



**BCP-I RECERTIFICATION - FORM 1
PERSONAL DETAILS**

BCP-I REG No. _____ **Recertification Period: Jan 20** _____ **to Dec 20** _____

PLEASE PRINT CLEARLY IN BLACK INK OR TYPE

Name as per the certificate(s): _____

Residential address:

Street: _____

_____ City: _____ STATE: _____ PINCODE: _____

Mobile: _____ E-mail: _____

Employers address:

Hospital: _____

_____ City: _____ STATE: _____ PINCODE: _____

Designation : _____

Mobile: _____ Fax: _____

E-mail: _____

Signature of Perfusionist: _____ 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)

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: _____

Disignation: _____

Signature: _____

Dept Seal: _____

(NOTE: THIS FORM IS COMMON FOR ALL RECERTIFICATION YEARS)



BOARD OF CARDIOVASCULAR PERFUSION - INDIA

BCP-I RECERTIFICATION FORM - 2: CLINICAL ACTIVITY

BCP-I REG No. _____ Recertification Period: JAN 20____ to DEC 20____

| | Date | Procedure | Self / Under supervision | Points |
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NOTE: IF YOU NEED MORE SHEETS, PLEASE TAKE ADDITIONAL PRINT OF THIS SHEET SEPARATE FORM FOR EACH RECERTIFICATION YEAR.



BCP-I RECERTIFICATION FORM - 3 A PROFESSIONAL ACTIVITY

Congress/Seminar/Course/In-house education attendance

BCP-I REG No. _____ **Recertification Period: JAN 20** ____ **to DEC 20** ____

Date: _____ Location: _____

Name of (Congress, Seminar, Course):

Organizing Institution: _____

Signature and stamp of HOD / HR:Name: _____

Disignation: _____ Signature: _____ Dept Seal:

OR Attach a copy of attendance certificate

Date: _____ Location: _____

Name of (Congress, Seminar, Course):

Organizing Institution: _____

Signature and stamp of HOD / HR:Name: _____

Disignation: _____ Signature: _____ Dept Seal:

OR Attach a copy of attendance certificate

Date: _____ Location: _____

Name of (Congress, Seminar, Course):

Organizing Institution: _____

Signature and stamp of HOD / HR:Name: _____

Disignation: _____ Signature: _____ Dept Seal:

OR Attach a copy of attendance certificate

Date: _____ Location: _____

Name of (Congress, Seminar, Course):

Organizing Institution: _____

Signature and stamp of HOD / HR:Name: _____

Disignation: _____ 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- 3 B: PROFESSIONAL ACTIVITY

Presentations and Written Publications

BCP-I REG No. _____ **Recertification Period: March 20**____ **to Feb 20**____

Journal title, date, volume, page of publication / or name, place and date of presentation:

Please attach copy of published abstract or article as it appeared.

Journal title, date, volume, page of publication / or name, place and date of presentation:

Please attach copy of published abstract or article as it appeared.

Journal title, date, volume, page of publication / or name, place and date of presentation:

Please attach copy of published abstract or article as it appeared.

Journal title, date, volume, page of publication / or name, place and date of presentation:

Please attach copy of published abstract or article as it appeared.

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



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

BCP-I REG No. _____ **Recertification Period: JAN 20** ____ **to DEC 20** ____

| CLINICAL ACTIVITIES: YERA | 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 (minimum 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 (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 Registration No: _____

Name of the Perfusionist: _____

Signature: _____ Date: _____

Name of Chief Perfusionist or Department Supervisor: _____

Signature: _____ Date: _____

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

Signature: _____ Date: _____

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.

DETAILS OF RECERTIFICATION FEE: FAVOURING "BOARD OF CARDIOVASCULAR PERFUSION", PAYABLE AT AHMEDABAD, GUJARAT, INDIA

D/D OR 'AT PAR' CHEQUE No. _____ DATED _____

FROM (NAME AND BRANCH OF ISSUING BANK) _____

AMOUNT Rs. _____ (Rupees _____)

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

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

(SECRETARY)

RAVINATH SWAMI

401 VRINDAVAN,

YOGA NIKETAN MARG,

BANGUR NAGAR

GOREGAON (W)

MUMBAI 400104

Email: r_swamis@yahoo.com

Cell: +919821280011