



**Indian College of Cardiac Anaesthesia (ICCA)**  
an academic body under the aegis of  
**Indian Association of Cardiovascular Thoracic Anaesthesiologists**

Affix one recent  
passport size  
photograph

**FELLOWSHIP IN ECMO (FECMO)  
APPLICATION FORM  
CENTRE ACCREDITATION / RE-ACCREDITATION**

(to be filled in block letters)

Name of institution/hospital applying for Fellowship in ECMO .....

Address on Institute / Hospital .....

.....

City ..... Pin Code ..... State.....

Ph. No..... Email / Website (if any) .....

No. of years center has been functioning ..... Head/CEO/Dean of the center .....

Email..... Hospital contact number: .....

Bed strength of center..... No. of Cardiac beds (CTVS and cardiology) .....

No. of ECMO cases done per year in last 5 years .....

Is this application for Accreditation or Re-Accreditation.....

**SEND TO.....**

Complete filled form should be email to: [iccaregistrar@gmail.com](mailto:iccaregistrar@gmail.com)

OR send by surface mail to:

**Registrar ICCA**, ICCA Office, Anaesthesia House, First Floor, GCDA Shopping Complex,  
Panampilly Nagar, Cochin, Kerala (India). (PIN: 682036)

Phone: 0484 4011307, Mobile: 98 9551 9551; Website: [www.iacta.co.in](http://www.iacta.co.in)

**Accreditation Fee Payment Options**

DEMAND DRAFT	Favoring IACTA, payable at Madurai: mail to the ICCA office.
CHEQUE (MULTI CITY) OR CASH	Remit any SBI branch to the account number mentioned below and mail the copy of the counterfoil of the pay-in slip to ICCA office.
ELECTRONIC TRANSFER (AS NEFT)	Account name: IACTA Bank: State Bank of India Branch: Personal Banking Branch, No:2, Dr. Ambedkar Road, Madurai 625002 (TN) Account no.: <b>30007410621</b> IFS Code: <b>SBINO004331</b>

## DETAILS OF PAYMENT

Demand draft  Cheque  Electronic transfer

D D/ Cheque no./transaction no ..... Bank: .....

Date of NEFT transfer/cash/cheque remittance: ..... Amount: .....

Transaction ID/UTR No & bank (for electronic transfer): .....

(Date and place)

(Registrar, ICCA signature with office seal)

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### **for office use only**

Received date: / / DD/Cheque no.: ..... Bank: .....

Electronic transfer/Cheque remittance details: .....

Amount received: .....

Accreditation granted: Yes / No

(Signature: Registrar, ICCA)

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## Fellowship in ECMO CENTRE ACCREDITATION/RE-ACCREDITATION: GUIDELINES

1. The center should have a running program on ECMO.
2. Center should have a certified FECMO guide/teacher who is a full time cardiac anaesthesiologist. In case a certified teacher leaves an accredited center, the same should be informed to ICCA office.
3. The center should have an annual turnover of at least 40 ECMO cases a year.
4. The number of cases: student ratio should be 20:1 i.e., for every twenty ECMO cases, there can be one FIEMCO student. A single center can have a maximum of four candidates per year.
5. The teacher student ratio is 1:2 i.e. there can be two students attached to one FECMO teacher.
6. The operating rooms and intensive care beds must have state of the art equipment for invasive & non-invasive monitoring and ventilation. In addition, there should be 24 hours biochemical laboratory services.
7. The center should have access to at least two journals each of cardiovascular thoracic anaesthesia, cardiac surgery and two journals related to critical care medicine. A journal on ECMO should be there.
8. The center should propose a twice weekly academic schedule.
9. The center shall not levy any direct or indirect charges from the FECMO candidates in relation to the fellow-ship program. However, the students shall pay the registration and exam fees directly to IACTA.
10. The candidate shall be paid stipend/remuneration as applicable to a senior resident by the center.
11. Newly started centers desirous of accreditation need to be functional for at least one year before it can be inspected for recognition.
12. All accredited centers will be re-inspected after 10 years. In case an accredited center has candidates failing their Fellowship in ECMO examination / no appearance consecutively for 3 years, the recognition may be withdrawn, and a reaccreditation will be required subjected to further inspection.
13. IACTA assumes no responsibility for accidents/illness/insurance etc. towards the candidate during the course.
14. ICCA permits more than one center to seek combined accreditation. However, when more than one/multiple centers seek combined accreditation for a good case mix of congenital heart surgeries, they will be treated as one center of training and need to meet all the above criteria. The duration spent by a candidate in each center need to be specified at the time of application for accreditation.
15. Accreditation fee: The center will be required to pay IACTA a registration fee of Rs. 25,000/- towards accreditation. In addition, travelling expenditure and local hospitality of the inspector/inspectors are also to be borne by the center applying for accreditation. For re-accreditation, the fee is Rs.10000/-only.
16. On the receipt of application on the prescribed form and registration fee for center recognition, the ICCA will depute an expert member to inspect the center.