



# Acute Cardiovascular Care Association



## ACUTE CARDIOVASCULAR CARE ASSOCIATION (ACCA) CERTIFICATION IN ACUTE CARDIOVASCULAR CARE PART II

### ICCU/CICU DIRECTOR FORM

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 ACCA 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.

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

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

ACCA examination date: .....

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

ICCU/CICU Director Qualifications.....

ICCU/CICU Director Hospital: .....

ACCA 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:.....

**Please tick here if you wish:**

- For details regarding becoming a founding member of the ACCA (awarded only to experienced cardiologists in the field)
- To be contacted regarding registration of your ICCU/CICU as part of the international ACCA network .

**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

Comments (especially if answer is NO’):

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**Confirmation**

Signature of candidate .....  
Date .....

Signature of ICCU/CICU director .....  
Date .....