

# Nomination Form

## Cardiovascular Perfusion Assistant Micro-Credential Course

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We invite your hospital to nominate qualified health care professionals to enroll in the Perfusion Assistant Micro-credential course. Please complete the following information:

### Nominee Information

Full Name	
Mailing Address	
Telephone Number	
Email Address	
Professional Credential(s)	

### Sponsoring Hospital Information

Hospital Name	
Primary Contact Name & Title	
Email Address	
Phone Number	

### Supporting Documentation

Please provide an updated curriculum vitae along with any applicable professional registration/license numbers.

### Submission Details

Please return completed nomination form along with supporting documentation to:  
[admissions@michener.ca](mailto:admissions@michener.ca)