

**CSCP INTERNATIONAL PERFUSIONIST EQUIVALENCY ASSESSMENT – CASE LOG FOR  
SOUTH AFRICAN SOCIETY OF CARDIOVASCULAR PERFUSION CANDIDATES**

Please report the clinical cases you have performed in the past 2 (two) calendar years from the date of application to the IPEA process using this form below.

Name: \_\_\_\_\_

Guarantor*	Site/address	Contact email

Definition of Guarantor\* - A direct supervisor or manager with the ability to verify caseload is required as a corroborating signature for proof of 80 cases in a two-year period.

Case number	Date	Case performed	Adult or Pediatrics	Hospital/City	Supervising Perfusionist
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