

Application for Exemption from Part 1 & Part 2 FCCCM Examination of the College of Critical Care Medicine under Critical Care Education Foundation

To,
The President,
College of Critical Care Medicine,
Unit-F, Gemini Park, V. N. Purav Marg,
Mankhurd, Mumbai-400088,
Maharashtra, India

Date: DD/MM/YYYY

Re: Retrospective Accreditation of Experience towards Exemption for Part 1 and Part 2 FCCCM Examination.

Sir / Madam,

I would be grateful if I may be granted exemption from [A] Part 1 of the FCCCM Examination or [B] Part 1 & supervised training for Part 2 of the FCCCM Examination, as I meet the requirements specified. (Tick A or B below as applicable):

- A. **Part 1 exemption:** Following Post-graduate allopathic qualification (MBBS+ Diploma or DNB/MD) Doctors are eligible:
- Diploma in Anesthesia or Chest Medicine with 1 year of full time ICU Experience.
 - DNB or MD in Internal Medicine/ Chest Medicine or Anesthesia.

These Candidates are exempted from appearing for Part 1 examination. He/ she can directly register for Part 2 Examination

- B. **Part 1 & 2 exemption:** Following Postgraduate Allopathic Doctors are eligible (MBBS+MD/DNB):
- DNB or MD in Internal Medicine/ Chest Medicine or Anesthesia with 5 years full time ICU experience.
 - EDIC or FNB in Critical Care Medicine or International Level Fellowship Certification in Critical Care (online fellowship or mere observer-ship is NOT acceptable).

These Candidates are exempted from appearing for Part 1 examination AND can directly register for Part 2 Examination. They DO NOT have to work in a recognized ICU for 1 year and can continue working in their current ICU and give the examination. He / She still has to submit Logbook.

I am submitting the **application for exemption** and the “**Retrospective accreditation fee**” of INR Rs. 25,000 (+ GST charges as applicable). Payment is made online at www.icueducation.com. I understand that 80% of this amount will be refunded in case my application is not approved.

Yours sincerely,

Note: adding your name below will be considered as signature

First and Middle Name:

Last name/
Family name:

Membership no. of the College:

country code

Email:

Mobile:

Postal address:

Apartment/
building

Street

Area

City:

State:

Pin code:

Place:

Date:

ANNEXURE 1

1 Year of passing MBBS: University:

State: Country:

2 Medical Council Registration No.: State:

3 Post-Graduate Qualification (*Tick your selection*):

MD (Medicine/ Chest/ Anesthesia)

DNB (Medicine/ Chest/ Anesthesia)

Diploma (Chest Medicine/ Anesthesia)

4 Year of passing PG qualification: University:

State: Country:

5 Experience of Full time working in ICU (minimum 40 hrs/week):

A. From: (dates) to: Designation:

B. From: (dates) to: Designation:

C. From: (dates) to: Designation:

D. From: (dates) to: Designation:

6 Total ICU experience: (*Tick your selection*) > 5 yrs 2-5 yrs < 2 yrs

Total ICU experience: years & months.

7 Do you have any Fellowship Certification in Critical Care? (*if yes, Tick your selection*)

EDIC (European Diploma in Intensive Care)

FNB Critical Care (Fellowship of NBE) C.

Any other: (Specify)

* *online courses or observership not considered for exemption*

Grading is done as follows:

A= I am an expert on this and can teach others

B= I am very good at this and can manage independently

C= I have some idea but need to be supervised

D= I have no experience of this at all

ANNEXURE 2

<u>PROCEDURE SKILLS</u>		Grading (Self assessment)
1.	ENDOTRACHEAL INTUBATION	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
	c. Care of the intubated patient	
	d. Rapid sequence intubation	
	e. Intubation in patient with suspected cervical injury	
2.	CENTRAL VENOUS CATHETERISATION	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
	c. Care of central lines	
3.	ARTERIAL LINES	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
	c. Care of arterial lines	
4.	PULMONARY ARTERY CA	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
5.	INTERCOSTAL DRAINAGE	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
	c. Care of intercostal drains	
6.	PLEURAL TAPPING	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
7.	PERITONEAL (ASCITIC) TAPPING	
	a. Awareness of Indication and ability to perform procedure	
8.	PERICARDIOCENTESIS (PERICARDIAL TAPPING)	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
9.	LUMBAR PUNCTURE	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
10.	PERCUTANEOUS TRACHEOSTOMY	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
11.	BLS	
12.	ACLS	
13.	TEMPORARY CARDIAC PACING	
	Transvenous Pacing	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	
	c. Transcutaneous External Pacing	
14.	CARDIOVERSION & DEFIBRILLATION	
	a. Awareness of Indication and ability to perform procedure	
15.	EMERGENCY BRONCHOSCOPY	
	a. Awareness of Indication and ability to perform procedure	
	b. Management of complication	

16. MECHANICAL VENTILATION	
a. Indications and Initiation of invasive Ventilation	
b. Indications and Initiation of non-invasive Ventilation	
c. Weaning Strategies	
d. Complications & their management	
e. Open Lung Strategies (Lung Recruitment methods)	
17. RENAL REPLACEMENT THERAPIES	
a. Indications and Initiation of RRT	
b. Different techniques of RRT	

Clinical Skills	Grading (Self assessment)
1. Management of hypotension and hemodynamic instability	
2. Management of hypertensive emergencies	
3. Management of myocardial infarction and Thrombolysis	
4. Management of cardiac arrhythmias	
5. Prevention & control of nosocomial infection in ICU	
6. Management of upper and lower gastrointestinal bleeding	
7. Management of acute pancreatitis	
8. Management of hepatic failure	
9. Management of diabetes in critically ill patients	
10. Management of thyroid emergencies	
11. Management of bleeding disorders	
12. Transfusion therapy and transfusion complications	
13. Management of raised intracranial pressures	
14. Management of a post-cardiac surgery patient	
15. Management of severe electrolyte disturbances	
16. Determination of brain-death	
17. Care of Liver transplant patient	
18. Assessment and Triage of a Trauma patient	
19. Interpretation of x-rays	
20. Interpretation of ECGs	
21. Interpretation of CT scans/ MRIs	
22. Interpretation of Arterial blood gases (ABG)	
23. Interpretation of Biochemical abnormalities	
24. Interpretation of hematological and Coagulation abnormalities	

ANNEXURE 3

I, undersigned Dr. _____, confirm that all the information provided above is true to the best of my knowledge and in case of any discrepancy, my application would be rejected. I understand that this exemption is subject to approval by the College of Critical Care Medicine and I am aware that even after being granted exemption, I am required to submit my Logbook as per the FCCCM Examination requirements.

Yours sincerely,

Note: adding your name below will be considered as signature

First name

Middle name

Last name

Name:

Place:

Date:

Supporting documents to be attached: (Self attested copies)

Xerox of MBBS Certificate

Xerox of Medical Council registration

Xeroxes of Post graduate qualification Certificates (Diploma, DNB, MD)

Certificates to support ICU experience

Xerox of EDIC, or other Critical Care Fellowships

Certificates of CMEs, conferences relevant to Critical Care