

**SENARAI SEMAK PERMOHONAN PEMBAHARUAN SIJIL (RE-CREDENTIALING)  
OPHTHALMOLOGY BAGI PROFESION PENOLONG PEGAWAI PERUBATAN DAN  
JURURAWAT**

Sila tandakan  $\sqrt{\quad}$  jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan $\sqrt{\quad}$
1.	Borang permohonan baru <b>APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE Rcred 1- (2018)</b> diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangani oleh:- a. <b>Hospital berpakar</b> : Ketua Jabatan <i>Oftalmologi</i> b. <b>Hospital tanpa pakar</b> : Pakar Lawatan Klinikal Oftalmologi	<input type="checkbox"/>
2.	Ringkasan buku log yang ditandatangani oleh assessor dan disahkan oleh:- a. <b>Hospital berpakar</b> : Ketua Jabatan Oftalmologi b. <b>Hospital tanpa pakar</b> : Pakar Lawatan Klinikal Oftalmologi	<input type="checkbox"/>
3.	Salinan Sijil Perlu <b>Disahkan</b> Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	2.1 Perakuan Pendaftaran Tahunan <i>Annual Practising Certificate (APC)</i> Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	<input type="checkbox"/>
	2.2 Sijil <i>Credentialing</i> yang bakal tamat tempoh.	<input type="checkbox"/>

**Nota :** \*Borang permohonan bagi Memperbaharui Sijil Credentialing mesti dipohon dan dihantar 6 (enam) bulan sebelum tarikh tamat tempoh Sijil Credentialing.  
\*\*Sijil Credentialing tamat tempoh melebihi 1 tahun perlu membuat permohonan baru.

Borang Permohonan *Credentialing* boleh dimuat turun dari portal KKM:  
[www.moh.gov.my](http://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

Disemak oleh : .....  
(Cop Nama Penyelia)

No Telefon Penyelia : .....  
**Rcred 1 - (2018)**



**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 OPHTHALMOLOGY / VISITING CLINICAL SPECIALIST**

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.

**SUMMARY OF OPHTHALMIC CLINICAL PROCEDURES  
CLINICAL PRACTICE RECORD**

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date: \_\_\_\_\_

No.	Procedure	No Of Procedures Performed (Minimum Number)	Number of Procedures Performed (Done)	Supervisor Comments
1.	Triaging	30		
2.	Measurement of Visual Acuity(Adult)	5		
3.	Measurement of Visual Acuity (Children)	5		
4.	Measurement of near vision	5		
5.	Eye Examination ( Anterior segment)	5		
6.	IOP measurement and calibration using Tonopen	10		
7.	Pre-operative counselling	10		
8.	Perform Schirmer's test	4		
9.	Color vision testing – ishihara	5		
10.	Eyelid hygiene ( Eye lid scrub	5		
11.	Eye dressing ( First dressing)	10		
12.	Instilling eye drop with punctal (Occlusion)	10		
13.	Application of eye pad and eye Shield	10		
14.	Insertion and removal of bandage contact lens	2		
15.	Counseling on contact lens wear	2		
16.	Insertion and removal of eye Prosthesis	2		
17.	Perform eye rodding	2		
18.	Perform pH testing of tears	5		
19.	Perform eye irrigation	2		
20.	Perform corneal staining	5		
21.	Perform fundus photography	20		
22.	Perform conjunctival swab	2		
23.	Prepare and assist in corneal scrapping	2		
24.	Preparation and assist in ROP screening	5		
25.	Prepare and assist in laser therapy	5		
26.	Prepare and assist in FFA ( if service available)	5		
27.	Prepare and assist in syringing of lacrimal drainage system	2		
28.	Prepare and assist in incision and Curettage (if service available)	2		
29.	Prepare and assist in intravitreal injection ( If service available)	10		

COMMENTS :

\_\_\_\_\_

Signature of Assessor

Verified by Head of Ophthalmology Department /  
Visiting Clinical Specialist

.....  
( Name / Stamp )

.....  
( Name / Stamp )

Date :

Date:

**SUMMARY OF OPHTHALMIC SURGICAL PROCEDURES  
CLINICAL PRACTICE RECORD**

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Date: \_\_\_\_\_

No.	Procedure	No Of Procedures Performed (Minimum Number)	Number of Procedures Performed (Done)	Supervisor Comments
1.	Cleaning and sterilization of microsurgical instruments	20		
2.	Prepare and assist in ECCE	5		
3.	Prepare and assist in Phacoemulsification	20		
4.	Prepare and assist in pterygium excision	5		
5.	Prepare and assist in vitreoretinal surgery (If service available)	3		
6.	Preparation of intraocular gases for tamponade (If service available)	3		
7.	Prepare and assist in Trabeculectomy / GDD surgery (If service available)	1		
8.	Prepare and assist in corneal Transplantation	1		
9.	Prepare and assist in oculoplastic surgery (If service available)	1		
10.	Prepare and assist in squint surgery (If service available)	1		

**COMMENTS :**

\_\_\_\_\_

\_\_\_\_\_

Signature of Assessor

Verified by Head of Ophthalmology Department /  
Visiting Clinical Specialist

.....  
( Name / Stamp )  
Date :

.....  
( Name / Stamp )  
Date: