

Chapter Med 22

PERFUSIONISTS

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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), 227.11 (2), 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; **CR 18–074: am. Register July 2019 No. 763, eff. 8–1–19.**

Med 22.02 Definitions. In this chapter:

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

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04; **CR 18–074: am. (intro.), (3), (4) Register July 2019 No. 763, eff. 8–1–19.**

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

- (1) A completed application on a form provided by the board.
- (2) The fee specified in s. 440.05, Stats.
- (3) 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.
- (4) Evidence the applicant has passed the examinations required under s. Med 22.04.

Note: Application forms are available from the department of safety and professional services at (608) 266–2112 or from the department’s website at www.dsp.wi.gov.

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Med 22.04 Examinations; panel review of applications. (3) An applicant for licensure as a perfusionist shall pass both the Perfusion Basic Science Examination and the Clinical Applications in Perfusion Examination of the American Board of Cardiovascular Perfusion. The board adopts the passing scores of the examination provider.

(4) An applicant for licensure as a perfusionist shall pass a state board statutes and rules examination conducted by the council. The passing score for the examination under this subsection is 85 percent.

(5) The council may require an applicant to complete an oral examination if any of the following circumstances apply:

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

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

(c) The applicant has been disciplined or had licensure denied by a licensing or regulatory authority in this state or another jurisdiction.

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

(e) The applicant has practiced perfusion for 1,200 hours or less during the 3–year period preceding the date of application.

(f) The applicant has practiced perfusion for more than 1,200 hours during the 3–year period preceding the date of application, but practice was limited.

(g) The applicant 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) The applicant has been diagnosed as suffering from pedophilia, exhibitionism, or voyeurism.

(i) The applicant has, within the past 2 years, engaged in the illegal use of controlled substances.

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

(k) The applicant has violated s. Med 22.07 (5m).

(6) The council shall conduct oral examinations. At the request of the council, the board shall provide a medical consultant to assist in evaluating applicants examined under sub. (5) (a) or (b). The passing score for an oral examination is 75 percent.

(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 under sub. (4) or (5) may reapply by payment of the fee specified in s. 440.05, Stats. If an applicant fails the examination under sub. (4) 3 times, the applicant may not retake the examination unless the applicant submits evidence of having completed further professional training or education as the board may prescribe. An applicant may reapply for an oral examination twice at not less than 4–month intervals.

(10) An oral examination concerning the circumstances described in sub. (5) (a) or (b) shall be limited to a determination of whether, at the time of application, risk to the health, safety, or welfare of a patient or the public arises from the applicant’s demonstrated inability to safely carry out necessary duties and responsibilities inherent to the practice of perfusion.

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04; **CR 18–074: r. (1), (2), am. (3), (4), (5), cr. (5) (k), am. (6), (9), (10) Register July 2019 No. 763, eff. 8–1–19; corrections in (10) made under s. 35.17, Stats., Register July 2019 No. 763.**

Med 22.05 Temporary licenses. (1) An applicant for licensure may apply to the board for a temporary license to practice perfusion prior to licensure if the applicant submits all of the following:

(a) A completed application on a form provided by the board.

(b) The fee specified in s. 440.05, Stats.

(c) Evidence the applicant has successfully completed an educational program under s. Med 22.03 (3).

(e) Evidence the applicant has passed the examination under s. Med 22.04 (4).

(1m) The board may not issue a license under this section if any of the following applies:

(a) The applicant has failed either of the examinations under s. Med 22.04 (3) and has not subsequently passed the examination.

(b) The applicant is required to complete an oral examination.

(2) Except as provided under sub. (3) (b), 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 illness of the applicant, illness or death of a family member of the applicant, or an accident or natural disaster. A written affidavit of the hardship shall 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; CR 18–074: am. (1) (intro.), (a), (b), (c), r. (1) (d), am. (1) (e), r. (1) (f), cr. (1m), am. (2), (3) (a) Register July 2019 No. 763, eff. 8–1–19.

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 a temporary locum tenens license.

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

(a) A completed application on a form provided 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 health laws of this state and rules of the department of health services related to communicable diseases.

(e) The fees required under s. 440.05, Stats.

(3) All applicants shall pass the examination under s. Med 22.04 (4).

(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 a license may not 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), (e) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 18–074: am. (1), (2) (intro.), (a), (d), (e), (3), (5) Register July 2019 No. 763, eff. 8–1–19.

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 received by the applicant.

(2) Examination reviews shall be by appointment only.

(3) An applicant may not review the statutes and rules examination for more than one hour.

(4) An applicant may not review the oral examination for more than 2 hours.

(5) An applicant shall review an examination in the presence of a board–assigned proctor. No other person may accompany an applicant during a review.

(5m) (a) An applicant may not use any device capable of recording audio, photographic, or video content, or capable of viewing or playing back such content, during a review. A violation of this subsection shall void the applicant's application and require the applicant to reapply for licensure.

(b) A violation of this subsection constitutes knowingly engaging in fraud, misrepresentation, or dishonesty in applying for or procuring a license.

(6) At the beginning of a review, the proctor shall provide the applicant with all of the following:

(a) A copy of the examination questions.

(b) A copy of or, if the applicant is reviewing an oral examination, audio recording of the applicant's answers to the examination questions.

(c) If an applicant is reviewing the statutes and rules examination, a copy of the master answer sheet.

(d) A form on which the applicant may write comments, questions, or claims of error regarding the examination.

(7) An applicant may consult bound reference materials during a review. The form under sub. (6) (d) and any other notes taken by an applicant during a review shall be retained by the proctor and, if requested by the applicant, made available to the applicant for use at a hearing. A proctor may not defend the examination or attempt to refute claims of error during a review.

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

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04; CR 18–074: am. (1) to (5), cr. (5m), renum. (6) to (6) (intro.), cr. (6) (a) to (d), am. (7), (8) Register July 2019 No. 763, eff. 8–1–19.

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 changes to the applicant's exam score.

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

History: CR 03–023: cr. Register March 2004 No. 579, eff. 4–1–04; CR 18–074: am. (2) Register July 2019 No. 763, eff. 8–1–19.

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 hemodialysis.

(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; CR 18–074: am. (4) Register July 2019 No. 763, eff. 8–1–19.

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

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

(am) “AC–PE” means the Accreditation Committee–Perfusion Education.

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

(3) **LIMITATION ON CLAIMING CONTINUING EDUCATION UNITS.** Additional continuing education units may not be given for subsequent presentations of the same content.

(4) **CATEGORIES OF CONTINUING EDUCATION.** 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 ABCP–approved international, national, regional, or state perfusion meetings, programs, and seminars at which a minimum of 75% of the contact hours consist of perfu-

sion–related material. One continuing education unit may be claimed for each contact hour.

2. Publication of a perfusion–related book chapter or paper in a professional journal. Five continuing education units may be claimed for each published book chapter or paper, subject to a limit of 10 continuing education units in any given renewal period.

3. Presenting a workshop or lecture at an international, national, regional, or state perfusion meeting. Five continuing education units may be claimed for each presentation, subject to a limit of 10 continuing education units in any given renewal period.

4. Presentation of a poster or other exhibit at an international, national, regional, or state perfusion meeting. Two continuing education units may be claimed for each presentation, subject to a limit of 4 continuing education units in any given renewal period.

5. Participation in an AC–PE site visitor workshop or volunteering as an AC–PE site visitor. Five continuing education units may be claimed for each workshop or site visit, subject to a limit of 10 continuing education units in any given renewal period.

6. Participation in an ABCP knowledge base survey. Two continuing education units may be claimed for each survey.

7. Self–directed continuing education meeting ABCP requirements. One continuing education unit may be claimed for each contact hour.

(b) *Category II.* Non–accredited perfusion meetings and other medical meetings, including all of the following:

1. Attendance at international, national, regional, or state perfusion or medical meetings, programs, and seminars not approved by ABCP, at which a minimum of 75% of the contact hours consist of perfusion–related material. One–half of a continuing education unit may be claimed for each contact hour, subject to a limit of 10 continuing education units in any given renewal period.

2. Manufacturer–specific and company–sponsored educational activities. One continuing education unit may be claimed for each contact hour.

(c) *Category III.* Individual education and other self–study activities, including all of the following:

1. Serving as a clinical instructor in an accredited perfusion training program. Two continuing education units may be claimed for this service in each year of a renewal period.

2. Serving as a didactic instructor in an accredited perfusion training program. One continuing education unit may be claimed for each contact hour, subject to a limit of 4 continuing education units in any given renewal period.

3. Participation in an ABCP examination development workshop or survey. Two continuing education units may be claimed for each contact hour, subject to a limit of 4 continuing education units in any given renewal period.

4. Self–learning activities and self–study modules, including use of audiovisual devices or electronic forums, reading scientific journals, and participation in degree–oriented, professionally related course work. One continuing education unit may be claimed for each contact hour, subject to a limit of 10 continuing education units in any given renewal period.

5. Presentation at an international, national, regional, or state perfusion or medical meeting that is not approved by ABCP. One continuing education unit may be claimed for each hour of presentation.

6. Participation in a grand round. One continuing education unit may be claimed for each contact hour, subject to a limit of 2 continuing education units in any given renewal period.

7. Completion of Advanced Cardiac Life Support training. Two continuing education units may be claimed for completion of this training.

(5) AUDIT. An applicant for renewal shall certify completion of required continuing education. The board shall audit for compliance with the continuing education requirements any licensee who is under investigation by the board for alleged misconduct.

History: CR 03-023: cr. Register March 2004 No. 579, eff. 4-1-04; **CR 18-074:** cr. (1) (title), (am), (2), (3), cr. (4) (title), (am), (4) (a) to (c), (5) Register July 2019 No. 763, eff. 8-1-19; corrections in (4) (a) 1., 2., (b) 1., (c) 2. made under s. 35.17, Stats., Register July 2019 No. 763.