"SRUTHITHARANGAM"

(State Cochlear Implantation Project)

A JOINT VENTURE OF DEPARTMENT OF SOCIAL WELFARE & DEPARTMENT OF HEALTH AND FAMILY WELFARE IMPLEMENTED BY KERALA SOCIAL SECURITY MISSION

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APPLICATION FOR PRIVATE INSTITUTIONS SEEKING EMPANELMENT

1.	Name of the institution :				
2.	Name of administrator				
3.	Address				
4.	Post office :				
5.	District :				
6.	Pin code :				
7.	Phone number : landline :				
8.	Phone number : mobile :				
9.	E mail id :				
10	Infrastructure – Surgery & anaesthesia				
	Do you have the following infrastructure facilities?.		:	Yes	No
	(Write yes or no in the space provided)				
10.1	Surgical theatre				
10.1.1	Surgical theatre that has all the facilities for		:		
	Stapedectomy, Tympanoplasty, Mastoidect	omy			
10.1.2	Air conditioning has laminar airflow		:		
10.1.3	Air conditioning has High Efficiency Particular	te	:		
	Air (HFPA) filter				

10.1.4	Positive pressure air conditioning	:
10.2	Anaesthetic equipment	
10.2.1	Basic anaesthesia set up	:
10.2.2	Paediatric laryngoscope with Magill and	:
	Macintosh blades size 0 – 1 – 2 – 3	
10.2.3	Paediatric oropharyngeal airway (size 000, 00,	:
	0,1, 2 and 3)	
10.2.4.	Paediatric stylets	:
10.2.5	Paediatric endotracheal tubes (size 2.5 to adult)	:
10.2.6	Reinforced paediatric endotracheal tubes	
10.2.7	Laryngeal Mask Airway (LMA)	:
10.2.8	Paediatric Fibre optic laryngoscope	:
10.2.9	Paediatric circuit (Jackson – Ree's modification	:
	of Ayre's T piece)	
10.2.10	O Face masks types	
	 Round face mask 0 – 1 – 2 	
	 Anatomical face mask 0 – 1 – 2 	
	 Rendell-Baker-Soucek mask 0 – 1 – 2 	
10.3	Other equipment	:
10.3.1	Good quality surgical microscopes with	:
	illumination and magnification fit for inner	
	ear surgery (must have facility for video	
	recording of surgery)	
10.3.2	Not less than 2 surgical drills with an assortment	:
	of hand- pieces and drill bits for middle ear surgeri	es
10.3.3	Contrangular hand piece or skeeter drill	:

11.1	Sound treated room made to A	NSI standards	:		
,	with facility for free field testing				
11.2	Dual channel audiometers with	facilities for	:		
	masking, speech audiometry ar	nd free field testing			
11.3	Middle ear analysers with facili	ties for stapedial	:		
	reflex threshold measurements				
11.4 [Dedicated instruments for ABR,	ASSR and OAE test	ing :		
12. Pe	ersonnel – Cochlear implant su	rgeon			
(If you	u have more than one cochlear	implant surgeon, p	lease take photocopie	es as needed so	
that e	each surgeon fills up a separate	form)			
12.1	Name :				
12.2	Professional qualifications – ple	ease list			
No	Qualification	Year	College	University	
	egister number		:		
	egister number many cochlear implant surgerie	s have you perform	: ned? :		
	_	s have you perform	: ned? :		

Have you done implant surgery with Advanced

: Yes

No

Bionics implant?

Have you done implant surgery with Cochlear Medical Devices implant

	Write yes or no for the following questions	Yes	No
12.3	Do you have MS in ENT?		
12.4	Do you have DNB ENT?		
12.5	Do you have atleast 7 years of work experience after qualification?		
12.6	Have you done more than 200 mastoidectomies?		
12.7	Have you done more than 100 tympanoplasties?		
12.8	Have you done more than 20 stapedectomies?		

Yes

No

Si	qr	nat	ur	e:
J	y١	iut	uı	C.

Date:

13 Personnel – Audiology and Speech Pathologist

(The audiology unit could be in the centre where implant is being done OR could be a centre easily accessible for patients with whom the institution conducting implants have a formal Memorandum of Understanding (MOU). If you have the latter arrangement, hospital administrator must attach a copy of MOU)

Minimum requirement for audiology unit

- At least two audiologists / speech therapists
- At least one should MASLP or equivalent MSc Speech & Hearing/ MSc Audiology with 2 year experience)
- The other person should have any of the following qualifications: MASLP/ MSc
 Audiology / MSc Speech/ BASLP with 5 year experience

(If you have more than two Audiology / Speech therapists, please take photocopies as needed so that each one fills up a separate form)

- 13.1 Name
- 13.2 Professional qualifications please list

No	Qualification	Year	College	University

(Minimum requirement for AVT. At least one AVT therapists with adeqyuate qualification with 2 year experience)

13.3 RCI register number :

13.4 Year of validity

	Write yes or no for the following questions	Yes	No
13.3	Do you have a minimum of 2 years experience after		
	qualification (for MASLP or MSc Audiology or MSc SLP qualified		
	only)?		
13.4	Do you have a minimum of 5 years experience after		
	qualification (for BASLP qualified only)?		
13.5	With you current workload, can you find time to provide		
	services to post implant patients?		

Date:	
1.4	Decreased. He with a decirie that any (are a suit releast a cat)
14	Personnel – Hospital administrator (or equivalent post)
Form for	or hospital administrator

I have gone through this application for empanelling and find that all the information provided here is correct to the best of my knowledge.

I have attached the following documents to this application

Signature:

14.1 Photocopies of certificates (attested by me) for qualifications of surgical and audiologist/ speech therapists professional. List of names of these professionals with their qualifications is given below

No:	Name	Qualification
14.2	Copy of Memorandum of Understanding (M	OU) with centre/s providing audiology/
speech	therapy services (if you are accessing these se	ervices from outside your institution)
14.3	is your institution registered with any G	Government structure (e.a. Municinal
	ation, panchayat) ? Please tick	overnment structure (c.g. manicipal
Yes	:	
No	:	
14.4	If yes, please provide relevant details includin	g copies of certificates, if any;
Name:		
Designa	ation:	
Date:		
Seal of	institution	