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**Rules of**  
**Department of Economic Development**  
**Division 150—State Board of Registration for the**  
**Healing Arts**  
**Chapter 8—Licensing of Clinical Perfusionists**

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**Title 4—DEPARTMENT OF  
ECONOMIC  
DEVELOPMENT**

**Division 150—State Board of Registration for the Healing Arts  
Chapter 8—Licensing of Clinical Perfusionists**

**4 CSR 150-8.001 Effective Date of Licensure**

*PURPOSE: This rule provides the time period for clinical perfusionists currently practicing in the state of Missouri to become licensed pursuant to sections 324.124 through 324.183, RSMo.*

(1) Any clinical perfusionist practicing in the state of Missouri on the effective date of this rule, shall obtain a license pursuant to this chapter within six (6) months of the effective date of this rule. Any currently practicing clinical perfusionist who does not obtain a license within six (6) months of the effective date of this rule shall cease practicing until such time as they obtain a certificate of licensure.

*AUTHORITY: sections 324.130, 324.150.2 and 324.183, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.130, RSMo 1997; 324.150, RSMo 1997; and 324.183, RSMo 1997.*

**4 CSR 150-8.005 Ethical Rules of Conduct**

*PURPOSE: This rule complies with section 324.159, RSMo which authorizes the Advisory Commission for Clinical Perfusionists, through the Board of Healing Arts, to promulgate ethical principles to govern the practice of perfusion in the state of Missouri.*

(1) A clinical perfusionist shall practice perfusion only when duly licensed to do so pursuant to the provisions of the Missouri Licensed Clinical Perfusionist Act.

(2) A licensed clinical perfusionist shall not procure or attempt to procure a license or renewal of a license to practice perfusion by fraud or deceit.

(3) A licensed clinical perfusionist shall not practice perfusion after a license has expired or has been suspended, revoked or not renewed.

(4) A licensed clinical perfusionist shall notify the executive director of the Missouri State Board of Registration for the Healing Arts of

the suspension, probation, revocation or any final disciplinary action of any past or currently held permits, licenses, or certificates required to practice perfusion in this or any other jurisdiction of the United States, U.S. territories, District of Columbia or the province of Canada within thirty (30) days of final adjudication.

(5) A licensed clinical perfusionist shall not practice perfusion under cover of any permit, license, or certificate illegally or fraudulently obtained or issued.

(6) A licensed clinical perfusionist shall only employ licensed persons in the practice of perfusion in the capacity of a perfusionist.

(7) A licensed clinical perfusionist shall not obtain or attempt to obtain any fee, charge, tuition or other compensation by fraud, deception or misrepresentation or willfully and continually overcharge or overtreat patients.

(8) A licensed clinical perfusionist shall not willfully and continually perform inappropriate or unnecessary treatment, diagnostic tests or perfusion services.

(9) A licensed clinical perfusionist shall not delegate professional responsibilities to a person who is not qualified by training, skill, competency, age, experience or licensure to perform such responsibilities.

(10) A licensed clinical perfusionist shall not violate or attempt to violate, directly or indirectly, or assist or enable any person to violate, any provision of this chapter, or of any lawful rule or regulation adopted pursuant to this chapter.

(11) A licensed clinical perfusionist shall not be the subject of revocation, suspension, restriction, modification, limitation, reprimand, warning, censure, probation or other final disciplinary action against a license or other right to practice any profession regulated by this chapter by another state, territory, federal agency or country, whether or not voluntarily agreed to by the licensee or applicant, including, but not limited to, the denial of licensure, surrender of the license, allowing the license to expire or lapse, or discontinuing or limiting the practice of perfusion while subject to an investigation or while actually under investigation by any licensing authority, medical facility, branch of the armed forces of the United States, insurance company, court, agency of the state or federal government, or employer.

(12) A licensed clinical perfusionist shall not be finally adjudged incapacitated or disabled by a court of competent jurisdiction.

(13) A licensed perfusionist shall not be the subject of final disciplinary action by any professional perfusionist association or society or licensed hospital or medical staff of such hospital in this or any other state or territory, whether agreed to voluntarily or not, and including but not limited to, any removal, suspension, limitation, or restriction of the person's license or staff or hospital privileges, failure to renew such privileges or license for cause or other final disciplinary action, if the action was in any way related to unprofessional conduct, professional incompetence, malpractice or any other violation of any provision of this chapter.

(14) A licensed clinical perfusionist shall report to the executive director of the Missouri State Board of Healing Arts any alleged violation of statutes, rules and regulations governing the practice of perfusion in the state of Missouri.

(15) A licensed clinical perfusionist shall at all times hold the well-being of the patient to be paramount and shall not act in such a way as to bring the member's interests into conflict with the patient's interests. A licensed clinical perfusionist shall deliver health care services without regard to race, color, creed, national origin, sex, age, religion, sexual preference or physical and/or mental condition.

(16) A licensed clinical perfusionist shall conform to the Code of Ethics of the American Board of Cardiovascular Perfusion which is summarized as follows:

(A) The licensed clinical perfusionist who willfully misstates fact during the application, examination, or recertification process is guilty of unethical conduct. Likewise the willful misstatement of fact regarding the title or membership in a professional community is considered unethical conduct;

(B) The licensed clinical perfusionist who consciously fails to promote the safety and protection of the public is guilty of unethical conduct;

(C) The licensed clinical perfusionist who willfully disregards the patient for monetary gain is guilty of unethical conduct. Examples of such conduct are unjustified reimbursement for services performed or prejudicial compensation;

(D) The licensed clinical perfusionist who shows willful disregard for sound patient care by acts of omission is guilty of unethical conduct;



(E) The ethical licensed clinical perfusionist shall subscribe to all other applicable ethical standards of the medical community; and

(F) The licensed clinical perfusionist accepts the responsibility for subscribing to the following Code of Ethics and for reporting unethical conduct.

**THE MISSOURI STATE BOARD OF REGISTRATION FOR THE HEALING ARTS STANDARDS OF PROFESSIONAL CONDUCT FOR MISSOURI LICENSED CLINICAL PERFUSIONISTS**

**MISSION STATEMENT**

The Missouri State Board of Healing Arts promotes safety and welfare by examining and licensing the practitioners of perfusion in the State. To this end, the Board requires that practitioners seeking to practice perfusion in the State of Missouri accept the obligation to forward their knowledge and skills on a continuing basis, embrace the responsibility of ethical conduct, and nurture the trust conferred upon them by society.

**CODE OF PROFESSIONAL AND ETHICAL CONDUCT:**

The practitioners of perfusion in the State of Missouri shall adhere to the provisions of the Missouri Licensed Clinical Perfusionists Act, and rules promulgated by the Missouri State Board of Registration for the Healing Arts. The following rules on the profession of perfusion shall constitute the standards of professional conduct required of a licensed clinical perfusionist as authorized by the Missouri Licensed Clinical Perfusionists Act.

*AUTHORITY: section 324.159(1), RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.159, RSMo 1997.*

**4 CSR 150-8.010 Application Forms**

*PURPOSE: This rule provides instructions for filing applications in the office of the State Board of Registration for the Healing Arts*

*requesting licensure as a clinical perfusionist in the state of Missouri.*

(1) The applicant is required to make application upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) An applicant shall present with the application at least one (1) recent unmounted photograph, in a size not larger than three and one-half inches by five inches (3 1/2" x 5"). The photograph must have been taken within the two (2)-year period prior to application.

(4) Applications shall be sent to the executive director of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(5) The board shall charge each person applying for licensure to practice as a clinical perfusionist, either by examination, certification or reciprocity, an appropriate fee established by the board. The fee shall be sent in the form of a bank draft or money order (Personal checks will not be accepted).

(6) In all instances where the board, by rule or in the application form, has provided that it will accept copies in lieu of an original document, the applicant shall provide copies notarized by a notary public to verify that those copies are true and correct copies of the original document. The board will not recognize foreign notaries. The board shall accept the notarization of a United States consul.

*AUTHORITY: sections 324.136, 324.159 and 324.183, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.136, RSMo 1997; 324.159, RSMo 1997; and 324.183, RSMo 1997.*

**4 CSR 150-8.020 Applicants for Licensure as Clinical Perfusionists by Examination**

*PURPOSE: This rule provides specific instructions to applicants regarding examination procedures.*

(1) The Missouri Advisory Commission for Clinical Perfusionists and the Missouri State Board of Registration for the Healing Arts recognizes the examination given by the

American Board of Cardiovascular Perfusion as Missouri's licensing examination.

(2) The board shall not issue a license as a clinical perfusionist to any applicant who has failed to achieve a passing score cumulatively three (3) times or more on the Basic Science Portion or the Clinical Application Portion of the American Board of Cardiovascular Perfusion (ABCP) examination or any licensing examination. The board may waive the provisions of this section if the applicant provides proof of achieving the following after failing the licensing examination three (3) times:

(A) Proof of American Board of Cardiovascular Perfusion certification; and

(B) Documentation of a minimum of fifteen (15) American Board of Cardiovascular Perfusion approved continuing professional education units each calendar year. Five (5) of the fifteen (15) continuing professional education units must be ABCP Category 1; and

(C) Documentation of performing forty (40) cases each calendar year as primary perfusionist for cardiopulmonary bypass, ECMO, VAD, Isolated Limb Perfusion or VENO-VENO bypass; and

(D) Proof that no license issued to the applicant has been disciplined in any state or territory of the United States or the District of Columbia.

*AUTHORITY: sections 324.133, 324.136 and 324.139, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.133, RSMo 1997; 324.126, RSMo 1997; and 324.139, RSMo 1997.*

**4 CSR 150-8.030 Applicants for Licensure as Clinical Perfusionists by Reciprocity**

*PURPOSE: This rule provides information to those applicants applying for licensure as clinical perfusionists by reciprocity.*

(1) Upon submission of a properly completed application and fee, the State Board of Registration for the Healing Arts may issue a license without examination if the applicant is appropriately licensed or certified by another state, territory or possession of the United States, if the requirements of such state, territory or possession for the license or certificate are substantially equivalent to the requirements of sections 324.125 to 324.183, RSMo.

(2) The applicant shall require each state in which s/he is or has ever been licensed, certified or registered as a clinical perfusionist to provide the Missouri Board of Healing Arts with a statement attesting to the applicant's licensure status on a form provided by the Missouri State Board of Healing Arts.

(3) In all instances where the board, by rule or in the application form, has provided that it will accept copies in lieu of an original document, the applicant shall provide copies notarized by a notary public to verify that those copies are true and correct copies of the original document. The board will not recognize foreign notaries. The board shall accept the notarization of the United States consul.

*AUTHORITY: sections 324.150 and 324.183, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.150, RSMo 1997; and 324.183, RSMo 1997.*

#### 4 CSR 150-8.040 Annual Registration

*PURPOSE: This rule provides information to clinical perfusionists licensed in Missouri regarding annual registration.*

(1) The annual registration fee shall be an appropriate fee established by the board. Each applicant shall register with the board upon a form furnished by the board before January 31 of the registration year.

(2) The license must be renewed every year.

(3) The renewal date of a license shall be January 31 of the registration year.

(4) Each licensee is responsible for renewing the license before the expiration date and shall not be excused from paying additional fees or penalties. Failure to receive the notification form prior to the expiration date of the license shall not excuse failure to file for renewal.

*AUTHORITY: sections 324.144, 324.159 and 324.183, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.144, RSMo 1997; 324.159, RSMo 1997; and 324.183, RSMo 1997.*

#### 4 CSR 150-8.050 Late Renewal of License

*PURPOSE: This rule provides information to clinical perfusionists licensed in Missouri*

*regarding the penalty of not renewing on time.*

(1) If a person's license has been expired for not more than two (2) years, the person may renew the license by providing the following:

(A) Completion of a form provided by the state board;

(B) Proof of compliance with the continuing professional education requirements specified in this chapter; and

(C) Submission of renewal fee and a penalty fee.

(2) If a person's license has been expired two (2) years or more, the person may not renew the license. The person may obtain a new license by submitting to reexamination and complying with the current requirements and procedures for obtaining a license.

(3) If a person's license has been expired for more than two (2) years the board may renew without reexamination an expired license of a person upon submission of all of the following:

(A) Verification of employment from employer that applicant was duly licensed and actively practicing as a perfusionist in another state for two (2) years immediately preceding the person's application to renew a license;

(B) Completion of a form provided by the board;

(C) Verification of licensure, registration and/or certification submitted from every state and/or country in which applicant has been practicing for the two (2) years immediately preceding the person's application to renew the license; and

(D) Submission of required fee.

*AUTHORITY: section 324.144, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.144, RSMo 1997.*

#### 4 CSR 150-8.060 Fees

*PURPOSE: This rule establishes the various fees which the State Board of Registration for the Healing Arts is authorized to collect in administering Chapter 324, RSMo. Under the provisions of Chapter 324, RSMo, the board is directed to set by rule the amount of fees, which Chapter 324, RSMo authorizes not to exceed the cost and expense of administering Chapter 324, RSMo.*

(1) The following fees are established by the State Board of Registration for the Healing Arts:

(A) Reciprocity License Fee	\$300.00
(B) Licensure by Examination	\$300.00
(C) Licensure by Grandfather Clause	\$300.00
(D) Provisional License Fee	\$ 50.00
(E) Provisional License Renewal	\$ 50.00
(F) Renewal Fee	\$250.00
(G) Delinquency Fee (failure to timely file application for renewal of certificate of registration)	\$ 25.00
(H) Continuing Education Extension Fee	\$ 20.00

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.

*AUTHORITY: section 324.159, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.154, RSMo 1997.*

#### 4 CSR 150-8.070 Provisional Licenses

*PURPOSE: This rule provides information to the applicant regarding the requirements for provisional licenses.*

(1) Upon submission of a properly completed application and fee, a provisional license may be issued to a graduate of a perfusion education program approved by the Accreditation Committee for Perfusion Education and approved by the Committee on Allied Health Education and Accreditation of the American Medical Association or their successors, who otherwise meets the qualifications of the board and who does not qualify for full licensure.

(2) Applicants are required to submit official certified transcripts of their perfusion education. Transcripts shall be sent to the board directly from the education program, but may be submitted with the application if it is in an envelope sealed by the education program.

(3) The provisional licensure applicant must submit an Agreement to Supervise form

signed by the applicant's primary supervising clinical perfusionist.

(4) If the applicant passes the examination, the license shall remain valid until a permanent license is issued or denied.

*AUTHORITY: section 324.147, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.147, RSMo 1997.*

#### **4 CSR 150-8.080 Provisional Licensure Renewal**

*PURPOSE: This rule provides information to the applicant regarding the requirements for renewal of their provisional license.*

(1) Upon submission of a properly completed application and fee, a provisional license may be renewed, only once, making a provisional license valid for a maximum lifetime of two (2) years.

(2) The provisional licensee must submit an Agreement to Supervise form signed by the applicant's primary supervising clinical perfusionist.

*AUTHORITY: section 324.147, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.147, RSMo 1997.*

#### **4 CSR 150-8.090 Provisional Licensure Reapplication**

*PURPOSE: This rule provides information regarding reapplication for a provisional license for an applicant who has failed the examination.*

(1) In the event the provisional licensee fails any portion of the examination, the provisional licensee shall surrender the provisional license to the Board of Healing Arts. Upon submission of a properly completed application and fee, the licensee may reapply for a new provisional license.

(2) A person may hold a provisional license for a lifetime maximum of two (2) years.

(3) The provisional licensure applicant must submit an Agreement to Supervise form signed by the applicant's primary supervising clinical perfusionist.

*AUTHORITY: section 324.147, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.147, RSMo 1997.*

#### **4 CSR 150-8.100 Provisional Clinical Perfusionists—Direction, Delegation and Supervision**

*PURPOSE: This rule provides information regarding supervision of provisional licensed clinical perfusionists by licensed clinical perfusionists.*

(1) A licensed clinical perfusionist shall direct and supervise a provisional licensed clinical perfusionist at all times. The primary supervising licensed clinical perfusionist shall determine which tasks require the expertise and decision making capacity of the licensed clinical perfusionist, and must be personally rendered by the licensed clinical perfusionist, and which tasks may be delegated to the provisional licensed perfusionist.

(2) A provisional licensee may have more than one (1) supervising licensed clinical perfusionist. If a provisional licensee has more than one (1) supervising licensed clinical perfusionist, then one (1) supervising licensed clinical perfusionist shall be designated as the primary supervising licensed clinical perfusionist and the others as secondary supervising licensed clinical perfusionists.

(3) The supervising licensed clinical perfusionist shall be accessible on-site or by telecommunications to the provisional licensed clinical perfusionist at all times while the provisional licensed clinical perfusionist is performing perfusion.

(4) The primary supervising licensed clinical perfusionist must submit written notification of termination of supervision to the board within ten (10) days of when supervision has ceased. The provisional licensed perfusionist shall cease practicing upon termination of supervision and also notify the board of the termination of supervision within ten (10) days of when supervision has ceased.

(5) If a provisional licensee changes supervisors, the provisional licensee must notify the board and submit a new verification of supervision form from the new primary supervising licensed clinical perfusionist.

(6) A primary supervising licensed clinical perfusionist shall not supervise more than

two (2) provisional licensed perfusionists at any time.

*AUTHORITY: section 324.147, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.147, RSMo 1997.*

#### **4 CSR 150-8.110 Applicants for Licensure by Grandfather Clause**

*PURPOSE: This rule provides requirements to applicants desiring licensure in Missouri to practice as clinical perfusionists by the grandfather clause.*

(1) The board may issue a license without an examination to a person actively engaged in the practice of perfusion upon receipt of a properly completed application form and fee, provided that the person meets one (1) of the following requirements:

(A) The person, on August 28, 1997, as their primary function, was operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility and had been operating the systems for at least the immediately preceding eight (8) years; or

(B) The person has at least six (6) years experience, within the last eight (8) years, operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care facility and this was the person's primary function.

(2) Applicants applying under subsection (1)(A) of this rule must submit a clinical activity documentation report form(s) documenting his/her operation of cardiopulmonary bypass systems during cardiac surgical surgery in a licensed health care facility on August 28, 1997, and the immediately preceding eight (8) years. The applicant shall submit board forms which include:

(A) Documentation of the dates, medical record numbers, procedure, surgeon and facility recording forty (40) cases per calendar year; and

(B) Signed statements of verification of status as a perfusionist at a licensed health care facility on August 28, 1997.

(3) Applicants applying under subsection (1)(B) of this rule must submit a clinical activity(ies) documentation report form(s) documenting clinical activity(ies) in the field of perfusion for at least six (6) years experience within the last eight (8) years, operating cardiopulmonary bypass systems during cardiac surgical cases in a licensed health care

facility. The applicant shall submit board forms which include:

(A) Documentation of the dates, medical record numbers, procedure, surgeon and facility recording forty (40) cases per calendar year; and

(B) Signed statements of verification of status as a perfusionist at a licensed health care facility during six (6) of the last eight (8) years.

(4) "Primary function" as used in section 324.130, RSMo shall be defined as the person performing as the primary perfusionist for at least forty (40) perfusion cases utilizing cardiopulmonary bypass procedures during cardiopulmonary surgery during each calendar year.

*AUTHORITY: sections 324.130 and 324.183, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.130, RSMo 1997 and 324.183, RSMo 1997.*

#### 4 CSR 150-8.120 Changes of Name or Address

*PURPOSE: This rule sets out the responsibilities and procedures for name and address changes.*

(1) The licensee shall notify the board of changes in name or business address within fifteen (15) days of such change(s).

(2) Notification of address changes shall be made in writing including the name, mailing address and zip code and be mailed to the Board of Healing Arts.

(3) Notification of name changes must be mailed to the Board of Healing Arts and shall include a copy of a marriage certificate or court decree evidencing such change.

*AUTHORITY: section 324.183, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority 324.183, RSMo 1997.*

#### 4 CSR 150-8.130 Complaint Handling and Disposition Procedure

*PURPOSE: The Missouri State Board of Registration for the Healing Arts receives public complaints concerning alleged violations of Chapter 324, RSMo. This rule establishes a procedure for the handling of public complaints.*

(1) Public complaints concerning alleged violations of Chapter 324, RSMo shall be handled as follows:

(A) Any member of the public or the profession, or any federal, state or local official, may make and file a complaint with the board based upon personal knowledge or upon information received from other sources. The complaint may be against any licensed perfusionist or unlicensed individual or entity and may allege acts or practices, which may constitute a violation of any provision of Chapter 324, RSMo. No member of the board or member of the Advisory Commission for Clinical Perfusionists shall file a complaint with this board while holding that office unless that member is excused from further board or commission deliberations or activity concerning the matters alleged within that complaint. The executive director or any administrative staff member of the board may file a complaint in the same manner as any member of the public;

(B) Each complaint must be typed or handwritten and signed by the complainant. Oral, telephone or written, but unsigned, communications will not be considered or processed as complaints. Complaints shall fully identify the nature of the complaint; show the name, address and telephone number of the complainant; and be mailed or delivered to the following address: Missouri State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102;

(C) Each signed, written complaint received under this section shall be logged in and maintained by the board. Complaints shall be logged in consecutive order as received. The log shall contain, if known by the board, a record of each complainant's name and address; the name and address of the subject of the complaint; the date each complaint is received by the board; a brief statement of the acts complained of, including the name of any person injured, aggrieved or victimized by the alleged acts or practices; a notation indicating whether the complaint resulted in its dismissal by the board, or whether formal charges have been or will be filed with the Administrative Hearing Commission, or what the ultimate disposition of the complaint was; and further information as the board may direct;

(D) Each complaint made in accordance with this rule shall be acknowledged in writing and may be investigated by the board. If a complaint is investigated, the complainant and licensee shall be informed in writing of the status of the complaint at least as frequently as quarterly and until final disposition of the complaint unless such notice would jeopardize an ongoing investigation.

After the investigation is completed, the complainant shall be advised, in writing, as to whether the complaint resulted in its dismissal by the board, or whether formal charges have been or will be filed with the Administrative Hearing Commission, or what the ultimate disposition of the complaint was. The provisions of this subsection shall not apply to complaints filed by staff members of the board based on information and belief, acting in reliance on third-party information received by the board; and

(E) Each complaint investigated shall be reviewed and pursued as provided in section (2) of this rule.

(2) Public complaints shall be processed and pursued as follows:

(A) The board's complaint review committee shall review each public complaint within ten (10) days of receipt of the complaint. The complaint review committee shall consist of the executive director, chief medical officer and chief investigator. The complaint review committee shall review the complaint and either assign the complaint for investigation or refer it to the Advisory Commission for Clinical Perfusionists. The complaint review committee shall establish a schedule for conducting each phase of the complaint;

(B) When the complaint is assigned for investigation, an investigation file shall be established and a copy forwarded to an investigator with such direction as the complaint review committee deems appropriate. Upon receipt of an investigation assignment, the investigator shall interview the complainant and further conduct the investigation, as s/he deems appropriate;

(C) Upon completion of the investigation, the investigator shall submit a written report to the chief investigator for a report review. The chief investigator shall review the report and either direct further investigation or deliver the report to the complaint review committee for review;

(D) Upon receipt of a report from the chief investigator, the complaint review committee shall review the report and either return the report to the chief investigator for further investigation or deliver the report to the Advisory Commission for Clinical Perfusionists;

(E) Upon receipt of a report from the complaint review committee the Advisory Commission for Clinical Perfusionists shall review the report and either return the report to the complaint review committee for further review or investigation or forward the report along with its recommendation to the board;

(F) Upon receipt of a report from the Advisory Commission for Clinical Perfusionists, the board shall review the report and either return the report to the complaint review committee for further review or investigation, return the report to the staff for closing, forward the report to the board's attorney for legal proceedings, or take or direct such further actions as the board deems appropriate;

(G) The complaint review committee, the chief investigator, the Advisory Commission for Clinical Perfusionists or the board may contact the board's attorneys for assistance in obtaining records or subpoenas, or for assistance or direction during the course of the review or investigation; and

(H) The executive director of the board may alter the procedure set forth in this section for investigating and reviewing any complaint or report, as s/he deems appropriate.

(3) The board's investigation and subsequent litigation is not limited to or by the scope of the public complaints.

(4) In the event the board imposes discipline on the license of a clinical perfusionist pursuant to Chapters 536 and 621, RSMo, the licensee shall be referred to the board's chief investigator.

(A) The chief investigator or a delegate of the chief investigator shall monitor the licensee to determine that the licensee complies with all acts required by the board to be performed.

(B) In the event that a licensee does not comply with all required acts or terms of probation, the chief investigator or the delegate shall report such noncompliance to the board. The board shall review the report of the chief investigator and dispose of the matter, as it deems appropriate.

(C) Each licensee placed on probation by the board shall submit by January 1 and July 1 of each year the licensee is on probation a statement to the board that the licensee is in compliance with the terms of the probation. Such statement shall be on a form prepared by the board. The failure of the board to provide such form to the licensee shall not excuse a licensee from obtaining the form and submitting it to the board by the required date.

*AUTHORITY: sections 324.162, 324.165, 324.168, 324.171 and 324.183, RSMo Supp. 1997. Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.162, RSMo 1997, 324.165, RSMo 1997; 324.168, RSMo 1997; 324.171, RSMo 1997; and 324.183, RSMo 1997.*

**4 CSR 150-8.140 Continuing Professional Education**

*PURPOSE: This rule details the board's minimum requirements for continuing professional education.*

(1) Each renewal period the licensee must be able to provide proof of current certification by the American Board of Cardiovascular Perfusion (ABCP) or its successor or provide proof of the following:

(A) Documentation of a minimum of fifteen (15) ABCP approved continuing professional education units (CEU) each calendar year. Five (5) of the fifteen (15) CEUs must be ABCP Category 1; and

(B) Documentation of performing forty (40) cases each calendar year as primary perfusionist for cardiopulmonary bypass, ECMO, VAD, Isolated Limb Perfusion, or VENO-VENO bypass.

(2) Licensees are not required to complete any continuing professional education requirements in the calendar year in which the licensee is initially licensed to practice perfusion in Missouri if the licensee has not previously held a license to practice as a clinical perfusionist in Missouri or any other jurisdiction. The period for completion of the continuing professional education requirements shall be the twelve (12)-month period beginning January 1 and ending December 31 of each renewal period. A licensee who has failed to obtain and report, in a timely fashion their continuing professional education shall not engage in the practice of perfusion unless an extension is obtained pursuant to section (5) of this rule.

(3) Each licensee shall certify by signature, under penalty of perjury, that s/he has completed the required units of continuing professional education on the renewal form.

(4) Each licensee shall retain records documenting completion of the continuing professional education requirements for a minimum of three (3) years after the reporting period in which the continuing professional education was completed. The board may conduct an audit of licensees to verify compliance with the continuing professional education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board's inquiries.

(5) A licensee who cannot complete the continuing professional education requirements because of personal illness, military service or other circumstances beyond the licensee's control which the board deems to be suffi-

cient to impose an insurmountable hardship may apply for an extension of time to complete the continuing professional education requirements. Any extension of time to complete the continuing professional education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the December 31 deadline for completion of the continuing professional education requirement. A processing fee of twenty dollars (\$20) shall accompany the application for extension. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought. A licensee who requests an extension of time to complete the continuing professional education requirements shall not engage in the active practice of perfusion unless the board grants the licensee's request for extension and the licensee receives express written authorization to engage in the active practice of perfusion.

(A) Military service extensions may be granted only to a licensee who was absent from the United States for at least a majority of the reporting period due to his/her military service commitment under combat circumstances or pursuant to a state of national emergency. At a minimum, the licensee must submit written documentation from the appropriate military authorities verifying the licensee's military service commitment and the periods during which the commitment was being fulfilled under a combat or national emergency status, the number of units earned during the reporting period and a plan for the completion of the balance of the requirement.

(B) Illness extensions may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice of perfusion for at least a majority of the reporting period. At a minimum, the licensee shall provide the board with written documentation from the licensee's treating physician stating the nature of the illness or disability, the period of the illness or disability, any limitations on the licensee's activities which resulted from the illness or disability, the number of units earned in the reporting year and a plan for completing the balance of the requirement.

(C) The board, solely in its discretion, may grant an extension based on unforeseeable circumstances beyond the licensee's control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing professional education. At a minimum, the licensee must provide written documentation explaining specifically

and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee's control, the period during which the circumstances were in existence, the number of continuing professional education units earned in the reporting period and the licensee's plan for completing the balance of the requirements. The board, in its discretion, shall determine if the situation described in the licensee's application constitutes unforeseeable circumstances beyond the licensee's control which impose an unsurmountable hardship precluding the licensee from obtaining the required continuing professional education.

(D) A licensee who is granted an extension of time shall complete the balance of his/her continuing professional education requirements no later than June 30 immediately following the end of the reporting period for which an extension was sought and shall provide the board with written documentation of his/her completion of the continuing professional education requirements no later than July 10 immediately following the end of the reporting period for which an extension was sought. Failure to complete the continuing professional education requirements by June 30 or to file the documentation with the board by July 10 shall constitute a violation of section 324.159, RSMo and this rule.

(6) Violation of any provision of this rule shall be deemed by the board to constitute misconduct, fraud, misrepresentation, dishonesty, unethical conduct or unprofessional conduct in the performance of the functions or duties of a perfusionist depending on the licensee's conduct. In addition, a licensee who has failed to complete and report in a timely fashion the required units of continuing professional education and engages in the active practice of perfusion without the express written authority of the board shall be deemed to have engaged in the unauthorized practice of perfusion.

*AUTHORITY: sections 324.144, 324.159 and 324.183, RSMo Supp. 1997.\* Original rule filed Dec. 2, 1998, effective June 30, 1999.*

*\*Original authority: 324.144, RSMo 1997; 324.159, RSMo 1997; and 324.183, RSMo 1997.*