

## SENARAI SEMAK

Sila tandakan ✓ jika berkenaan

1. Borang permohonan baru **APPLICATION FOR CREDENTIALING Cred 1- (2018)** diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangani oleh Ketua Jabatan (Pakar Perunding Nefrologi @ Pakar Perunding Lawatan Klinikal Nefrologi).
2. Salinan Perakuan Pendaftaran Tahunan *Annual Practising Certificate (APC)* Jururawat / Penolong Pegawai Perubatan yang disahkan - (tahun semasa).\*
3. Salinan Sijil Pos Basik / Diploma Lanjutan Perawatan Renal yang disahkan.
4. Gambar ukuran passport dengan beruniform lengkap.
5. Ringkasan buku log disahkan oleh Ketua Jabatan (Pakar Perunding Nefrologi @ Pakar Perunding Lawatan Klinikal Nefrologi).

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

**Borang Permohonan Baru *Credentialing* boleh dimuat turun dari portal KKM: [www.moh.gov.my](http://www.moh.gov.my) – *Credentialing Assistant Medical Officers & Nurses***

**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)



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)*



**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 .....

Signature

Date.....

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

**SUMMARY OF STAFF'S PROGRESS *CLINICAL PRACTICE RECORDS* FOR HAEMODIALYSIS**

Name : .....

No. I/C : .....

*\*Note : This summary Clinical Practice Record Book has to be prepared at the end of each month.*

No	Procedure	Required			Done			Remarks
		O	A	P	O	A	P	
1.	Assessment Of Patient For Hemodialysis Treatment	2	2	6				
2.	Care Of Arterio-Venous Fistula (Native And Graft)	2	2	10				
3.	Care Of Haemodialysis Catheter (Cuffed And Non- Cuffed)	2	2	12				
4.	Anti Coagulation Therapy	2	2	6				
5.	Preparation Of Haemodialysis Machine	2	2	5				
6.	Setting Up And Priming Of Dialyzer And Bloodline	2	2	10				
7.	Cannulation Technique	3	5	17				
8.	Initiation Of Haemodialysis Treatment	3	5	17				
9.	Termination Of Haemodialysis Treatment	3	5	17				
10.	Disinfection And Decalcification Of Haemodialysis Machine	2	2	5				
11.	Reprocessing Of Dialyzers	3	3	14				
12.	Management Of Intradialytic Complications		5	15				
13.	Identification Of Components And Functions Of Haemodialysis Machine	3	3	14				
14.	Monitoring And Management Of Water Treatment System	3	3	19				
15.	Parenteral Iron Administration	2	2	6				

**SUMMARY OF STAFF'S PROGRESS *CLINICAL PRACTICE RECORDS* FOR HAEMODIALYSIS**

Name : .....

No. I/C : .....

**\*Note : This summary Clinical Practice Record Book has to be prepared at the end of each month.**

No	Procedure	Required			Done			Remarks
		O	A	P	O	A	P	
16.	Management Of Erythropoeisis Stimulating Agents	2	2	11				
17.	Assessment Of Dialysis Adequacy	3	3	10				
18.	Vascular Access Recirculation Study	2	2	8				

COMMENTS :

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Signature of Assessor

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( Name / Stamp )

Date :

Verified by HOD

.....

( Name / Stamp )

Date :