INDIAN SOCIETY OF CRITICAL CARE MEDICINE

Application form for Fresh Accreditation
CRITICAL CARE MEDICINE

PART –I
GENERAL INFORMATION

1. Name and address of the Institution (including PIN Code)

i. Website:_____
ii Email:_____
iii. Address _____
ivPhone: _____
v Fax: _____

2. Year in which established:

3. Institute GSTIN No._____(Please attach institute GST certificate with application)

4. Total Number of beds in the Hospital:

5. Status of the Hospital please mark (/) : Govt.[1]☐ /Pvt.[2] /☐Corporate[3]☐

6. Is the hospital recognized by MCI/DNB/ISCCM for
   a. Internship [1] ☐
   b. PG/Post doctoral courses [3] ☐
   c.Courses
   i) PG☐
   ii) Superspeciality Course(FNB & DM Critical Care)☐
   iii)Other Subject☐

   Please mention the number of seminar rooms/conference room with their seating capacity
   a) No. of Seminar /conference rooms_____
   b) Seating Capacity_____

7. Mention the name of various audio-visual aids available in the auditorium/seminar/conference rooms.
   : Projector☐
   : Laptop☐
   : Mikes☐
   : Sound system☐
   : Overhead Projector ☐

8. Duty Rooms available for resident. Yes ☐ No ☐

9. Amount of Stipend to be paid to ISCCM Trainees per month
   IDCCM_____
   CTCCM_____
   IDCCN_____

10. Proposed security deposit charged from the ISCCM trainees if any)
    IDCCM_____
    CTCCM_____
    IDCCN_____

Details of Academic Coordinator
Name_____
Email id:_____
Mobile:_____

PART—II

CRITICAL CARE MEDICINE & RELATED INFORMATION

i) Total Number of beds in the Critical care Units
ii) Name the allied specialties, exposed
iii) Whether all the specialties are located in the same campus. (Y/N)
iv) Number of beds in the Casualty Services
v) Whether Residents are exposed to handle emergency service (Y/N)

Category wise Bed strength	Total ICU Beds	HDU	PICU	NICU	MICU	Cardio Throcic ICU	Neurosurgical ICU	Misc.

Case distribution record in the ICUs during last 3 years.

Year	Cardiology	Trauma	Surgery	OBG	Sepsis	Toxicology	Respiratory	Misc.	Total Admission	MISC.

Record Keeping
Details of Medical records system for the department.(Please attach a copy of the record form.):
Electronic/ Mannual

a) Death Records
b) M.L.C. Record
c) Admission Record
d) Discharge Record
e) Transfer Record
f) Radiology Record
g) Lab Record
h) Etc.

Proposed Teaching staff/Consultants:-

a. Details of Critical Care Faculty

ISCCM Mem. No.	Name	Designation	Primary Qualification	Training in Critical Care	Qualification in Critical Care	MCI Reg. No.	Experience after post-graduation	Research Publication

Proposed teaching schedule for Post MBBS/IDCCM/IFCCM [please attach a copy of a Time table]

Academic Activities

Activity	Number per month	Name of resource person
Bed-side Clinics		
Death review Meetings		
Clinico-Pathological Meeting		
Journal Club		
Seminar Other		

Policies and procedures

Patient care responsibility	Yes☐	No☐
Nursing protocols (documents)	Yes☐	No☐
Medical protocol documents	Yes☐	No☐
Adverse events audit	Yes☐	No☐
Patient care audits	Yes☐	No☐
List of procedures performed	Yes☐	No☐

General Information related to organization of ICU:

i. List of Equipment in the ICU related to Critical care Medicine
ii. No. of Nurses in the ICU per shift _____
iii. Ratio of Nurses to Patient in ICU _____

Supportive Services investigations carried out during the last three years(upload the file)

Discipline	Pathology	Biochemistry	Microbiology	Radiology	Blood Bank	Any Other
Year I						
Year II						
Year III						

Library

Text books available in Critical Care Medicine :

Name of the Book	Yes / No
Critical Care Update book (Latest edition)	
ISCCM textbook of critical care (Latest edition)	
ICU Protocol books (Both Volume 1 & 2)	

Electronic / Online Library

Name	From Date	To Date	Proof of Subscription

6. Kindly provide the list of Journals **(Any 2)**

Name of Journal		Name of Publisher
E- Jounal	**Printed Copy**	
Critical care medicine		
Intensive care medicine		
American journal of respiratory and critical care medicine		
Journal of critical care		
Critical care clinics		

Other information

No. of Reading Rooms_____ :
II. No. of staff in the Library with their qualifications_____ :
III. Teleconferencing reception equipment available/not available? Yes___No

:

. Library Timings

a. On working days_____ :
b. On holidays_____ :

Please indicate special facilities available in the library or in an associated hospitals/Institution

Special facilities
. Internet☐
. Printer facilities☐
Photocopy facility ☐
Teleconferencing equipment ☐
Other _____

Is there a Departmental Library Yes ☐ No☐

Undertaking

b. Each Teacher/Consultant will spent at least 8-10 hrs / week for teaching of IDCC/IFCC candidates as per the curriculum so as to complete the curriculum.
c. Hospital / institute will provide facilities and time for research work as well as to attend ISCCM organized conferences/Workshops to IDCC/IFCC candidates.
d. In case a Teacher leaves they will continue to provide training to the trainee.
e. Hospital will inform the ISCCM within one week of leaving/joining of faculty.

Date:_____

Director/H.O.D./Consultant, Critical Care Medicine **Signature of Head of Institute**

Note:

1) Institute & teacher accreditation form should be sent along with institute accreditation fees to the ISCCM secretariat office Mumbai.
2) A fee for the institute accreditation is Rs. 1,18,000/- (Including GST). Demand Draft should be drawn in favour of "Indian Society of Critical Care Medicine Education" Payable at Mumbai. (ISCCM will arrange stay & travel of Inspector and hospital will have to arrange for localtravel & hospitality of the inspector for institute inspection).
3) Institute is requested to send 1 complete set of institute form with copies of all certificates/ documents to ISCCM office along with the soft copy of the same.