



Application For FCCCM (Hon.) Certification

Of the College of Critical Care Medicine (Critical Care Education Foundation)

To,
The Chairman,
Academic Council - College of Critical Care Medicine,
Critical Care Education Foundation (India)

Date: _____

Email: Chairman@CCEF.in

Sir / Madam,

I am applying for the awarding of the honorary FCCCM Certification [Fellowship of the College of Critical Care Medicine (Hon.)] to me based on my experience as specified by the Academic Council of the College (2022).

I am submitting the necessary details and documents as specified by the Academic Council to initiate the process.

1. First (Given) Name: _____ Middle Name (optional): _____
Last (Family) Name: _____

Name: (Please specify as required on Certificate): _____.

2. Address for Communication: _____

City: _____ State: _____ Country: _____

3. Mobile number: (country code + ____) _____ Alternate mobile no.: _____

4. Email: _____ Alternate email: _____

Thanking you,

Yours sincerely,

(writing you name above will be considered as signature)



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The awarding of FCCCM (hon) by the Academic Council of the College of Critical Care Medicine is based on the fact that senior Intensivists with more than 10 years of practice in an ICU find it difficult to leave their practice and study for 2 years for the FCCCM exams. This is an alternative pathway applicable to senior practitioners in Intensive Care.

Following Criteria must be met to apply for FCCCM (Hon):

- 1. Qualification:** (Proof of qualification must be provided with the application as a pdf file. If the certificate is not in English then an English translation-duly notarized must be submitted).
 - a. Post-graduates in Medicine, Anaesthesia, Pulmonary Medicine or Emergency Medicine with ≥ 10 years of ICU practice (age > 40 years at time of applying). Other branches of medicine will be considered as basic MBBS equivalent only. or
 - b. MBBS doctor with > 15 years of ICU practice (age > 45 years).
2. This completed application with all supporting and with proof of Payment (of Part-A Application Fee only- Non-refundable Rs 15,000 + GST) should be emailed to chairman@CCEF.in . Payment will be made ONLINE at ICUeducation.com
3. The application will be screened by the Secretary Accreditation team of Academic Council and a date for "Formal Interview" will be fixed.
4. A "formal Interview" with Accreditation team of the Academic Council will be fixed to take place ONLINE as soon as possible (typically 1-2 weeks of receiving completed application). Duration of Interview may vary and can take up to an hour.
5. Result of the Interview will be intimated within 48 hrs of completion. The Candidate must pay the balance Application fee (Part-B Application Fee only- Non-refundable Rs 85,000 + GST) ONLINE at ICUeducation.com within maximum of 72 hrs.
6. The Candidate will be required to make 4 PowerPoint presentations as Guest speaker to either Academic Council or Fellows / Students of Critical Care. Of the 4 presentations 2 will be chosen by the Candidate (Section 15A) while remaining 2 will be on topics given by the Academic Council considering the topics/systems suggested by Candidate in Section 15B below. These topics must be Comprehensively covered for PG students in Critical Care as formal teaching and of 30-60 min duration. These will be presented live on Zoom meeting.
7. Approximately 1 topic will be presented per week. The Candidate must opt to present the topic anytime within 2-8 weeks preferably but not more than 6 months after the topics finalized. These presentations will become property of CCEF and may be used by CCEF/College for their teaching activity in future.
8. These Presentations (design, presentation style etc) will be evaluated by Accreditation team as knowledge / skills / teaching capability of the Candidate and will strongly influence their recommendations for approval for granting FCCCM (Hon) to candidate.
9. The Final decision of the Accreditation Team of the Academic Council will be intimated within 2 weeks of the final presentation. Successful candidates will receive a formal FCCCM (Hon) Certificate from the College and name will be entered in the Register of College as its Fellow.



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1. First (Given) Name: _____

Middle Name (optional): _____

Last (Family) Name: _____

Name: (Please specify as desired on Certificate):



2. Address for Communication: _____

City: _____ State: _____ Country: _____

3. Mobile number: (country code + _____) _____ Alternate mobile no.: _____

4. Email: _____ Alternate email: _____

5. Qualifications (in descending order - latest first):

Sl. No	Qualification	University	Date of Completion
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____



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6. Honours and Awards received: List relevant awards, fellowships, honours, grants, and academic distinctions in reverse chronological order. Include a short description if necessary.

Sl. No	Title of Award / Fellowship (with brief description)	Awarding Organization	Year
1	_____ _____ _____ _____	_____	_____
2	_____ _____ _____ _____	_____	_____
3	_____ _____ _____ _____	_____	_____
4	_____ _____ _____ _____	_____	_____

7. Hospital Affiliations (Chronologically, Most recent first):

Sl. No	Hospital with City & State	From -To dates	Designation
1	_____ City: _____ State: _____	From: _____ Till: _____	_____
2	_____ City: _____ State: _____	From: _____ Till: _____	_____
3	_____ City: _____ State: _____	From: _____ Till: _____	_____
4	_____ City: _____ State: _____	From: _____ Till: _____	_____
5	_____ City: _____ State: _____	From: _____ Till: _____	_____
6	_____ City: _____ State: _____	From: _____ Till: _____	_____



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8. Presentations & Invited Lectures:

Sl. No	Title of Presentation (Paper/ Guest lecture /Workshop)	Conference/ symposia	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



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9. **Publications:** List your publications in reverse chronological order. Use an acceptable reference format commonly used.

Books: Lastname, Fname .M., Book Title, Location: Publisher, Year

Journal Publications: Lastname, Fname.M., Lastname, F.M., and Lastname, F.M., "Article Title," Journal Name, vol. , no. , Year, pp. page numbers.

Conference Papers: Lastname, F.M. and Lastname, F.M., "Article Title," Proceedings of Conference Name, Nov. 17-18, 2008, PAPER ID-000000, pp. 503-509.

Sl. No	Publications
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

10. **Professional Affiliations:**

Sl. No	Name of Organization	Role in organization (Member, President etc)	Years (From-To)
1			
2			
3			
4			



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11. Professional Services:

Sl. No	Conference / Symposia Organized	Role in Conference (describe)	Year
1			
2			
3			

Sl. No	Peer Reviewer for Journal (Name of Journal)	Publisher	Year
1			
2			

12. Professional Training:

Sl. No	Seminars /Workshops / Certifications / Skills (Name with Organization & Brief description)	location	Date/Year
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

13. Miscellaneous: Interests and Hobbies worth mentioning:

Sl. No	Interests & Hobbies
1	
2	
3	
4	



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14. **Competencies:** (Do not leave any section blank)

Sl. No	
1	Do you contribute to ICU activities? (If YES, give details with examples): _____ _____ _____
2	Are you approachable and accessible? (If YES, give details with examples): _____ _____ _____
3	Do you recognize personal strengths and limitations of ICU team members? (If YES, give details with examples): _____ _____ _____
4	Do you Actively participate in Continuing Medical/ Nursing Education in Critical Care? (If YES, give details with examples): _____ _____ _____
5	Do you demonstrate initiative in problem solving? (If YES, give details with examples): _____ _____ _____
6	Do you try and maximize safety in everyday practice? (If YES, give details with examples): _____ _____ _____
7	How to you use your teaching and training skills in the ICU? (If YES, give details with examples): _____ _____ _____
8	How do you lead, delegate & supervise others appropriately according to experience/role? (If YES, give details with examples): _____ _____ _____



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15. PowerPoint Presentations to the Academic Council as Guest Speaker (Part A & B):

Sl. No	PART A: Topic of the Presentation (of your Choice)
1	_____
2	_____

Sl. No	PART B: Areas of Interest/ systems/ Topics (2 Topic will be given by Council)
1	_____
2	_____
3	_____
4	_____
5	_____

16. References (National/International): Please ensure that you have taken permission from referee to give their name. The Academic Council will be communicating with them directly for feedback.

Sl. No	References
1	Name: _____ Designation: _____ University Name/ Hospital: _____ Postal Mailing Address: _____ Mobile: [Country code- mobile Phone #] _____ Email: _____
2	Name: _____ Designation: _____ University Name/ Hospital: _____ Postal Mailing Address: _____ Mobile: [Country code- mobile Phone #] _____ Email: _____
3	Name: _____ Designation: _____ University Name/ Hospital: _____ Postal Mailing Address: _____ Mobile: [Country code- mobile Phone #] _____ Email: _____
4	Name: _____ Designation: _____ University Name/ Hospital: _____ Postal Mailing Address: _____ Mobile: [Country code- mobile Phone #] _____ Email: _____