SENARAI SEMAK PERMOHONAN BAHARU (*CREDENTIALING*) *ENDOSCOPY*
BAGI PROFESION PENOLONG PEGAWAI PERUBATAN DAN JURURAWAT

Sila tandakan √ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan √
1.	Borang permohonan baru ***APPLICATION FOR CREDENTIALING*** **Cred 1- (2018)** diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangan oleh:- **a. Hospital berpakar**: Ketua Jabatan **b. Hospital tanpa pakar**: Pakar Lawatan Klinikal	☐
2.	Ringkasan buku log yang ditandatangan oleh *assessor* dan disahkan oleh:- a. **Hospital berpakar**: Ketua Jabatan b. **Hospital tanpa pakar**: Pakar Lawatan Klinikal *(bagi yang tiada pos basik/ diploma lanjutan berkaitan)**	☐
3.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	3.1 Perakuan Pendaftaran Sebagai Penolong Pegawai Perubatan/ Jururawat	☐
	3.2 Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Penolong Pegawai Perubatan/ Jururawat - (APC tahun terkini).*	☐
	3.3 Sijil Pos Basik *Gastrointestinal Assistant (Endoscopy)* (jika ada)	☐
4.	Gambar beruniform berukuran passport.	☐

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
CAW.PERKHIDMATAN PENOLONG PEGAWAI
PERUBATAN BAHAGIAN AMALAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA
ARAS 6, BLOK E1, KOMPLEKS E, PRESINT 1
PUSAT PENTADBIRAN KERAJAAN PUTRAJAYA
625920 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, PRESINT 1
PUSAT PENTADBIRAN KERAJAAN PUTRAJAYA
625920 PUTRAJAYA

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

Di semak oleh :.....
(Cop Nama Penyelia)
No Telefon Penyelia : .....

APPLICATION FOR CREDENTIALING

HOSPITAL: _____

DATE OF APPLICATION: _____

1. PERSONAL DETAILS

Name: ……..…….

Identification Card Number: ……..……

Area/ Discipline/ Specialty: ……

Photo

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 Care
[ ] Ophthalmology
[ ] Emergency Medicine &Trauma Services
Dialysis Care : -
[ ] Haemodialysis
[ ] Peritoneal Dialysis
[ ] Anaesthesiology & Intensive Care Services :-
[ ] Anaesthesia
[ ] Peri-anaesthesia
[ ] Intensive Care
[ ] General Paediatric Nursing
[ ] Neonatal Nursing
[ ] Orthopaedic Services
[ ] **Endoscopy Services**
[ ] Peri-Anaesthesia Care (P.A.C)
[ ] General Paediatric Nursing

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

6.1 Credentialling applied for : [ ] Core Procedures

[ ] Specialised Procedures in
a)……..
b)……..
c)……..

[ ] Optional Procedures
a) ……..
b) ……..
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 / Visiting Clinical Specialist)

……..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 PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	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				

NO	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
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	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	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 CholangioPancreatography (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				

NO	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
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 Lithotriptor	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				

NO	CORE PROCEDURE	REQUIRED			DONE			REMARKS
		0	A	P	0	A	P	
52.	Manometry: Oesophageal	2	2	2				
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 :

_____

_____

Signature of Assessor

……
(Name / Stamp)
Date :

Verified by Head of Department / Visiting Clinical Specialist

……
(Name / Stamp)
Date :