



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 supervised training/experience in interventional cardiology at CPSP recognized Centre for FCPS Cardiology Training/Cath Lab under a Director Cath Lab who is a CPSP accredited Supervisor for FCPS Cardiology or Interventional Cardiology. **At least 75 procedures/year as operator under the supervision of Director Cath Lab.**

PMDC Registration valid upto _____ (Certificate to be submitted/uploaded)
FCPS Cardiology year of passing _____ (Degree to be submitted/uploaded)

POST FELLOWSHIP EXPERIENCE

INSTITUTE/CENTER	NAME OF DIRECTOR CATH LAB	EXPERIENCE DATES (From - To)	CPSP, CENTRE ACCREDITATION STATUS (Y / N)	CPSP, DIRECTOR CATH LAB ACCREDITATION STATUS AS SUPERVISOR (Y / N)

* CPSP Accreditation Certificate for the Centre/CPSP Accreditation Certificate of Director Cath Lab as Supervisor and Certificate from head of Institute to be attached and uploaded separately.

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

SIGNATURES _____ DATED: _____

(FOR OFFICIAL USE BY MEMBER ACCREDIATION COMMITTEE)

Date of PSIC Accreditation Committee Meeting to consider this application _____

Operator credentialing status Approved Not approved *

*Reason: _____

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 35791334 - 35