



Critical Care Education Foundation

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Submission of ACP points for the PCCCM/FCCCM exam of CCEF

To President
College of Critical Care Medicine

Date: (dd/mm/yyyy): _____

I, _____ appearing for the _____ exam in year _____, hereby submit my PROOF of having acquired the mandatory 120 ACP Academic Credit Points of CCEF). Details are summarized below, and proof in form of certificates are attached as required.

My Mobile no. _____ My email: _____ City: _____

Category of Activity	Maximum ACP points possible	ACP points acquired	Certificates Attached (Y/N)															
1. Attendance and participation at the Orientation Program	30 ACP																	
2. Attendance and participation at the Crash Course	30 ACP																	
3. Online completion of “Mastering Critical Care Certificate Courses” at ICUeducation.com	As per program certificate																	
4. Online “Critical Care Skills” <u>PASS</u> certificates (<u>Self-Assessments</u>) 1) ABG Interpretation, 2) ECG interpretation, 3) Biochemistry report interpretation, 4) Hematology/Coagulation report interpretation, 5) Xray interpretation, 6) CT/MRI interpretation	10 ACP each (Maximum of 60 ACP)																	
5. Attendance certificate of BCLS (for PCCCM) and ACLS certificate submission (FCCCM)*	10 ACP																	
6. Attendance certificate of Basic (PCCCM) / advanced (FCCCM) Mechanical ventilation Course*	10 ACP																	
7. Certificate of Appraisal from head of ICU/ teacher (MASK form)	5 ACP																	
8. Submission of well worked out original data Logbook (in specified format using given templates in download section of ICUeducation.com) 1) Set of 5 ABG, 2) Set of 5 ECG, 3) Set of 5 X-rays, 4) Set of 5 Biochemistry data, 5) Set of 5 haematology/Coagulation data, 6) Set of 5 CT scans/MRI	10 ACP each (Maximum of 60 ACP)																	
9. Attendance at a State level/ National level/ International Conference with Certificate (of at least 8 hrs per day of program): <table><tr><th>Name of conference</th><th>State/Nat/ Internl</th><th>Days</th></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>	Name of conference	State/Nat/ Internl	Days													10 ACP per day of conference (Max 30 ACP)		
Name of conference	State/Nat/ Internl	Days																
10. Attendance at Weekly Zoom classes. (total classes attended:_____)	1 ACP /class attended																	
11. Other ACP points: (specify): (a)_____ (b)_____																		

TOTAL ACP POINTS : _____

I certify that all proof/ certificates to claim ACP points are attached.