



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: _____

Hospital address:

Name of the 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 separately)

(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: _____

Name of HOD / HR: _____

Designation: _____ Signature: _____

Dept Seal: _____



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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
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 <u>SEPARATE FORM</u> 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:	
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 <u>SEPARATE FORM</u> FOR EACH OF THE 2 RE-CERTIFICATION YEARS	
<u>FOR PUBLICATIONS</u> : PLEASE ATTACH A COPY OF PUBLISHED ABSTRACT OR ARTICLE AS IT APPEARED	
<u>FOR PRESENTATIONS</u> : PLEASE ATTACH ATTENDANCE CERTIFICATE WHICH SHOULD SPECIFY THAT A PRESENTATION WAS MADE / POSTER WAS DISPLAYED	



NOTE: The number of points for each type of activity is only indicative. If the attendance certificate specifies CME / CPD points, then those points will be taken into consideration.

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)						
PLEASE FILL OUT THE TOTAL PROFESSIONAL ACTIVITY POINTS FOR EACH YEAR						
(min. 20 pts/year) (any 2 out of 5 year period)						



Form 5: VERIFICATION AND ADMINISTRATIVE CHARGES:

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 ADMINISTRATIVE CHARGES: Please refer to the guidelines for details and how to pay the charges. 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. _____

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

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