

## SENARAI SEMAK

Sila tandakan ✓ jika berkenaan

1. Borang Permohonan *APPLICATION FOR CREDENTIALING - Cred 1- (2018)* diisi dengan lengkap oleh pemohon dan ditandatangani 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 *Gastrointestinal Assistant (Endoscopy)*
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](http://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: \_\_\_\_\_

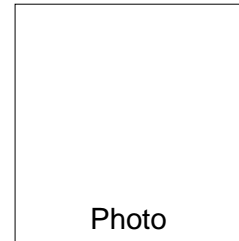
DATE OF APPLICATION: \_\_\_\_\_

**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 PROGRESS CLINICAL PRACTICE RECORD  
GASTROINTESTINAL ASSISTANT (G.I.A) – (CORE PROCEDURES)**

Name : ..... I/C No. : .....  
 Duration of Training: .....  
 Hospital: .....

NO	CORE PROCEDURES	REQUIRED			TOTAL		
		O	A	P	O	A	P
1.	Assessment of Patients - History Taking	5	5	5			
2.	Discharge Patients from Endoscopy Unit	5	5	5			
3.	Prepare Patients for Procedure Endoscopy: Oesophagogastroduodenoscopy (OGDS)	5	5	5			
4.	Prepare Patients for Procedure Endoscopy: Colonoscopy	5	5	5			
5.	Prepare Trolleys/Equipment/Accessories Before Procedure: Oesophagogastroduodenoscopy (OGDS)	5	5	5			
6.	Prepare Trolleys/Equipment/Accessories Before Procedure: Colonoscopy	5	5	5			
7.	Preparation Monitoring System Prior to Procedure: Oesophagogastroduodenoscopy (OGDS)	5	5	5			
8.	Preparation Monitoring System Prior to Procedure: Colonoscopy	5	5	5			
9.	Care of Patients During Procedure: Oesophagogastroduodenoscopy (OGDS)	5	5	5			
10.	Care of Patients During Procedure: Colonoscopy	5	5	5			
11.	Immediate Care of Patients Post Procedure: Oesophagogastroduodenoscopy (OGDS)	5	5	5			
12.	Immediate Care of Patients Post Procedure: Colonoscopy	5	5	5			
13.	Collection of Tissue Sampling and Dispatch	5	5	5			
14.	Diagnostic: Oesophagogastroduodenoscopy (OGDS)	10	10	10			
15.	Diagnostic: Colonoscopy	10	10	10			
16.	Haemostasis: Adrenalin Injection	5	5	5			
17.	Haemostasis: Rubber Band Ligation	5	5	5			
18.	Haemostasis: Thermal Therapy - Argon Plasma Coagulation	5	5	5			
19.	Haemostasis: Thermal therapy - Heater Probe	5	5	5			
20.	Haemostasis: Haemoclip	5	5	5			
21.	Haemostasis: Haemospray/Endoclot	2	2	2			
22.	Haemostasis: Histoacryl Glue Injection	2	2	2			
23.	Polypectomy	5	5	5			
24.	Preparation and Administration of Sedation	5	5	5			
25.	Endoscope and Accessories Reprocessing - Care and Maintenance of Equipment and Accessories: Leakage Test/Cleaning/Disinfection/Drying/Storage	5	5	5			

**SUMMARY OF PROGRESS CLINICAL PRACTICE RECORD  
GASTROINTESTINAL ASSISTANT (G.I.A) – (OPTIONAL PROCEDURES)**

NO	OPTIONAL PROCEDURES	REQUIRED			TOTAL		
		O	A	P	O	A	P
1.	Prepare Patients for Procedure Endoscopy: Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	2	2	2			
2.	Prepare Patients for Procedure Endoscopy: Endoscopic Ultrasound (EUS)	2	2	2			
3.	Prepare Patients for Procedure Endoscopy: Small Bowel Enteroscopy	2	2	2			
4.	Prepare Patients for Procedure Endoscopy: Percutaneous Endoscopic Gastrostomy (PEG)/ Jejunostomy (PEJ)	2	2	2			
5.	Prepare Trolleys/Equipment/Accessories Before Procedure: Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	2	2	2			
6.	Prepare Trolleys/Equipment/Accessories Before Procedure: Endoscopic Ultrasound (EUS)	2	2	2			
7.	Prepare Trolleys/Equipment/Accessories Before Procedure: Small Bowel Enteroscopy	2	2	2			
8.	Prepare Trolleys/Equipment/Accessories Before Procedure: Percutaneous Endoscopic Gastrostomy (PEG)/Jejunostomy (PEJ)	2	2	2			
9.	Preparation Monitoring System Prior to Procedure: Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	2	2	2			
10.	Preparation Monitoring System Prior to Procedure: Endoscopic Ultrasound (EUS)	2	2	2			
11.	Preparation Monitoring System Prior to Procedure: Small Bowel Enteroscopy	2	2	2			
12.	Preparation Monitoring System Prior to Procedure: Percutaneous Endoscopic Gastrostomy (PEG)/ Jejunostomy (PEJ)	2	2	2			
13.	Care of Patients During Procedure: Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	2	2	2			
14.	Care of Patients During Procedure: Endoscopic Ultrasound (EUS)	2	2	2			
15.	Care of Patients During Procedure: Small Bowel Enteroscopy	2	2	2			
16.	Care of Patients During Procedure: Percutaneous Endoscopic Gastrostomy (PEG)/Jejunostomy (PEJ)	2	2	2			
17.	Immediate Care of Patients Post Procedure: Endoscopic Retrograde Cholangio-Pancreatography (ERCP)	2	2	2			
18.	Immediate Care of Patients Post Procedure: Endoscopic Ultrasound (EUS)	2	2	2			
19.	Immediate Care of Patients Post Procedure: Small Bowel Enteroscopy	2	2	2			
20.	Immediate Care of Patients Post Procedure: Percutaneous Endoscopic Gastrostomy (PEG)/Jejunostomy (PEJ)	2	2	2			
21.	ERCP: Basic Cannulation	2	2	2			
22.	ERCP: Papillotomy - Sphincterotomy	2	2	2			
23.	ERCP: Papillotomy - Pre Cut	1	1	1			
24.	ERCP: Stone Extraction - Basket	2	2	2			
25.	ERCP: Stone Extraction - Balloon	2	2	2			
26.	ERCP: Stone Extraction - Mechanical Lithotripter	1	1	1			
27.	ERCP: Stenting - Plastic Stent (Biliary/Pancreatic)	2	2	2			



28.	ERCP: Stenting - Biliary Metal Stent	1	1	1			
29.	ERCP: Removal of Stent	2	2	2			
30.	ERCP: Stent Retriever	1	1	1			
31.	ERCP: Dilatation - Controlled Radial Expansion (C.R.E)	1	1	1			
32.	ERCP: Dilatation - Biliary Balloon and Bougie Dilator	1	1	1			
33.	ERCP: Brush Cytology and Common Bile Duct Biopsy	1	1	1			
34.	Diagnostic: Endoscopic Ultrasound (EUS)	5	5	5			
35.	EUS: Fine Needle Aspiration (FNA)	2	2	2			
36.	EUS: Celiac Block	1	1	1			
37.	EUS: Biliary Drainage and Stenting	1	1	1			
38.	EUS: Cyst Ablation	1	1	1			
39.	Small Bowel Enteroscopy: Single Balloon Enteroscopy (SBE)	1	1	1			
40.	Small Bowel Enteroscopy: Double Balloon Enteroscopy (DBE)	1	1	1			
41.	Endoscopic Mucosal Resection (EMR)	1	1	1			
42.	Endoscopic Submucosal Dissection (ESD) and Per-oral Endoscopic Myotomy (POEM)	1	1	1			
43.	Dilatation: Savary Gilliard Dilatation (SGD)	1	1	1			
44.	Dilatation: Pneumatic Balloon Dilatation	1	1	1			
45.	Dilatation: Controlled Radial Expansion (C.R.E) Balloon Dilatation	1	1	1			
46.	Metallic Stenting (Oesophageal/Pyloric/Colonic)	1	1	1			
47.	Enteral Feeding: Percutaneous Endoscopic Gastrostomy (PEG)	2	2	2			
48.	Enteral Feeding: Replacement Tube	1	1	1			
49.	Enteral Feeding: Percutaneous Endoscopic Jejunostomy (PEJ)	1	1	1			
50.	Enteral Feeding: Nasojejunum Tube (NJ tube)	1	1	1			
51.	Enteral Feeding: Endoscopic Guided Nasoenteric Tube Placement (ENET)	1	1	1			
52.	Manometry: Oesophageal	2	2	1			
53.	Manometry: Anorectal	1	1	1			
54.	24 Hours pH Monitoring (Catheter and Non-Catheter Based) and Impedance	1	1	1			
55.	Urea Breath Test (UBT)	3	3	3			
56.	Capsule Endoscopy	2	1	1			
57.	Sengstaken Tube Insertion	1	1	1			
58.	Pseudocyst Drainage - Nasobiliary Drainage	1	1	1			
59.	Pseudocyst Drainage - Plastic Stent	1	1	1			
60.	Pseudocyst Drainage - Metallic Stent	1	1	1			
61.	Spyglass Cholangioscopy	1	1	1			
62.	Endoscopic Marker Injection	1	1	1			

COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT:

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.....

Signature of Assessor:

Verified by Head of Department:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date:

Date: