



CARDIAC CATHETERIZATION PRIMARY OPERATOR REGISTRATION PRACTICE PATHWAY -1 APPLICATION

NAME		MOBILE NO.	
EMAIL ADDRESS		PMDC NO.	
POSTAL ADDRESS			

PRACTICE PATHWAY - 1 (CCL 2017)

FCPS medicine/MRCP (Diplomate American board in medicine or equivalent with at least 15 years of practical experience in interventional cardiology with at least 75 procedures per year in last 2 years.

YEAR OF PASSING: _____ (ATTACH DEGREE COPY)

POST FELLOWSHIP EXPERIENCE

YEARS OF INTERVENTIONAL PRACTICE	INSTITUTE / CENTER	NUMBER OF CASES PER YEAR (Last two years)

UNDERTAKING: I hereby undertake that I fulfill the requirements as per laid down against the selected pathway.

SIGNATURES _____ DATED: _____

(FOR OFFICIAL USE BY MEMBER ACCREDITATION COMMITTEE)

Operator approval: Approved Not approved

PSIC Registration No # _____ Dated: ____ / ____ / ____

(1) NAME: _____ SIGNATURES _____

(2) NAME: _____ SIGNATURES _____

Scanned copies of filled proforma with documents should be uploaded on www.psic.org.pk
Original proforma with accompanying documents to be posted to: Gen. Secretary PSIC, Office # 1602,
High-Q tower, Gulberg-V Jail Road, Lahore. Phone number 042 32317355