**Association for Acute CardioVascular Care**

*Confirmation of Training form for ACVC Certification*

*- ICCU/CICU Director -*

**Candidate name:** ...............................................................................................................................................................

**ICCU/CICU Director Name:** ............................................................................................................................................

In order to complete ACVC Certification in Acute Cardiovascular Care the candidate must have:

1) Part 1

1. Passed the ACVC Examination

2) Part 2

1. Acquired significant experience in a Cardiac Intensive Care Unit (12 months full time) (NB this can be acquired on a part-time basis as long as the equivalent of 12 months full time is obtained)
2. Had a significant on-call commitment whilst working on the Cardiac Intensive Care Unit (roughly
3. equivalent to one night per week)
4. Acquired other relevant training (at least one month in Anaesthesia, one month in Respiratory Medicine/Pulmonology, one month in Nephrology, three months in General Intensive Care)
5. Completed the procedures Logbook
6. Completed an Educational Training Record
7. Had an ICCU Director overseeing their training in Acute Cardiac Care

I certify that I have supervised the above candidate’s training in Acute Cardiac Care and confirm that the candidate has achieved the following: (please tick)

* Acquired significant experience in Cardiac Intensive Care
* Had a significant on-call commitment in Cardiac Intensive Care
* Acquired other relevant training (see above)
* Completed a Procedures Logbook
* Completed an Educational Training Record (ETR), signed by myself

Date: …………………………………………………………………………………………………………………………………………

Signature of candidate: …………………………………………………………………………………………………………….

Date: …………………………………………………………………………………………………………………………………………

Signature of ICCU/CICU director: ………………………………………………………………………………………………