INDIAN COLLEGE OF CRITICAL CARE MEDICINE

GENERAL GUIDELINES FOR THE AWARD OF FELLOWSHIP---FELLOW OF INDIAN COLLEGE OF CRITICAL CARE MEDICINE (FICCM)

1. Essential Criteria: Candidates applying for fellowship should meet the following criteria

   • Candidates should be Life Member of ISCCM for 5 yrs.

   • Physicians should have subspecialty certification in Anesthesia, Chest medicine, Internal Medicine, Pulmonary Medicine, Surgery, Critical Care or Pediatrics. This also includes diploma in the same subjects.

   • Candidate must be spending at least 50% of his practice time in the field of Critical Care Medicine at the time of application (A letter to that effect should be obtained from appropriate authority such as Medical Superintendent or Dean/Principal of college)

2. With the above mentioned qualifications only those who fulfill AT LEAST one of the following criteria may apply:

   • Candidates who have cleared Indian Fellowship in Critical care Medicine (IFCCM), Fellowship of National Board (FNB) in Critical Care or Members who are honorary fellowship of Indian society of critical care medicine (FISCCM)

   • Candidates who have cleared Indian Diploma in critical care Medicine (IDCCM) and have demonstrated continued involvement in the practice of Critical Care by research, publication and
outstanding dedication and leadership in the practice of critical care sufficient to recommend election

- Candidates who are American board certified in critical care medicine
- Candidates who have cleared European Diploma in critical care Medicine or FJICCM from Australia
- Involvement in national and local community activities that demonstrate outstanding dedication and/or leadership in the practice of Critical Care. This will also include teachers and examiners for IDCCM, IFCCM, FNB(Critical care), DM (Critical care), Instructors for FCCS course etc. and those involved in the organization of workshops and conferences in critical care.

3. In addition to having one of the above certifications,

- Candidates should demonstrate continued involvement in the practice of Critical Care by research, publication

4. Following scoring system would be followed by the Credential Committee for election to the fellowship

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
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<tbody>
<tr>
<td>Duration of experience in critical care</td>
<td>10</td>
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<tr>
<td>Duration of Teaching experience</td>
<td>10</td>
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<tr>
<td>Publications</td>
<td>20</td>
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<tr>
<td>Examinership</td>
<td>10</td>
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<td>Contribution to society National/Local Fellowships</td>
<td>20</td>
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<tr>
<td>Awards/ Honors</td>
<td>10</td>
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<tr>
<td>Member Editorial Board</td>
<td>10</td>
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<td>Total Score</td>
<td>100</td>
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APPLICATION PROCESS:

- Application in prescribed form should be accompanied by a statement on a plain paper by the candidate describing his credentials supporting his claim for award of fellowship (up to 300 words) This should include nature of work, training, contribution to society programs and research work.

- All applications should be accompanied by a Demand Draft for Rs.10000/- (Rupees Ten Thousand Only) in favour of `Indian Society of Critical Care Medicine-College' payable at Mumbai. The application fee is non-refundable.

- Last date of application – September 30, 2012. Any application received after 5 pm on September 30, 2012 will not be considered.

- All applications should be sent to ISCCM Headquarters in Mumbai

**Indian College of Critical Care Medicine**

Unit 6, First Floor,

Hind Service Industries Premises Co-operative Society,

Near Chaitya Bhoomi,

Off Veer Savarkar Marg,

Dadar, Mumbai 400 028

- The Credential committee would examine each application for award of fellowship. The decision of the Credential Committee would then be put to approval by the College Board. Candidates will be informed the decision before December 31, 2012
• Fellowship would be awarded during the Annual Conference of Indian Society of Critical Care Medicine to be held in March 2013 in Kolkata.

• If the candidate is unable to attend the conference and collect the award certificate in the same has to be personally received during one of the conferences held in 2014 or 2015 failing which a fresh application would have to be made for the award.

SECRETARY,

Indian College of Critical Care Medicine.
INDIAN COLLEGE OF CRITICAL CARE MEDICINE

HONORARY FELLOWSHIP NOMINATION FORM

Section I

Name: ............................................................................................................

Father’s Name: ............................................................................................

Nationality: .................................................................................................

Age : Sex: ........................................

Postal

Address........................................................................................................

City ..............................................State ......................................................

Pin Code..............................................

Phone No. ................................. Mobile No. ..............................................

Fax No. ................................. E-mail id ..............................................

Section II

Academic qualifications (Degree/Diploma/ Fellowship):

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<thead>
<tr>
<th>Degree/Diploma</th>
<th>Subject</th>
<th>Name of Institution/University</th>
<th>Year of passing</th>
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### Work Experience:

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<tr>
<th>Designation</th>
<th>Institution/Hospital</th>
<th>Duration</th>
<th>Month/Year</th>
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**Special Training (If any)**

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**Awards, Honours and Scholarships:**

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Membership in Professional Societies:

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Contribution to Indian Society of Critical Care (Including membership of executive bodies, organization of CMEs and workshops, participation in work conference and delivery of lectures)

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Research Publications (Attach list of publications)
References: Please provide names of three referees with whom you have worked in the field of critical care

1. Name:
   Affiliation and Postal Address:
   E-Mail Id
   Phone number:

2. Name:
   Affiliation and Postal Address:
   E-Mail Id:
   Phone number:

3. Name:
   Affiliation and Postal Address:
   E-Mail Id:
   Phone number:

I, undersigned, declare that the information provided by me is true to best of my knowledge. I authorize the Indian College of Critical Care Medicine to seek any information from my previous employer/referee in order to aid in my application for fellowship in critical care medicine.

Place:.................. Signature:..........................

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Date ...................