



INDIAN SOCIETY OF CRITICAL CARE MEDICINE
Application form for Fresh Accreditation
CRITICAL CARE MEDICINE
Indian Diploma in Critical Care Nursing



Step 1

PART –I
GENERAL INFORMATION

1. Name and address of the Institution (including PIN Code)

- i. Website: _____
ii Email: _____
iii. Address _____
iv Phone: _____
v Fax: _____

2. Year in which established:

3. Total Number of beds in the Hospital:

4. Status of the Hospital please mark (/) : Govt.[1] /Pvt.[2] / Corporate[3]

5. Is the hospital recognized by MCI/DNB/ISCCM for

- a. Internship
b. PG/Post doctoral courses

i) ISCCM Courses: IDCCM, IFCCM

ii) Superspeciality Course(FNB & DM Critical Care)

iii) PG Courses in Other Subject

6. Please mention the number of seminar rooms/conference room with their seating capacity

- a) No. of Seminar /conference rooms _____
b) Seating Capacity _____

7. Mention the name of various audio-visual aids available

- in the auditorium/seminar/conference rooms. : Projector
: Laptop
: Mikes
: Sound system

8. Details of Academic Coordinator

- Name _____
Email id: _____
Mobile: _____

14. Academic Activities :

Proposed teaching schedule for IDCCN candidates

Activity	Number per month	Name of resource person
Bed-side Clinics		
Seminar		
Other (Upload)		

15. Policies and procedures

Patient care responsibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nursing protocols (documents)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medical protocol documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adverse events audit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient care audits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
List of procedures performed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

16. General Information related to organization of ICU:

- i. List of Equipment in the ICU related to Critical care Medicine (Upload)
- ii. No. of Nurses in the ICU per shift _____
- iii. Ratio of Nurses to Patient in ICU _____

17. Supportive Services investigations carried out during the last three years

Discipline	Pathology	Biochemistry	Microbiology	Radiology	Blood Bank in house Yes/No	Any Other
Year I						
Year II						
Year III						

Step 4

18. Library Facility:

Library available in-house (Y/N) , If no, proof of Association with another library and distance of that library from the institution.

Text books available in Critical Care Medicine :

Name of the Book	Name of the Author	Yr of Publication	Edition

Kindly provide the list of Journals

- i) Name of Journal a. E-Journal _____ b. Printed Copy _____

ii)Name of Publisher_____ (Table View)

Electronic / Online Library

Name From Date To Proof of Subscription

No. of Reading Rooms_____

No. of staff in the Library with their qualifications_____

Library Timings

a. On working days (Drop Down)

b. On holidays_____

c. Special facilities. Internet

d. Printer facilities

e. Photocopy facility

f. Teleconferencing equipment

Any Other _____

Is there a Departmental Library Yes No

Step 5

19. Undertaking

- b. Each Teacher/Consultant will spent at least 8-10 hrs / week for teaching **IDCCN candidates** as per the curriculum so as to complete the curriculum.
- c. Hospital / institute will give permission to attend ISCCM organized conferences/Workshops to IDCCN candidates.
- d. In case a Teacher leaves they will continue to provide training to the trainee.
- e. Hospital will inform the ISCCM within one week of leaving/joining of faculty.

Signature ;

Name:

Date:_____

STAMP

Director/H.O.D./Consultant, Critical Care Medicine Signature of Head of Institute

Note –

1. Institute accreditation fees and form should be sent to the ISCCM Secretariat office Mumbai.

2. Fess are Rs. 5900/- (Five Thousand nine Hundred only) Demand draft should be drawn

in favour of“Indian Society of Critical Care Medicine “ payable at Mumbai.

3.Institutes are requested to send 1 complete sets of institute form with copies of all certificates/documents to ISCCM Office. Institute are also requested to send the soft copy of the complete set of their Institute form and all certificate/document in a CD to ISCCM office