

Sila tandakan \surd jika berkenaan

1. Borang permohonan baru **APPLICATION FOR CREDENTIALING Cred 1- (2018)** diisi dengan lengkap oleh pemohon dan dapatkan sokongan serta ditandatangani oleh Ketua Jabatan/ Pakar Lawatan Klinikal Anestesiologi.
2. Salinan Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Penolong Pegawai Perubatan yang disahkan - (tahun semasa).*
3. Salinan Sijil Diploma/ Ijazah Pembantu Perubatan yang diiktiraf oleh Lembaga Pembantu Perubatan.
4. Salinan sijil Pos Basik/Diploma Lanjutan *Peri-anaesthesia Care*;@
5. Salinan Sijil Lulus *Advanced Life Support* (ALS).
6. Gambar berukuran passport dengan beruniform lengkap.
7. Ringkasan buku log (summary log book) diisi dengan lengkap bagi pemohon yang tidak mempunyai Pos Basik/Diploma Lanjutan *Peri-anaesthesia Care* dan ditandatangani oleh Ketua Jabatan/ Pakar Lawatan Klinikal Anestesiologi.

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.- *Credentialing Assistant Medical Officer & 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

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)

6. CREDENTIALING APPLIED

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Intensive Care Nursing <input type="checkbox"/> Peri-Operative Care <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Emergency Medicine & Trauma Services <input type="checkbox"/> Dialysis Care <input type="checkbox"/> Haemodialysis
 <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Anaesthesiology & Intensive Care Services <ul style="list-style-type: none"> <input type="checkbox"/> i. Anaesthesia <input type="checkbox"/> ii. Peri-anaesthesia <input type="checkbox"/> iii. Intensive Care <input type="checkbox"/> General Paediatric Nursing <input type="checkbox"/> Neonatal Nursing <input type="checkbox"/> Orthopaedic Services <input type="checkbox"/> Endoscopy Services <input type="checkbox"/> Peri-Anaesthesia Care (P.A.C) | <ul style="list-style-type: none"> <input type="checkbox"/> Cardiovascular Perfusion <input type="checkbox"/> Pre Hospital Care Services <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Diagnostic Radiography <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Dental Technology <input type="checkbox"/> Speech Language Therapy <input type="checkbox"/> Dietetic <input type="checkbox"/> Audiology <input type="checkbox"/> 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
Signature

Date.....

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

**SUMMARY OF ASSISTANT MEDICAL OFFICER PROGRESS ON CLINICAL PRACTICE RECORDS FOR
PERI-ANAESTHESIA**

Name :

No. I/C :

SKILL	CORE PROCEDURES	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
1	ASSEMBLE AND DISSASSEMBLE LARYNGOSCOPE	1	1	4				
2	PREPARATION AND HANDLING OF VIDEO ASSISTED LARYNGOSCOPE (VAL)	1	1	4				
3	CLEANING , DECONTAMINATION & STERILIZATION OF BREATHING SYSTEM APPARATUS	1	1	4				
4	PREPARATION FOR INTUBATION	1	1	4				
5	APPLICATION OF CRICOID PRESSURE	1	1	4				
6	PREPARATION OF SUPRAGLOTIC AIRWAY ADJUNCTS	1	1	4				
7	PREPARATION OF DIFFICULT AIRWAY ADJUNCTS	2	2	6				
8	PERFORM ENDOTRACHEAL INTUBATION	2	2	6				
9	PERFORM ENDOTRACHEAL EXTUBATION	2	2	6				
10	PERFORM SUPRAGLOTIC AIRWAY INSERTION	2	2	6				
11	PERFORM SUPRAGLOTIC AIRWAY EXTUBATION	2	2	6				
12	CHECKING AND CALIBRATE ANAESTHETIC MACHINE	2	2	6				
13	IDENTIFY AND TROUBLESHOOT ANAESTHETIC MACHINE	2	2	6				
14	IDENTIFY AND TROUBLESHOOT MONITORS	2	2	6				
15	REFILLING AND EMPTYING VAPORIZERS	1	1	4				
16	ASSEMBLE ANAESTHESIA BREATHING CIRCUIT	1	1	4				
17	ASSEMBLE AYRE'S T-PIECE BREATHING CIRCUIT	1	1	4				
18	RAPID SEQUENCE INDUCTION	1	1	4				
19	ASSEMBLE PASSIVE HUMIDIFICATION	1	1	4				
20	PREPARE ANAESTHETIC NEBULIZATION	1	1	4				
21	REPLENISHMENT OF ANAESTHETIC RESUSCITATION TROLLEY	1	1	8				
22	REPLENISHMENT DIFFICULT INTUBATION TROLLEY	1	1	8				
23	HANDLING OF PATIENT CONTROLLED ANALGESIA (PCA) PUMP	1	1	8				
24	CARE OF PATIENT DURING VARIOUS OPERATIVE POSITION	2	3	5				
25	CARE OF PATIENT PNEUMATIC TOURNIQUET	2	2	6				
26	PREPARATIONS AND CARE OF PATIENT IN SPINAL ANAESTHESIA	2	2	6				
27	PREPARATIONS AND CARE OF PATIENT IN EPIDURAL ANAESTHESIA	2	2	6				
28	APPLYING PULSE OXIMETER AND ITS CLINICAL APPLICATION	1	1	4				
29	APPLYING CAPNOMETER AND ITS CLINICAL APPLICATION	1	1	4				
30	CORE TEMPERATURE PROBE INSERTION	1	1	6				
31	PREPARATION OF PRESSURE TRANSDUCER SYSTEM	2	2	6				
32	PREPARATION OF CENTRAL VENOUS PRESSURE SYSTEM	2	2	6				
33	CARE OF PATIENT WITH ARTERIAL LINE	2	2	6				
34	CARE OF PATIENT WITH CENTRAL VENOUS LINE	2	2	6				
35	ASSEMBLE OF OXYGEN THERAPY DEVICE	2	2	6				
36	PREPARE AND ASSIST IN PERIPHERAL BLOCK	2	2	6				
37	ASSEMBLE INTRAOPERATIVE WARMING DEVICES	2	2	6				
38	ASSEMBLE BLOOD WARMING DEVICES	1	2	7				

SKILL	CORE PROCEDURES	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
39	TRANSPORTATION OF CRITICALLY III PATIENT	2	2	6				
40	ASSEMBLE, SETTING AND TROUBLESHOOT VENTILATORS	2	2	6				
41	PREOPERATIVE ASSESSMENT	2	2	6				
42	ASSIST IN DIFFICULT INTUBATION DRILL	2	2	6				
43	CARE OF PATIENT IN RECOVERY	2	2	6				
44	CHECK LEVEL OF REGIONAL ANAESTHESIA	1	1	8				
45	ASSESS BROMAGE SCORE	1	1	8				
46	ASSESS SEDATION SCALE	1	1	8				
47	ASSESS RECOVERY SCORE	1	1	8				
48	ASSESS PAIN SCORE	1	1	8				
49	PREPARATION AND ASSISTING IN FLEXIBLE FIBROPTIC ENDO-TRACHEAL INTUBATION	2	3	5				
50	PREPARATION AND ASSISTING IN AWAKE FIBROPTIC INTUBATION	2	3	5				
CORE PROCEDURES		86	80	286				
51	HANDLING AND ASSIST IN TOTAL INTRAVENOUS ANAESTHESIA/TARGET CONTROLLED INFUSION (TIVA/TCI) PROCEDURE	1	1	4				
52	PREPARATION AND ASSISTING NON INVASIVE CARDIAC OUTPUT MONITORING	1	1	4				
53	PREPARATIONS AND CARE OF PATIENT IN COMBINED SPINAL EPIDURAL (CSE)	1	1	4				
54	PREPARATION AND ASSISTING INVASIVE CARDIAC OUTPUT MONITORING	1	1	4				
55	ASSEMBLE RAPID INFUSION DEVICE	1	1	4				
56	PREPARATION AND ASSISTING IN ONE - LUNG VENTILATION	1	1	4				
57	ASSEMBLE AND CALIBRATE - INTRACRANIAL PRESSURE MONITORING	1	1	4				
58	ASSIST IN AUTOLOGOUS BLOOD TRANSFUSION	1	1	4				
59	ASSEMBLE JET VENTILATION	1	1	4				
60	PREPARATION AND ASSISTING IN CRICOTHYROTOMY	1	1	4				
61	PREPARATION AND ASSISTING IN NEEDLE CRICOTHYROTOMY	1	1	4				
62	APPLICATION OF PERIPHERAL NERVE STIMULATOR	1	1	4				
63	ASSEMBLE BISPECTRAL INDEX (BIS) MONITORING	1	1	4				
64	CARE OF ULTRASOUND MACHINE	1	1	4				
OPTIONAL PROCEDURES		14	14	56				

* *OPTIONAL PROCEDURES* (Since this procedure is not common at District Hospital, compulsory attachment for procedures at state hospital are require OR assessment by oral testing and demonstration of steps to the assessor is accepted with approval from Head of Department)

COMMENTS:.....

Signature of Assessor

Verified by HOD/ Visiting Anaesthesiologist

.....
 (Name/ stamp)

.....
 (Name/ stamp)