IAP Intensive Care Chapter College Of Pediatric Critical Care

APPLICATION FORM FOR TEACHER ACCREDITATION

NAME: _ Date of Birth: _ _ _ _ _ _ _ _ _ _

Address for all correspondence:

_ _

_ _

_ _

Passport size photo

Cell Phone: _ _ _ _ _ _ _ _ _

Email: _

- Current degree in General Pediatrics _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
- Current Degree / Diploma / Fellowship in Pediatric Critical Care _ _ _ _ _ _ _ _ _ _ _ _ _ _

Table I: MBBS and Internship

	Joining Month / Yr.	Ending Month / Yr.	College / Institute / University
MBBS			
Internship			

Annexure I Scanned copy of MBBS degree certificate

Table II: Experience from end of MBBS internship to end of postgraduation in General Pediatrics

From Month / Yr. to Month / Yr.	Designation and Institute name

Annexure II-a scanned copies of Degree of Pediatrics (MD, DCh, DNB etc)
Annexure II-b scanned image of Registration with the appropriate Medical Council

Table III: Experience from end of post graduate degree (MD / DNB /others) in general paediatrics till entry into PICU training

- Please include each Calendar year without any break as you spent including period of Non - employment if any.

From Month/year to Month / year	Institute	General Pediatrics / Specialty unit (mention details)

Annexure III: Every work experience must be backed by appropriate experience letter issued by the respective organization mentioning date of joining and date of leaving the organization

Table IV: Details of PICU training

Please include each calendar year without any break, including 'non-employment' if any.

- Date of joining PICU training program (DD/MM/YYYY):
- Date of completion of PICU training program (DD/MM/YYYY):
- Institute:
- Which Course:
- Official duration of course:

Exit Examination passed after Pediatric Critical Care training

Did you appear for a formal exit examination in Pediatric Critical Care	Yes / No
If YES, name of the above Examination	
Month and Year of the above examination	
Result (Pass / Fail)	

Annexure IV: Scanned copy of qualification in Pediatric Critical Care (DM, FNB, DrNB or IFPCCM or IDPCCM or any other qualification in Pediatric Critical Care)

Table V: Please include details of work experience from the *completion* of PICU training till now, without breaks			
From dd/mm/yy	**To** dd/mm/yy	**Designation, which Unit you worked in (e.g., PICU, NICU etc) and Institute Name/Location**	**Accredited as a Level 3 Teaching (IDPCCM/IFPCCM) / Non-teaching Unit by the College of Pediatric Critical Care YES/NO**
Annexure V: CV of applicant			

Table VI: PICU Unit details of present employment **(if you work at multiple Hospitals, please also complete Item 4 in Table VII below)**	
• Name of the Hospital	
• Type of PICU (e.g Pediatric multi-specialty, Ped. Cardiac, Ped. Transplant etc.) • Is the PICU combined with an Adult ICU or NICU? • Year PICU started	
• No. of beds in PICU: • No. of beds in HDU: • No. of beds in other specialized PICU (Surgical/Cardiac/Transplant/Haemato-Oncology) • Total no of admissions in PICU (Aggregate of last one year) • Total no of invasively ventilated Patients during previous 1 year • Total no of invasive ventilator days in PICU over previous 1 year	
• Director of the PICU	
• Are you currently involved in teaching? Pediatric Critical Care? • If yes, mention program details (DrNB/DM/Diploma etc)	
• Is the Hospital recognized for any Ped. Critical Care training (e.g Fellowship, DrNB)? Please list all applicable programs.	

Table VII: Additional Information	
1. Which other pediatric training programs are being run in the hospital / hospitals where you are working	
2. Breakup of daily work routine (%): ● PICU Patient care ● General paediatrics IP ● OPD ● NICU ● Other specialty ● Teaching ● Administration	
3. Are you affiliated with any other teaching program (other than Ped Crit Care) (eg: NICU / Pulmonology / General Pediatrics / Nephrology /Anaesthesia)?	Type out each one
4. If you work at more than one hospital, please list the name(s) of the Hospital(s) and Designation	
• Are you member of ISCCM (optional) • Are you are life member of IAP (Mandatory) • Are you a life member of the IAP-Intensive Care Chapter (Mandatory)	**Membership No.**
● Any other overseas membership	

Signature of Candidate applying for Teacher:

Name: _ Date: _ _ _ _ _ _ _ _ _ _ _ _ _

List of Annexures:

Annexure I: Scanned copy of MBBS degree certificate.
Annexure II-a: Scanned copies of Degree of Pediatrics (MD, DCh, DNB etc).
Annexure II-b: Scanned copy of Registration with the appropriate Medical Council.
Annexure III: Experience from completion of General Pediatrics training till entry into PICU training - every work experience must be backed by appropriate experience letter issued by the respective organization mentioning date of joining and date of leaving the organization
Annexure IV: Scanned copy of qualification in Pediatric Critical care.
(DM, FNB, DNB or IFPCC or IDPCC or any other qualification in Pediatric Critical Care).
Annexure V: CV of applicant.

This application form must be accompanied by your latest CV, and all the annexures mentioned within the application form.

In addition, please include:

1. List of publications in journals / books.
2. List of all (critical care / others) workshops / conferences / CME / PALS / NALS etc. at local or national bodies in India / overseas attended as a delegate or participated as a faculty in last five years.
3. Attach certificates of merit / awards if any
4. Names & contacts of referees

Expected Turn-around-time:

- After receiving your application, you will hear from us in a span of 2 to 4 weeks.
- Your application will first undergo phase-1 scrutiny for appropriateness of the documentation and then the College council shall discuss and make the final decision.
- The whole process may take 2 to 4 weeks.
- If you do not hear from the college council within 4 weeks, please contact us by the e-mail.

Note:

All the documents and converted to PDF format. Similarly, all the required annexures (your latest CV, experience letters, degree certificates etc.) to be scanned and saved in PDF format.
Please all documents by e-mail ONLY to:

Dr. Ebor Jacob,
VICE Chancellor, PICC College Council 2023
Email: eborjacob@gmail.com and vc.iapicc.college@piccindia.com

Please make sure a CC of the e-mail is also sent to:

Dr. Shivakumar Shamarao : drshiv_2000@yahoo.com
Dr. Rachna Sharma : rachna9us@gmail.com
Dr. Bala Ramachandran : mdpicu@hotmail.com
Dr. Nameet Jerath : dr_njerath@yahoo.com