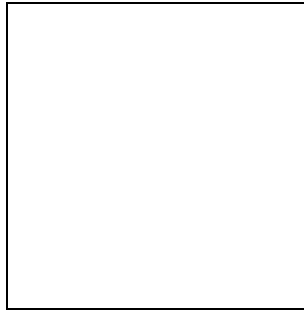


APPLICATION FOR LETTER OF CREDENTIALING AND PRIVILEGING
(CHAPTER 2)

1. PERSONAL DETAILS



Full Name : _____
NRIC / Passport No. : _____
Malaysian Medical Council Reg. No. : _____
Current Annual Practicing Certificate No. /Year : _____
Clinic/Hospital Name : _____

Home Address : _____

Telephone No. : Office: _____ Residence: _____ Mobile: _____
Fax No. : _____
Email Address : _____

2. PERSONAL QUALIFICATION / TRAINING

2.1 Basic Qualification:

Qualification : _____
University/Awarding body : _____
Date of Qualification : _____

2.2 Post Graduate Qualifications: (If applicable)

Qualification : _____

University/Awarding body : _____

Date of qualification : _____

Years of aesthetic medical practice experience (part time/full time): _____

2.3 Work Experience

PERIOD	PLACE OF PRACTICE	POSITION

2.4 Information on Professional Indemnity

Name of insurance provider : _____

Type of insurance : _____

Start date of insurance : _____

Period of insurance : _____

Note: Upon approval of the Letter of Credentialing & Privileging, medical practitioners performing aesthetic medical practice should have appropriate professional indemnity.

3. DECLARATION TO PERFORM AESTHETIC MEDICAL PROCEDURES

Please attach with this application form, a copy of the certificate obtained (overseas or local training), details of training courses, organizers, trainer(s)' name and CV if necessary, details of hands-on experience, duration of course and examinations / tests.

Type of Treatment and Procedure	Tick	No. of Procedures Performed	Name of Trainers/Supervisors	Title of Certificate Obtained
NON INVASIVE				
Chemical peel (Superficial)				
Microdermabrasion				
Intense pulsed light (IPL)				

Type of Treatment and Procedure	Tick	No. of Procedures Performed	Name of Trainers/Supervisors	Title of Certificate Obtained
MINIMALLY INVASIVE				
Chemical peel (Medium depth)				
Botulinum toxin injection				
Filler injection – excluding silicone and fat				
Superficial Sclerotherapy				
Lasers for treating skin pigmentation				
Lasers for skin rejuvenation (including fractional ablative)				
Lasers for hair removal (e.g long – pulsed Nd-YAG, Diode)				
Skin tightening procedure- radiofrequency, ultrasound, infrared up to upper dermis				

INVASIVE				
Laser for treating vascular lesions				
Chemical peels (Deep)				
Ablative skin resurfacing lasers				
Hair transplant				
Phlebectomy				
Ultrasound device				
Tumescent Liposuction				

Note :
This list is subject to review

Additional Information on Training (if any)

Title of Certificate Obtained	Year Obtained	Name of Organiser	Details of Hands on Experience	Name(s) of supervisors/ Trainers	Duration	Details of any Examinations / Tests

4. NAME OF REFEREES

One referee must be a Malaysian who is a registered medical practitioner practicing aesthetic medical practice in Malaysia.

REFEREE 1

Name : _____
IC / Passport No. : _____
Designation : _____
MMC No. : _____
APC No. : _____
LCP No.(if any) : _____
Telephone No. : Office: _____ Residence: _____ Mobile: _____
Fax No. : _____
Postal Address : _____

Email Address : _____
Referee's Signature : _____

REFEREE 2

Name : _____
IC / Passport No. : _____
Designation : _____
MMC No. : _____
APC No. : _____
LCP No.(if any) : _____
Telephone No. : Office : _____ Residence: _____ Mobile: _____
Fax No. : _____
Postal Address : _____

Email Address : _____
Referee's Signature : _____

5. DECLARATION

I declare that the information provided in this application form is true and herein remains unchanged to-date. To the best of my knowledge and belief, I have not withheld any material fact. I understand that my practice may be audited. I also note that I may be required to submit additional details for further assessment / review.

Name of Medical Practitioner

Date

Signature

Please submit your application form and supporting documents to:

**Cosmetic Dermatology and Laser Medicine Board
(Dermatological Society of Malaysia),
Academy of Medicine,
G-1, Medical Academies of Malaysia,
210 Jalan Tun Razak,
50400 Kuala Lumpur.**

Email: info@dermatology.org.my
Tel : 03-26155251
Fax : 03-26985927

*** a processing fee is applicable (kindly refer to the above secretariat)**

6. FOR OFFICE USE ONLY

6.1 Evidence of adequate training

Please tick the appropriate box

Yes No

6.2 Recommendation for procedures requested

List of procedures	Recommendation		Remarks
	Yes	No	

6.3 Comments/suggestions:

 Chairman of Cosmetic
 Dermatology and Laser Medicine Board
 ()

 Committee Member of Cosmetic
 Dermatology and Laser Medicine Board
 ()

 Date

 Date