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| **BCP-I RECERTIFICATION: FORM -1: PERSONAL DETAILS****BCP-I Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recertification Period: Jan 20\_\_\_\_ to Dec 20\_\_\_** |
| **BEFORE YOU FILL THIS FORM, KINDLY READ THE RE-CERTIFICATION GUIDELINES****NOTE: FORM 1 IS COMMON FOR ALL RECERTIFICATION YEARS****PLEASE USE CAPITAL LETTERS ONLY OR TYPE THE DETAILS** |
| Name as per BCP-I certificate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Residential address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PINCODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employers address:Hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PINCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your Current Designation :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Perfusionist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**PLEASE SEND MY CERTIFICATE TO RESIDENTIAL ADDRESS ( ) HOSPITAL ADDRESS ( )** |
| **CONDITIONS OF EMPLOYMENT: (YOU MUST BE CURRENTLY EMPLOYED AS A PERFUSIONIST)**Have you been continuously employed in the last Five years: YES / NO  (if "NO", please specify period(s) of break(s) & explain on reverse side)(start with latest) MM/YYYY MM/YYYY 1) Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_2) Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_3) Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_4) Name of Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_5) Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From:\_\_\_\_\_\_\_\_\_\_ To\_\_\_\_\_\_\_\_\_\_Signature and stamp of HOD / HR Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept Seal: |

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| **BCP-I RECERTIFICATION FORM - 2: CLINICAL ACTIVITY****BCP-I Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recertification Year: Jan 20\_\_\_\_ to Dec 20\_\_\_** |
| **No.** | **Date** | **Procedure** | **Self / Under supervision** | **Points** |
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| **3** |  |  |  |  |
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| **39** |  |  |  |  |
| **40** |  |  |  |  |
| NOTE: IF YOU NEED MORE SHEETS, PLEASE TAKE ADDITIONAL PRINT OF THIS PAGE FILL OUT A SEPARATE FORM FOR EACH RECERTIFICATION YEAR. |
| **BCP-I RECERTIFICATION FORM - 3A: PROFESSIONAL ACTIVITY****Conference / Seminar/ Refresher Course/ In-house Training****BCP-I Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recertification Year: Jan 20\_\_\_\_ to Dec 20\_\_\_** |
| Date (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the Conference / Seminar / Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organizing Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of HOD / ORGANISER: **(ONLY FOR IN-HOUSE TRAINING)**Designation: Signature: Dept Seal: |
| Date (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the Conference / Seminar / Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organizing Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of HOD / ORGANISER: **(ONLY FOR IN-HOUSE TRAINING)**Designation: Signature: Dept Seal: |
| Date (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the Conference / Seminar / Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organizing Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of HOD / ORGANISER: **(ONLY FOR IN-HOUSE TRAINING)**Designation: Signature: Dept Seal: |
| Date (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the Conference / Seminar / Course\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organizing Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of HOD / ORGANISER: **(ONLY FOR IN-HOUSE TRAINING)**Designation: Signature: Dept Seal: |
| PLEASE FILL OUT A SEPARATE FORM FOR EACH OF THE 2 RECERTIFICATION YEARS.COPY OF ATTENDANCE CERTIFICATE IS A MUST. SIGN OF **HOD** IS TO BE TAKEN **ONLY** FOR **IN-HOUSE TRAINING**, IF THERE IS **NO** SEPARATE ATTENDANCE CERTIFICATE |
| **BCP-I RECERTIFICATION FORM- 3B: PROFESSIONAL ACTIVITY****Oral Presentations, Posters and Written Publications****BCP-I Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recertification Year: Jan 20\_\_\_\_ to Dec 20\_\_\_** |
| **Journal title, date, volume, page of publication / OR Title of Oral Presentation / Poster with name of meeting, place and date of presentation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Journal title, date, volume, page of publication / OR Title of Oral Presentation / Poster with name of meeting, place and date of presentation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Journal title, date, volume, page of publication / OR Title of Oral Presentation / Poster with name of meeting, place and date of presentation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Journal title, date, volume, page of publication / OR Title of Oral Presentation / Poster with name of meeting, place and date of presentation:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

PLEASE FILL OUT A SEPARATE FORM FOR EACH OF THE 2 RE-CERTIFICATION YEARS

FOR PUBLICATIONS: PLEASE ATTACH A COPY OF PUBLISHED ABSTRACT OR ARTICLE AS IT APPEARED

FOR PRESENTATIONS: PLEASE ATTACH ATTENDANCE CERTIFICATE WHICH SHOULD SPECIFY THAT A PRESENTATION WAS MADE / POSTER WAS DISPLAYED

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| **BCP-I RECERTIFICATION FORM -4: SUMMARY OF POINTS EARNED****BCP-I Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recertification Period: Jan 20\_\_\_\_ to Dec 20\_\_\_** |
| **CLINICAL ACTIVITY: YEAR** | **1st****20\_\_** | **2nd****20\_\_** | **3rd****20\_\_** | **4th****20\_\_** | **5th****20\_\_** |
| ECC IN CARDIAC SURGERY (PRIMARY) (1 point /case) |  |  |  |  |  |
| SUPERVISED ECC (1 point /case) |  |  |  |  |  |
| ECC AS INSTRUCTOR (1 point /case) |  |  |  |  |  |
| ECC FOR OTHER SURGERIES (1 point /case) |  |  |  |  |  |
| ECMO/VAD (one point/case/Perfusionist involved)  |  |  |  |  |  |
| ECC in research (½ point /case) |  |  |  |  |  |
| STANDBY FOR OPCAB (½ point /case) (**MAX 10 points / year**) |  |  |  |  |  |
| Total Clinical Activity Points (MIN 40 points / YEAR)**PLEASE FILL OUT THE TOTAL POINTS FOR EACH YEAR** |  |  |  |  |  |
|  |  |  |  |  |  |
| **PROFESSIONAL ACTIVITY:** |  |  |  |  |  |
| **PASSIVE ATTENDANCE** |  |  |  |  |  |
| a. IN HOUSE CONFERENCE, SEMINAR, WORKSHOP (5 points) |  |  |  |  |  |
| b. NATIONAL CONFERENCE, SEMINAR, WORKSHOP (15points) |  |  |  |  |  |
| c. INTERNATIONAL CONFERENCE, SEMINAR, WORKSHOP  (20 points) |  |  |  |  |  |
| ACTIVE ATTENDANCE |  |  |  |  |  |
| d. PRESENTATION AT IN-HOUSE SEMINAR, OR WORKSHOP  (2 points) |  |  |  |  |  |
| e. PRESENTATION AT NATIONAL SEMINAR, OR WORKSHOP  (3 points) |  |  |  |  |  |
| f. MODERATOR AT NATIONAL CONFERENCE (3 points) |  |  |  |  |  |
| g. PRESENTATION AT INTERNATIONAL SEMINAR OR  WORKSHOP (5 points) |  |  |  |  |  |
| h. MODERATOR AT INTERNATIONAL CONFERENCE (5 points) |  |  |  |  |  |
| **PUBLICATIONS** |  |  |  |  |  |
| i. PUBLISHED ABSTRACTS (1 point) |  |  |  |  |  |
| j. JOURNAL WITHOUT EDITORIAL POLICY (4 points)  |  |  |  |  |  |
| k. JOURNAL WITH EDITORIAL POLICY (8 points) |  |  |  |  |  |
| l. AUTHOR OF CHAPTER IN PERFUSION RELATED BOOK  (15 points) |  |  |  |  |  |
| Total Professional Activity Points (min. 20 pts/year) (any 2 out of 5 year period) **PLEASE FILL OUT THE TOTAL POINTS FOR EACH YEAR** |  |  |  |  |  |

Form 5: VERIFICATION AND FEES DETAILS:

I certify that the above information is true to the best of my knowledge and belief:

BCP-I Certificate No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Perfusionist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FULL NAME AS IT APPEARS IN YOUR CURRENT CERTIFICATE - IN CAPITAL LETTERS)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chief Perfusionist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FULL NAME IN CAPITAL LETTERS) (NOTE: IF YOU ARE THE SENIORMOST, PLEASE WRITE SELF)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Chief Surgeon / HOD C.V.T.S.:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(FULL NAME IN CAPITAL LETTERS)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ SEAL OF SURGEON

DETAILS OF FEES: Please refer to the guidelines for details and how to pay the fees. Fill out the transaction details below and also send a copy of the transaction receipt

Transaction No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FROM (NAME, BRANCH & CITY OF ISSUING BANK)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT: Rs. 1500 / 3000

NOTE: PLEASE SEND YOUR COMPLETED APPLICATION FOM WITH ALL RELEVANT DOCUMENTS VIA EMAIL TO: recertify.bcpi@gmail.com

**LOKNATH TIWARI RAVINATH SWAMI**
SECRETARY, BCP-I PRESIDENT, BCP-I

Cell: +91-9831497490 Cell: +91-9821280011
Email: recertify.bcpi@gmail.com; president.bcpi@gmail.com

Recert-forms/RS/LT/Jan2023