limited to a determination whether at the time of application the applicant's disability appears to pose an actual risk to the health, safety or welfare of patient or public arising from the applicant's demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

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Med 22.05 Temporary licenses. (1) An applicant for licensure who meets the criteria under s. Med 22.03 (3) (b) may apply to the board for a temporary license to practice perfusion prior to licensure if the applicant does all of the following:

- (a) Submits a completed application form.
- (b) Remits the fee specified in s. 440.05, Stats.
- (c) Has successfully completed an educational program as defined in s. Med 22.03 (3) (b) 1.
- (d) Has not previously failed either of the examinations required in s. Med 22.03 (3) (b) 2., unless the applicant has subsequently passed the examination failed.
- (e) Has passed the state board statutes and rules examination.
- (f) Is not required to take an oral examination.

(2) Practice during the period of a temporary license shall be under the general supervision of a licensed perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license.

(3) (a) A temporary license expires one year from the date of its issuance. Upon application, and upon submission of evidence of having passed the perfusion basic scientific examination, the temporary license may be renewed for an additional period of one year. The board may extend the term of the temporary license for an additional 6 months if the applicant was unable to complete the perfusion basic scientific examination within the one year period due to hardship, including but not limited to illness of the applicant, the illness or death of a family member of the applicant, an accident or natural disaster. A written affidavit of the hardship must be provided.

(b) If the applicant fails the perfusion basic science examination prior to the expiration of the temporary license, the applicant shall work under the direct supervision of a licensed perfusionist who is available on the hospital premises to assist.

(c) If the applicant fails the clinical application in perfusion examination prior to the expiration of the temporary license, the temporary license expires.

(4) The application and required documents for licensure and the application for temporary licensure prior to regular licensure will be reviewed by 2 members of the council to determine eligibility. The council may issue a temporary license prior to licensure as a perfusionist to an applicant who meets the requirements of sub. (1).

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.06 Locum tenens license. (1) An applicant who holds certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion may apply to the board for temporary locum tenens license.

(2) An applicant for a locum tenens license shall submit to the board all of the following:

- (a) A completed and verified application form supplied by the board.
- (b) A letter from a physician licensed to practice medicine and surgery in this state or a perfusionist licensed to practice perfusion in this state requesting the applicant's services.
- (c) Verified evidence of certification in clinical perfusion granted by the American Board of Cardiovascular Perfusion.
- (d) A verified statement by the applicant that the applicant is familiar with the state health laws and the rules of the department of health services as related to communicable diseases.
- (e) The fees required under s. 440.05, Stats., made payable to the Wisconsin department of regulation and licensing.

(3) All applicants shall complete an open book examination on statutes and rules governing the practice of perfusion in Wisconsin.

(4) The holder of a locum tenens license may engage in the practice of perfusion only in the geographical area for which the license is issued.

(5) A locum tenens license expires 90 days from the date of its issuance. For cause shown to the satisfaction of the board, the board may renew the locum tenens license for additional periods of 90 days each, but no license may be renewed more than 3 consecutive times.

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04; correction in (2) (d) made under s. 13.92 (4) (b) 6., Stats.

Med 22.07 Examination review by applicant. (1) An applicant who fails the oral or statutes and rules examination may make a request to review that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

- (2) Examination reviews are by appointment only.
- (3) An applicant may review the statutes and rules examination for not more than one hour.
- (4) An applicant may review the oral examination for not more than 2 hours.
- (5) The applicant may not be accompanied during the review by any person other than the proctor.
- (6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral examination audiotape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any item in the examination. The applicant may consult bound reference books during the review. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if requested. The proctor shall not defend the examination or attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.08 Board review of examination error claim. (1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was received. The request shall include all of the following:

- (a) The applicant's name and address.
- (b) The type of license for which the applicant applied.
- (c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.

(d) The facts the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the board confirms the failing status following its review, the application shall be deemed incomplete, and the applicant may be reexamined.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.09 Scope of practice. The scope of practice of perfusion includes the following functions:

(1) The use of extracorporeal circulation, long-term cardiopulmonary membrane oxygenation, and associated therapeutic and diagnostic techniques.

(2) Counterpulsation, ventricular assistance, autotransfusion, blood conservation, management and processing techniques, myocardial and organ preservation, isolated limb perfusion, and surgical assistance.

(3) The administration of pharmacological and therapeutic agents, and blood products or anesthetic agents, through the extracorporeal circuit or through an intravenous line in conjunction with extracorporeal support.

(4) The performance and use of anticoagulation monitoring and analysis, physiologic monitoring and analysis, blood gas and chemistry monitoring and analysis, hematologic monitoring and analysis, induction and hypothermia and hyperthermia with reversal, hemoconcentration and hemodilution, and hmodialysis.

(5) The observation of signs and symptoms related to perfusion services, the determination of whether the signs and symptoms exhibit abnormal characteristics, and the implementation of appropriate reporting, perfusion protocols or changes in or the initiation of emergency procedures.

(6) Evaluation and selection of equipment to perform the functions set forth in subs. (1) to (5).

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04.

Med 22.10 Continuing education. (1) In this section:

(a) "ABCP" means the American Board of Cardiovascular Perfusion.

(b) "Contact hour" means not less than 50 minutes spent by a licensee in actual attendance at and completion of an approved continuing education activity.

(c) "Continuing education" means planned, organized learning activities designed to maintain, improve, or expand a licensee's knowledge and skills relevant to the practice of perfusion.

(d) "Continuing education unit" means one contact hour of continuing education.

(e) "Licensee" means a person licensed to practice perfusion in this state.

(2) Each licensee shall, at the time of applying for renewal of a license under s. 448.07, Stats., certify that he or she has, in the 2 years preceding the renewal due date, completed at least 30 continuing education units of acceptable continuing education. At least 10 continuing education units must be completed in Category I activities.

(3) No additional continuing education units are given for subsequent presentations of the same content.

(4) Continuing education units shall be accumulated through professional activities related to perfusion in all of the following categories:

(a) Category I. ABCP-approved perfusion meetings and related activity, including all of the following:

1. Attendance at perfusion meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, regional or state perfusion meetings: 1 continuing education unit for each contact hour.

2. Publication of a perfusion related book chapter or paper in a professional journal: 5 continuing education units to a maximum of 10.

3. Presentation of a talk at an international, national, regional, or state perfusion meeting: 5 continuing education units to a maximum of 10.

4. Presentation of a poster or other exhibit at an international, national, regional or state perfusion meeting: 2 continuing education units to a maximum of 4.

5. Participation in an AC-PE site visitor workshop or as an AC-PE site visitor: 5 continuing education units to a maximum of 10.

6. Participation in ABCP knowledge base survey: 2 continuing education units.

7. Self-directed continuing education meeting ABCP requirements: 1 continuing education unit for each contact hour.

(b) Category II. Non-accredited perfusion meetings and other medical meetings, including the following:

1. Perfusion or medical meetings, programs and seminars in which a minimum of 75% of the contact hours consist of perfusion related material, including international, national, state or regional perfusion meetings: One-half continuing education unit for each contact hour to a maximum of 10.

2. Manufacturer-specific and company-sponsored educational activities: 1 continuing education unit for each contact hour.

(c) Category III. Individual education and other self-study activities:

1. Serving as a clinical instructor in an accredited perfusion training program: 2 continuing education units per year.

2. Serving as a didactic instructor in an accredited perfusion training program: 1 continuing education unit per contact hour to a maximum of 4.

3. ABCP examination development workshop or survey: 2 continuing education units per contact hour to a maximum of 4.

4. Self-learning activities, including use of audiovisual devices or electronic forums, reading scientific journals, participation in degree-oriented, professionally related course work; and self-study modules: 1 continuing education unit per contact hour to a maximum of 10.

5. Presentation at a non-approved international, national, regional, or state perfusion or medical meeting: 1 continuing education unit for each hour of presentation.

6. Grand round: 1 continuing education unit per contact hour, to a maximum of 2.

7. Advanced cardiac life support training: 2 continuing education units.

(5) An applicant for renewal shall certify his or her attendance at required continuing education. The board may conduct a random audit of all licensees on a biennial basis for compliance with continuing education requirements, and shall audit any licensee who is under investigation by the board for alleged misconduct.

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