

**SENARAI SEMAK PERMOHONAN BAHARU (CREDENTIALING)  
EMERGENCY MEDICINE & TRAUMA SERVICES**

Sila tandakan  jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan <input type="checkbox"/>
1.	Borang permohonan baru <b>APPLICATION FOR CREDENTIALING Cred 1- (2018)</b> diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangani oleh:- a. <b>Hospital berpakar:</b> Ketua Jabatan Kecemasan & Trauma. b. <b>Hospital tanpa pakar:</b> Pakar Perunding Lawatan Klinikal Perubatan Kecemasan	<input type="checkbox"/>
2.	Borang <i>Grading For Credentialing in Emergency Services (Appendix B 1.0)</i> mesti ditandatangani oleh:- a. <b>Hospital berpakar:</b> Ketua Jabatan Kecemasan & Trauma. b. <b>Hospital tanpa pakar:</b> Pakar Perunding Lawatan Klinikal Perubatan Kecemasan	<input type="checkbox"/>
3.	Ringkasan buku log yang ditandatangani oleh <i>assessor</i> dan disahkan oleh:- a. <b>Hospital berpakar:</b> Ketua Jabatan Kecemasan & Trauma. b. <b>Hospital tanpa pakar:</b> Pakar Perunding Lawatan Klinikal Perubatan Kecemasan ( <i>bagi yang tiada pos basik/ diploma lanjutan berkaitan</i> )*	<input type="checkbox"/>
4.	Salinan Sijil Perlu <b>Disahkan</b> Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	4.1 Perakuan Pendaftaran Sebagai Pembantu Perubatan/ Jururawat	<input type="checkbox"/>
	4.2 Perakuan Pendaftaran Tahunan <i>Annual Practising Certificate (APC)</i> Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	<input type="checkbox"/>
	4.3 Sijil Lulus BLS	<input type="checkbox"/>
	4.4 Pos Basik AEMTC /ADEC atau Sarjana Muda Sains Perubatan Kecemasan (UKM) @	<input type="checkbox"/>
	4.5 Sijil Lulus MTLs/ ATLS/ TLS yang diiktiraf setaraf oleh NCORT ( <i>bagi yang tiada pos basik/ diploma lanjutan berkaitan</i> )*	<input type="checkbox"/>
5.	Gambar beruniform berukuran passport.	<input type="checkbox"/>

**Borang Permohonan Baru 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, 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 KERAJAAN PERSEKUTUAN  
62590 PUTRAJAYA  
Tel : 03 8883 3543/3544  
Faks : 03 8890 4149

Disemak oleh: .....

No. Tel : .....

APPLICATION FOR CREDENTIALING

HOSPITAL: \_\_\_\_\_

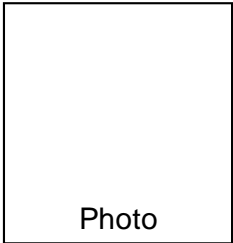
DATE OF APPLICATION: \_\_\_\_\_

**1. PERSONAL DETAILS**

Name: .....

Identification Card Number: .....

Area/ Discipline/ Specialty: .....



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

<b>2. PROFESSIONAL QUALIFICATIONS</b>		
Diploma / Degree / Masters/ etc.	University/ College	Year of qualification

*(Please attach certified copies of degree /diploma /certificate with the form)*

<b>3. POST BASIC TRAINING / RELATED COURSES</b>			
Type of Training	Institution	Duration (month)	Year

*(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)*

<b>4. WORKING EXPERIENCE (start from the current place of work)</b>			
Discipline	Place	Period (from – till)	Duration

*(Use attachment sheet if space inadequate)*

<b>5. PROFESSIONAL REGISTRATION</b>
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
  - i. Anaesthesia
  - ii. Peri-anaesthesia
  - iii. Intensive Care
- General Paediatric Nursing
- Neonatal Nursing
- Orthopaedic Services
- Endoscopy Services
- Peri-Anaesthesia Care (P.A.C)
- Cardiovascular Perfusion
- Pre Hospital Care Services
- Physiotherapy
- Occupational Therapy
- Diagnostic Radiography
- Radiation Therapy
- Dental Technology
- Speech Language Therapy
- Dietetic
- Audiology
- Optometry

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 Emergency & Trauma Department)**

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 HOD Emergency & Trauma/ Visiting Emergency Physician)**

.....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.



**GRADING FOR CREDENTIALING IN EMERGENCY SERVICES**

No.	Criteria	0	1	2	3	4	5	
1.	Current medical knowledge							
2.	Leadership qualities							
3.	Professional clinical judgement							
4.	Sense of clinical responsibility							
5.	Ethical conduct							
6.	Clinical skill							
7.	Cooperativeness, ability to work with others							
8.	Teaching skill							
9.	*AHP-patient relationship							
10.	*AHP-physician understanding							
11.	Compliance with hospital rules and regulations							
12.	Personality							
13.	Research and development/Publication							
14.	Pre hospital Care							
15.	Medical standby/Disaster management							
<b>Grand Total</b>								

Grading	Credentialing Eligibility
Less than 15	Not qualified
16 - 25	Pending
26 - 59	Qualified
60 and above	Qualified with excellent

\*AHP = Allied Health personnel

**VIVA SCORE** (Please tick (✓) If Applicable)

Pass

Fail

**Comment :** .....

.....

.....

.....  
**Signature**

**HOD Emergency & Trauma/ Visiting Emergency Physician (EP)**

**Stamp**

**SUMMARY OF STAFF'S PROGRESS CLINICAL PRACTICE RECORDS FOR EMTS**

**\* Note : This Summary clinical practice record has been completed by the staff**

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

I/C No : \_\_\_\_\_

NO	Procedure	Required			Done			Remarks
		O	A	P	O	A	P	
<b>1</b>	<b>Triage</b>							
	1.1 Hospital Triage	10		10				
	1.2 Field Triage	1		10				
<b>2</b>	<b>Airway Management</b>							
	2.1 Insertion of Airway Adjunct	3		10				
	2.2 Insertion of Supraglottic Devices	3	5	10				
	2.3 Perform Tracheal Bronchial Suctioning	3	5	10				
	2.4 Prepare And Assist Endotracheal Intubation	3	5	10				
	2.5 Perform And Assist Emergency Cricothyrotomy	3	3					
<b>3</b>	<b>Ventilation &amp; Oxygen Therapy</b>							
	3.1 Bag Valve Mask Ventilation	5		10				
	3.2 Assemble, Test, Set And Change Parameters Of Ventilator	5	5	10				
	3.3 Assess The Severity Of Acute Bronchial Asthma / Coad	5	5	10				
	3.4 Prepare, Prescribe And Administer Nebulisers	5	5	10				
	3.5 Administration Of Oxygen Therapy	5	5	10				
<b>4</b>	<b>CIRCULATION</b>							
	4.1 Intravenous Cannulation	5		10				
	4.2 Preparation And Administration Of Emergency Drugs	5	5	10				
	4.3 Preparation, Prescribe And Administration of IV Fluids For Resuscitation	5	5	10				
	4.4 Preparation And Assist In CVP Line Insertion And Monitoring	1	3	3				
	4.5 Stab Arterial Blood Sampling	5	5	5				
<b>5</b>	<b>RESUSCITATION</b>							
	5.1 Perform And Interpretation Of ECG			10				
	5.2 Recognition Of Lethal Arrhythmias – VT, VT And Asystole			5				
	5.3 Application And Usage of Automated External Defibrillator	1	1	4				
	5.4 Cardiopulmonary Resuscitation	1	5	5				
<b>6</b>	<b>SURGICAL PROCEDURES</b>							
	6.1 Removal of Superficial Foreign Body (Not Penetrating Muscle Layer)	2	2	3				
	6.2 Basic Syes Procedures – Irrigation And Staining	2	2	3				
	6.3 Basic ENT Emergency Procasures – Nasal Packing	2	2	3				
	6.4 Basic ENT Emergency Procedures- Foreign Body Removal	2	2	3				
	6.5 Toilet And Suturing	5	5	10				

O: Observe A: Assist P: Perform



NO	Procedure	Required			Done			Remarks
		O	A	P	O	A	P	
	6.6 Incision And Drainage of Superficial Abscess Of Limbs	2	2	3				
	6.7 Nail Avulsion	2	2	3				
	6.8 Prepare And Assist Chest Tube Insertion Or Pericardiocentesis	2	2					
<b>7</b>	<b>PATIENT CARE</b>							
	7.1 Care of patient On Chest Tube	2	2	3				
	7.2 Care Of Patient in Ventilator	2	2	3				
	7.3 Transport of Critically Ill Patient	2	2	3				
	<b>MEDICO LEGAL</b>							
	7.1 Assist In The Examination Of The OSCC Patient	2	2	3				
	7.2 Handling Of Medico legal Specimen	2	2	3				
	<b>IMMOBILIZATION</b>							
	7.1 Cervical Collar Application	5	5	10				
	7.2 Spine Immobilization	5	5	10				
	7.3 Extremity Immobilization	5	5	10				
	7.4 Application Of Pelvic Immobilizer	1	2	3				
	7.5 Perform Log-Roll	5		10				
	7.6 Plaster Of Paris Application And Care	1	3	3				
<b>8</b>	<b>OTHER</b>							
	8.1 Reduction of Simple Small Joint Dislocation	2	2	5				
	8.2 Wound Management	3	5	5				
	8.3 Handling of Amputated Limb	1	1	2				
	8.4 Bladder Catheterization	3	5	5				
	8.5 Stomach Wash Out	1	1	2				
	8.6 external Decontamination Procedure	1	1	2				
	8.7 Handling of Violent Patient	1	1	2				
	8.8 Perform Blood Crossmatch Sampling And SET-UP Of Transfusion	3	4	5				
	8.9 Assisting Normal Delivery And Care Of Newborn	1	2	3				

O: Observe A: Assist P: Perform

COMMENTS :

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Signature of Assessor

Verified by HOD Emergency & Trauma/ Visiting EP

.....  
( Name / Stamp )

.....  
( Name / Stamp )

Date: