



**INDIAN SOCIETY OF CRITICAL CARE MEDICINE**  
Application form for Fresh Accreditation  
CRITICAL CARE MEDICINE



**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 [1]   
b. PG/Post doctoral courses [3]   
c. Courses  
i) PG   
ii) Superspeciality Course (FNB & DM Critical Care)   
iii) Other Subject

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

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

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

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

7. Duty Rooms available for resident. Yes  No

8. Amount of Stipend to be paid to ISCCM Trainees per month

- IDCCM \_\_\_\_\_  
CTCCM \_\_\_\_\_  
IDCCN \_\_\_\_\_

9. Proposed security deposit charged from the ISCCM trainees if any)

- IDCCM \_\_\_\_\_  
CTCCM \_\_\_\_\_  
IDCCN \_\_\_\_\_

Details of Academic Coordinator  
 Name \_\_\_\_\_  
 Email id: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

**PART—II**

**CRITICAL CARE MEDICINE & RELATED INFORMATION**

- i) Total Number of beds in the Critical care Units
- ii) Name the allied specialties, exposed
- iii) Whether all the specialties are located in the same campus. (Y/N)
- iv) Number of beds in the Casualty Services
- v) Whether Residents are exposed to handle emergency service (Y/N)

Category wise Bed strength	Total ICU Beds	HDU	PICU	NICU	MICU	Cardio Throctic ICU	Neurosur gical ICU	Misc.

**Case distribution record in the ICUs during last 3 years.**

Year	Cardiology	Trauma	Surger y	OBG	Sepsi s	Toxicolog y	Respiratory	Mi sc.	Total Admission	MISC.

**Record Keeping**

Details of Medical records system for the department.(Please attach a copy of the record form.):

Electronic/ Manual

- a) Death Records
- b) M.L.C. Record
- c) Admission Record
- d) Discharge Record
- e) Transfer Record
- f) Radiology Record
- g) Lab Record
- h) Etc.

**Proposed Teaching staff/Consultants:-**

- a. Details of Critical Care Faculty

ISCCM Mem. No.	Name	Designation	Primary Qualification	Training in Critical Care	Qualification in Critical Care	MCI Reg. No.	Experience after post-graduation	Research Publication

**Proposed teaching schedule for Post MBBS/IDCCM/IFCCM [please attach a copy of a Time table]**

Academic Activities

Activity	Number per month	Name of resource person
Bed-side Clinics		
Death review Meetings		
Clinico-Pathological Meeting		
Journal Club		
Seminar		
Other		

**Policies and procedures**

- Patient care responsibility                      Yes                       No
- Nursing protocols (documents)                      Yes                       No
- Medical protocol documents                      Yes                       No
- Adverse events audit                      Yes                       No
- Patient care audits                      Yes                       No
- List of procedures performed                      Yes                       No

**General Information related to organization of ICU:**

- i. List of Equipment in the ICU related to Critical care Medicine
- ii. No. of Nurses in the ICU per shift \_\_\_\_\_
- iii. Ratio of Nurses to Patient in ICU \_\_\_\_\_

**Supportive Services investigations carried out during the last three years(upload the file)**

Discipline	Pathology	Biochemistry	Microbiology	Radiology	Blood Bank	Any Other
Year I						
Year II						
Year III						

**Library**

Text books available in Critical Care Medicine :

Name of the Book	Name of the Author	Date of Publication	Edition

**Electronic / Online Library**

Name	From Date	To Date	Proof of Subscription

6. Kindly provide the list of Journals

Name of Journal		Name of Publisher
E- Journal	Printed Copy	

**Other information**

- No. of Reading Rooms \_\_\_\_\_ :
- II. No. of staff in the Library with their qualifications \_\_\_\_\_ :
- III. Teleconferencing reception equipment available/not available? Yes \_ No

. Library Timings

- a. On working days \_\_\_\_\_ :
- b. On holidays \_\_\_\_\_ :

Please indicate special facilities available in the library or in an associated hospitals/Institution

Special facilities

- . Internet
- . Printer facilities
- Photocopy facility
- Teleconferencing equipment
- Other \_\_\_\_\_

Is there a Departmental Library Yes  No

**Undertaking**

- b. Each Teacher/Consultant will spent at least 8-10 hrs / week for teaching of IDCC/IFCC candidates as per the curriculum so as to complete the curriculum.
- c. Hospital / institute will provide facilities and time for research work as well as to attend ISCCM organized conferences/Workshops to IDCC/IFCC 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.

**Date:**\_\_\_\_\_

**Director/H.O.D./Consultant, Critical Care Medicine  
Institute**

**Signature of Head of**

**Note:**

- 1) Institute & teacher accreditation form should be sent along with institute accreditation fees to the ISCCM secretariat office Mumbai.
- 2) A fee for the institute accreditation is Rs. 59,000/- (including GST). Demand Draft should be drawn in favour of "Indian Society of Critical Care Medicine" Payable at Mumbai. (ISCCM will arrange stay & travel of Inspector and hospital will have to arrange for local travel & hospitality of the inspector for institute inspection).
- 3) Institute is requested to send 1 complete set of institute form with copies of all certificates/ documents to ISCCM office along with the soft copy of the same.