

SENARAI SEMAK

Sila tandakan jika berkenaan

1. Borang Permohonan *APPLICATION FOR CREDENTIALING - Cred 1- (2018)* diisi dengan lengkap oleh pemohon dan tandatangani oleh Ketua Jabatan/ Pakar Lawatan Klinikal
2. Salinan Perakuan Pendaftaran Tahunan *Annual Practicing Certificate (APC)* Kejururawatan / Penolong Pegawai Perubatan yang disahkan (tahun semasa)*
3. Salinan Sijil Perakuan Pendaftaran Pembantu Perubatan/ Jururawat
4. Salinan Sijil Yang Disahkan:-
 - 4.1 Pos Basik Perawatan Perioperatif
5. Gambar beruniform berukuran passport.
6. Ringkasan buku log disahkan oleh Ketua Jabatan/ Pakar Lawatan Klinikal (*bagi yang tiada pos basik berkaitan*).

Semua Borang dan Salinan Sijil hendaklah dihantar dalam satu salinan sahaja.

Borang Permohonan *Credentialing* boleh dimuat turun dari portal KKM: www.moh.gov.my – *Credentialing Assistant Medical Officer & Nurse*

Alamat untuk menghantar Borang Permohonan :

1) PENOLONG PEGAWAI PERUBATAN

KETUA PENOLONG PEGAWAI PERUBATAN
LEMBAGA PEMBANTU PERUBATAN
BAHAGIAN AMALAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA
ARAS 2, BLOK E1, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA

Tel : 03 8883 1370
Faks : 03 8883 1490

2) JURURAWAT

PENGARAH
BAHAGIAN KEJURURAWATAN
KEMENTERIAN KESIHATAN MALAYSIA
LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA

Tel : 03 8883 3543/3544
Faks : 03 8890 4149

TANDATANGAN

Di semak oleh :

(Cop Nama Penyelia)

APPLICATION FOR CREDENTIALING

HOSPITAL: _____

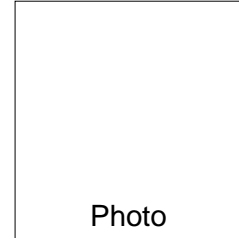
DATE OF APPLICATION: _____

1. PERSONAL DETAILS

Name:

Identification Card Number:

Area/ Discipline/ Specialty:



Staff position : Nurse

 Assistant Medical Officer

 AHP Please state

.....

Telephone Number: Office : Mobile:

Email Address :

N.B Please (/) in the appropriate box

Date of first appointment :,

Duration of service: years

2. PROFESSIONAL QUALIFICATIONS

Diploma / Degree / Masters/ etc.	University/ College	Year of qualification

(Please attach certified copies of degree /diploma /certificate with the form)

3. POST BASIC TRAINING / RELATED COURSES

Type of Training	Institution	Duration (month)	Year

(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)

4. WORKING EXPERIENCE (start from the current place of work)

Discipline	Place	Period (from – till)	Duration

(Use attachment sheet if space inadequate)

5. PROFESSIONAL REGISTRATION

Registered with :

(example: Lembaga Jururawat Malaysia, Lembaga Pembantu Perubatan Malaysia, Majlis Optik Malaysia)

Date of Full Registration with respective professional Board/Council :

Current Annual Practicing Certificate No.:

(Please attach certified copies of Registration certificate)

6. CREDENTIALING APPLIED

- Intensive Care Nursing
- Peri-Operative
- Ophthalmology
- Emergency Medicine & Trauma Services
- Dialysis Care Haemodialysis
 - Peritoneal Dialysis
- Anaesthesiology & Intensive Care Services
 - i. Anaesthesia
 - ii. Peri-anaesthesia
 - iii. Intensive Care
- Paediatric Nursing
- Neonatal Nursing
- Orthopaedic Services
- Endoscopy Services
- Peri-Anaesthesia Care (P.A.C)

- Cardiovascular Perfusion
- Pre Hospital Care Services
- Physiotherapy
- Occupational Therapy
- Diagnostic Radiography
- Radiation Therapy
- Dental Technology
- Speech Language Therapy
- Dietetic
- Audiology
- Optometry

6.1 Credentialling applied for : Core Procedures

- | | |
|--|--|
| <input type="checkbox"/> Specialised Procedures in | <input type="checkbox"/> Optional Procedures |
| a)..... | a) |
| b)..... | b) |
| c)..... | c) |

7. PLEASE NAME TWO REFEREES

NAME	POSITION	PLACE OF WORK

I hereby declare that all the information given above are true and correct.

Signature of applicant:

Date:

8. PLEASE COMPLETE THE FOLLOWING ASSESSMENT OF THE APPLICANT'S ETHICAL AND PROFESSIONAL QUALIFICATIONS.
Please (√) at the appropriate box

	Above Average	Average	Below Average	No knowledge
Clinical knowledge				
Clinical skills				
Professional clinical judgment				
Sense of clinical responsibility				
Ethical conduct				
Cooperativeness, ability to work with others				
Documentation/ medical record timeliness & quality				
Teaching skills				
Compliance with hospital rules & regulation				

9. APPLICANT APPRAISAL (to be filled by Supervisor)

9.1 I have known the applicant for (duration)

9.2 I recommend / do not recommend the applicant to be credentialed in the field requested.
(delete where applicable)

..... Date :

Signature

Official stamp:

Contact No:

10. APPLICATION APPROVAL (By Head of Department)

.....is approved/ not approved for submission to the
National Credentialing Committee

..... Date :

Signature

Official stamp:

FOR OFFICIAL USE

SPECIALTY SUB-COMMITTEE (SSC) DECISION

Application Approved

For Reassessment*

Application Rejected*

*Reasons:

.....
.....
.....

Specialty Sub-Committee Chairman Date.....

Signature

The above decision will be brought to the next NCC meeting for endorsement

SUMMARY OF LOG BOOK FOR PERIOPERATIVE CARE

NAME:

I/C NO:

NO	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
1	Assessment Of Patient On Arrival To Operating Theatre	2	5	8				
2	Preparation For General Anaesthesia	3	4	8				
3	Assist During Induction Of General Anaesthesia	3	4	8				
4	Preparation For Regional Anaesthesia	3	4	5				
5	Assist During Regional Anaesthesia	3	5	5				
6	Handling Of Electro Surgical Unit	3	5	5				
7	Care Of Patient In With Tourniquet	2	2	4				
8	Care Of Patient In Supine Position	2	4	5				
9	Care Of Patient In Lateral /Kidney Position	2	2	5				
10	Care Of Patient In Lithotomy Position	2	5	5				
11	Care Of Patient In Prone Position	2	5	5				
12	Care Of Patient In Orthopaedic Extension Position	2	5	5				
13	Care Of Patient In Trendelenburg Position	1	2	4				
14	Surgical Scrub, Gowning & Gloving	3	5	8				
15	Circulating Nurse In General Surgery	3	5	8				
16	Instrument Nurse In General Surgery	3	4	8				
17	Circulating Nurse In Gynaecology Surgery	3	5	8				
18	Instrument Nurse In Gynaecology Surgery	3	4	8				
19	Circulating Nurse In Obstetric Surgery	3	5	5				
20	Instrument Nurse In Obstetric Surgery	3	4	8				
21	Circulating Nurse In Orthopaedic Surgery	3	5	8				
22	Instrument Nurse In Orthopaedic Surgery	3	5	8				
23	Circulating Nurse In Neurosurgery	2	5	4				
24	Circulating Nurse In Otorhinolaryngology Surgery	2	3	4				
25	Instrument Nurse In Otorhinolaryngology Surgery	2	3	4				
26	Circulating Nurse In Plastic & Reconstructive Surgery	2	3	4				
27	Instrument Nurse In Plastic & Reconstructive Surgery	2	2	4				
28	Circulating Nurse In Urology Surgery	2	5	5				
29	Instrument Nurse In Urology Surgery	2	5	5				
30	Circulation Nurse In Ophthalmic Surgery	2	2	4				
31	Care Of Post Anaesthetic Patient	2	5	8				
32	Sterilization-Steam Under Pressure	2	5	5				
33	Sterilization-Chemical Active Gluteraldehyde High Level Disinfection	2	5	5				
34	Sterilization –Monitoring Of Sterilizer	2	5	5				
35	Cleaning, Washing And Packing Of Instruments For Sterilization	2	5	5				
36	Decontamination Of Environment	2	4	4				
37	Decontamination Of Spillage	2	4	4				
38	Decontamination Of Clinical Waste	2	4	4				
39	Decontamination Of Instrument & Equipment	2	5	5				
40	Handling Of use Drapes	2	2	2				
41	Decontamination Of Electrical & Pneumatic Instrument	2	4	4				
42	Clean And Care Of Fibre Optic Scopes	2	4	4				
43	Handling Of Specimens	2	4	4				

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

Signature of Assessor

Verified by HOD

.....
(Name / Stamp)

Date :

.....
(Name / Stamp)

Date:

SUMMARY OF LOG BOOK FOR PERIOPERATIVE CARE

NO	OPTIONAL PROCEDURES	REQUIRED			Done			REMARKS
		O	A	P	O	A	P	
1	Instrument Nurse In Neuro Surgery	2	2	4				
2	Instrument Nurse In Ophthalmic Surgery	2	4	4				
3	Circulating Nurse In Vascular Surgery	2	0	4				
4	Instrument Nurse In Vascular Surgery	2	2	4				

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

Signature of Assessor

Verified by HOD

.....
(Name / Stamp)

.....
(Name / Stamp)

Date :

Date: