**Association for Acute CardioVascular Care**

*ICCU/CICU Director form for ACVC Certification*

**CERTIFICATION IN ACUTE CARDIOVASCULAR CARE, PART II**

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

**ACVC examination date: ......................................................................................................................**

The roles of the local supervisors and ICCU/CICU director are critical in the certification process. They should be recognised by the National Training Authorities for supervision and training in cardiology and/or intensive care medicine, depending on the part of the curriculum being addressed. If you are not sure as to the suitability of the person you wish to appoint as your nominated ICCU/CICU director, please contact us.

The ACVC Education Committee may consult with the relevant National Society to validate the choice of ICCU/CICU director. In very rare circumstances, the Certification and Accreditation Assessment Committee may suggest another ICCU/CICU director to the candidate.

Candidates must submit this ICCU/CICU director form online as part of the second step of the certification process. Please have the form signed by your ICCU/CICU director and save an electronic copy which you will be able to upload online.

We recommend that you keep a copy for your records.

**ICCU/CICU Director name: ..................................................................................................................**

ICCU/CICU Director Qualifications: .....................................................................................................

ICCU/CICU Director Hospital: ..............................................................................................................

ACVC certified (Yes/No): ......................................................................................................................

Please give a brief summary of your experience in acute cardiovascular care (years of practice, ICCU/CICU director dates, teaching and training responsibilities, membership of Societies relating to acute cardiovascular care):

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Contact details:

* Email: .....................................................................................................................................
* Phone number: ……………………………………………………………………………………………………………….

**Statement:**

I undertake to supervise the training of the above candidate in Acute Cardiovascular Care. I understand this training may be undertaken in a number of different centres, and I undertake to ensure the candidate trains in appropriately recognised centres and is supervised by trainers/educators who are recognised for training at a national/local level.

* Does the candidate have sufficient knowledge and skills to begin the individual certification process?

□ YES □ NO

* Is the candidate actively involved in Acute Cardiovascular Care?

□ YES □ NO

If no, please comment:

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Signatures on next page ⇒

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

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

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

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