



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 PRINT CLEARLY IN BLACK INK OR TYPE

Name as per BCP-I certificate: _____

Residential address: _____

City: _____ State: _____ PINCODE: _____

Country: _____ Mobile: _____

E-mail: _____

Employers address:

Hospital: _____

City: _____ State: _____ PINCODE: _____

Country: _____

Your Current Designation : _____

Hospital / Dept. Tele: _____

Signature of Perfusionist: _____ Place: _____ Date _____

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 Period: 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				
19				
20				
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 Period: Jan 20**____ **to Dec 20**____

Date (s): _____ Location: _____

Name of (Congress, Seminar, Course): _____

Organizing Institution: _____

Signature and stamp of HOD / HR Name: _____

Designation: _____ Signature: _____ Dept Seal: _____

OR Attach a copy of attendance certificate

Date (s): _____ Location: _____

Name of (Congress, Seminar, Course): _____

Organizing Institution: _____

Signature and stamp of HOD / HR Name: _____

Designation: _____ Signature: _____ Dept Seal: _____

OR Attach a copy of attendance certificate

Date (s): _____ Location: _____

Name of (Congress, Seminar, Course): _____

Organizing Institution: _____

Signature and stamp of HOD / HR Name: _____

Designation: _____ Signature: _____ Dept Seal: _____

OR Attach a copy of attendance certificate

PLEASE FILL OUT A SEPARATE FORM FOR EACH OF THE 2 RECERTIFICATION YEARS.



BCP-I RECERTIFICATION FORM - 3B: PROFESSIONAL ACTIVITY
Oral Presentations, Posters and Written Publications

BCP-I Certificate No. _____ Recertification Period: 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:

For Publications: Please attach a copy of published abstract or article as it appeared.

For Presentations: Please attach a copy of program sheet showing details of presentation / poster

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

For Publications: Please attach a copy of published abstract or article as it appeared.

For Presentations: Please attach a copy of program sheet showing details of presentation / poster

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

For Publications: Please attach a copy of published abstract or article as it appeared.

For Presentations: Please attach a copy of program sheet showing details of presentation / poster

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

For Publications: Please attach a copy of published abstract or article as it appeared.

For Presentations: Please attach a copy of program sheet showing details of presentation / poster

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

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

BCP-I Certificate No. _____ Recertification Period: Jan 20____ to Dec 20____

CLINICAL ACTIVITIES:	YEAR	1st	2nd	3rd	4th	5th
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 ECC for OPCAB (½ point /case) (max 10 points / year)						
Total Clinical Activity Points (min 40 pts/year) (every year)						
PROFESSIONAL ACTIVITY :						
Passive attendance						
a. In house congress, seminar, or workshop (5 points)						
b. National congress, seminar, or workshop (15 points)						
c. International congress, seminar, or workshop (20 points)						
Active attendance						
d. In house presentation, seminar, or workshop (2 points)						
e. National presentation, seminar, or workshop (3 points)						
f. Moderator at national congress (3 points)						
g. International presentation, seminar, or workshop (5 points)						
h. Moderator at international congress (5 points)						
Publications						
i. Published abstracts (1 points)						
j. Journal without editorial policy (4 points)						
k. Journal with editorial policy (8 points)						
l. Author of chapter in Perfusion Related Book (15 points)						
In-house Postgraduate learning activities as documented on form II (totals)						
Total Professional Activity Points (min. 20 pts/year) (any 2 out of 5 year period)						



BOARD OF CARDIOVASCULAR PERFUSION - INDIA

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 IN CAPITAL LETTERS)

Signature: _____ Date: _____

Name of Chief Perfusionist or Department Supervisor:

(FULL NAME IN CAPITAL LETTERS)

Signature: _____ Date: _____

Name of Chief Surgeon / HOD C.V.T.S.: _____
(FULL NAME IN CAPITAL LETTERS)

Signature: _____ Date: _____ SEAL OF HOD

COMMUNICATION FROM THE PERFUSIONIST:

NOTE: If you have any additional info to be passed on to the board regarding your recertification process or any clarification regarding any of the above matter, please use an additional sheet. We request you to be brief and precise in your communication. Remember to quote your BCP-I Certificate number in all correspondence.

DETAILS OF RE-CERTIFICATION FEE: FAVOURING "BOARD OF CARDIOVASCULAR PERFUSION INDIA", PAYABLE AT AHMEDABAD, GUJARAT, INDIA

D/D or Transaction No. _____ DATED _____

FROM (NAME, BRANCH & CITY OF ISSUING BANK) _____

AMOUNT Rs. _____ (Rupees _____)

Rupees 1000/- for Indians residing and working in India -- Rupees 2000/- for others
(kindly add additional collection charges if applicable as per the prevailing Banking policies)

NOTE: PLEASE SEND YOUR COMPLETED APPLICATION WITH RECERTIFICATION FEE TO:

RAVINATH SWAMI
SECRETARY AND ACTING PRESIDENT, BCP-I
401 VRINDAVAN,
YOGA NIKETAN MARG,
BANGUR NAGAR, GOREGAON (W),
MUMBAI – 400104

Email: secretary.bcp@gmail.com
Cell: +91-9821280011

BCP-I/Recert-forms/ARJB -RS/Feb2019/rev 5