



**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:



**BCP-I RECERTIFICATION FORM - 2: CLINICAL ACTIVITY**

**BCP-I Certificate No.** \_\_\_\_\_ **Recertification Year: Jan 20** \_\_\_\_ **to Dec 20** \_\_\_\_

<b>No.</b>	<b>Date</b>	<b>Procedure</b>	<b>Self / Under supervision</b>	<b>Points</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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38				
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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:**

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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:**

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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:**

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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



**BCP-I RECERTIFICATION FORM -4: SUMMARY OF POINTS EARNED**

BCP-I Certificate No. \_\_\_\_\_ Recertification Period: Jan 20\_\_ to Dec 20\_\_

<b>CLINICAL ACTIVITY:</b>	<b>YEAR</b>	<b>1st 20__</b>	<b>2nd 20__</b>	<b>3rd 20__</b>	<b>4th 20__</b>	<b>5th 20__</b>
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) ( <b>MAX 10 points / year</b> )						
Total Clinical Activity Points (MIN 40 points / YEAR) <b>PLEASE FILL OUT THE TOTAL POINTS FOR EACH YEAR</b>						
<b>PROFESSIONAL ACTIVITY:</b>						
<b>PASSIVE ATTENDANCE</b>						
a. IN HOUSE CONFERENCE, SEMINAR, WORKSHOP (5 points)						
b. NATIONAL CONFERENCE, SEMINAR, WORKSHOP (15points)						
c. INTERNATIONAL CONFERENCE, SEMINAR, WORKSHOP (20 points)						
<b>ACTIVE ATTENDANCE</b>						
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)						
<b>PUBLICATIONS</b>						
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) <b>PLEASE FILL OUT THE TOTAL POINTS FOR EACH YEAR</b>						



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. 1000 / 2000

NOTE: PLEASE SEND YOUR COMPLETED APPLICATION FOM WITH ALL RELEVANT DOCUMENTS VIA EMAIL TO: [recertify.bcp@gmail.com](mailto:recertify.bcp@gmail.com)

RAVINATH SWAMI  
SECRETARY AND ACTING PRESIDENT, BCP-I  
Cell: +91-9821280011  
Email: [recertify.bcp@gmail.com](mailto:recertify.bcp@gmail.com); [secretary.bcp@gmail.com](mailto:secretary.bcp@gmail.com)