



American College of Critical Care Medicine

Society of Critical Care Medicine
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To Whom It May Concern:

The individual giving you this letter and form has applied for Fellowship in the American College of Critical Care Medicine and has requested that you verify what portion of his/her professional time is devoted to critical care.

Your efforts in completing this form are greatly appreciated. Please submit by **March 15, 2012**, so this application can be completed.

Sincerely,

Robert C. Hyzy, MD, FCCM
Chair, Credentials Committee

Attachment: Time Verification Form

**DOCUMENTATION OF APPLICANT'S PROFESSIONAL TIME
DEVOTED TO CRITICAL CARE**

PLEASE TYPE OR PRINT

Applicant's Name _____

Your Name: _____

Present position held relative to the applicant: _____

Assuming a 50-hour week, how many **hours** do you estimate the applicant devotes, per week, to each of the following?

- a. Patient care in the ICU _____ hours
- b. Teaching in the ICU _____ hours
- c. Administrative time devoted to intensive care _____ hours
- d. Research involving intensive care patients _____ hours
- e. Other intensive-care related activities (please specify) _____

Is the above weekly time assessment reflective of the applicant's activities over the past 2 years?

Yes _____ No _____. If no, please explain. _____

SIGNATURE _____ DATE _____