

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

Sila tandakan ✓ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan ✓
1.	Borang permohonan baru APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE Rcred 1- (2018) diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangani oleh:- a. Hospital berpakar : Ketua Jabatan <i>Anaesthesiologi</i> b. Hospital tanpa pakar : Pakar Perunding Lawatan Klinikal Anaesthesiologi / Pakar Anaesthesiologi Negeri.	☐
2.	Salinan Sijil Perlu Disahkan 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).*	☐
	2.2 Sijil <i>Credentialing</i> yang bakal tamat tempoh.	☐
	2.3 Sijil Pos Basik Peri-Anaesthesia Care.	☐

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.– 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 :

APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE

Name of Hospital :
 Name of Applicant :
 Identity Card No :
 Position :
 Tel. Number : Office :
 : Mobile :
 Email Address :

Area of re-credentialing applied for (*tick in the appropriate box*) :

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

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 ANAESTHESIOLOGY/ ANAESTHESIOLOGIST VISITING SPECIALIST/ STATE ANAESTHESIOLOGIST)

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

☐ recommended

☐ not recommended.

.....

Signature

Date :

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.