



CARDIAC CATHETERIZATION PRIMARY OPERATOR REGISTRATION TRAINING PATHWAY -2 APPLICATION

NAME		MOBILE NO.	
EMAIL ADDRESS		PMDC NO.	
POSTAL ADDRESS			

TRAINING PATHWAY - 2 (CCL 2017)

FCPS cardiology, or equivalent, with at least 3 years post fellowship adequate supervised training/experience in interventional cardiology at CPSP recognized and PSIC registered Catheterization laboratory under the supervision of a certified interventional cardiologist. At least 75 procedures/year as primary operator.

YEAR OF PASSING: _____ (ATTACH DEGREE COPY)

POST FELLOWSHIP EXPERIENCE

INSTITUTE / CENTER	SUPERVISOR*	CPSP ACCREDITATION* (Y / N)	PSIC REGISTRATION* Registered / Applied for	CASES PER YEAR*

*- Respective certificates from Cath Lab Director / HOD / Head of Institute, to be attached

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