SENARAI SEMAK

Sila tandakan √ jika berkenaan:-

1. Borang ***APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE* Rcred 1 - (2018)** perlu diisi dengan lengkap oleh pemohon dan ditandatangani oleh Ketua Jabatan/ Pakar Lawatan Klinikal Kecemasan**.** ☐
2. Salinan Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Jururawat / Penolong Pegawai Perubatan yang disahkan – (tahun semasa)* ☐
3. Salinan Sijil Credentialing yang bakal tamat tempoh. ☐

***Nota : *Borang permohonan bagi Memperbaharui Sijil Credentialing mesti di mohon dan di hantar 6 (enam) bulan sebelum tarikh tamat tempoh Sijil Credentialing**.*
*****Sijil Credentialing tamat tempoh yang melebihi 1 tahun perlu membuat permohonan baru.***

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

Borang Permohonan Memperbaharui Sijil *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 KERAJAANPERSEKUTUAN
62590 PUTRAJAYA

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

TANDATANGAN

Di semak oleh :..

(Cop Nama Penyelia)

Tel :

APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE

Name of Hospital : ……………………………………………………..……………………..

Name of Applicant: …………………………………………….………………………..

Identity Card No : ……………………..……….……………………………………………….

Position : ....

Area of recredentialing applied for (*tick in the appropriate box*) :

[ ] Perioperative Care
[ ] Ophthalmology
[ ] Emergency Medicine & Trauma Services
[ ] Intensive Care Nursing
[ ] Dialysis Care:
    [ ] Haemodialysis
    [ ] Peritoneal Dialysis
[ ] Anaesthesiology & Intensive Care Services:
    [ ] Anaesthesia
    [ ] Peri-anaesthesia
    [ ] Intensive Care
[ ] General Paediatric Nursing
[ ] Neonatal Nursing
[ ] Pre Hospital Care Services
[ ] Orthopaedic Services
[ ] Endoscopy Services
[ ] Cardiovascular Perfusion
[ ] Peri-Anaesthesia Care (P.A.C)
[ ] Diagnostic Radiography
[ ] Radiation Therapy
[ ] Physiotherapy
[ ] Occupational Therapy
[ ] Dental Technology
[ ] Optometry
[ ] Dietetic
[ ] Speech Language Therapy
[ ] Audiology

Presently Credentialed from ……….………................... till .....……………….................

Present Credentialing Certificate No.: ……………………………………………………..

Current *APC* No.: ………………………………………………………………………..

PLACE OF WORK SINCE OBTAINING CREDENTIALING CERTIFICATE

Please use additional sheets for extra space

Hospital	Place of work	Duration (From – Till)

DECLARATION

I request to renew my credentialing certificate in the above area for a period of 3 years. I hereby declare the information given is correct.

Date: ………………………… Applicant's Signature......................................

RECOMMENDATION BY HEAD OF DEPARTMENT/ UNIT

I certify that the above information is correct and this application is:

[ ] recommended

[ ] not recommended.

……........………………………................... Date : …………………
Signature

Official stamp :

DECISION OF SPECIALTY SUB-COMMITTEE (SSC)

This application is [ ] Approved [ ] Deferred* [ ] Rejected*

*Reasons: ………………………………………………………………………………….

……………………………………………………………………………………………

……………………………………………………………………………………………

Signature ………………………………… Date ………………………..

The above decision will be forwarded to the National Credentialing Committee (NCC) meeting for endorsement.