

Sila tandakan ✓ jika berkenaan

1. Borang Permohonan *APPLICATION FOR CREDENTIALING - Cred 1- (2018)* diisi dengan lengkap oleh pemohon dan ditandatangani oleh:-
  - i. **Hospital berpakar:** Ketua Jabatan Anestesiologi.
  - ii. **Hospital tanpa pakar:** disokong oleh Pegawai Perubatan Anestesiologi serta disahkan oleh Pakar Lawatan Klinikal Anestesiologi/ Pakar Anestesiologi Negeri.
2. Salinan Perakuan Pendaftaran Tahunan *Annual Practicing Certificate (APC)* Kejururawatan / Penolong Pegawai Perubatan yang disahkan (tahun semasa)\*.
3. Salinan Diploma/ Ijazah Kejururawatan diiktiraf oleh Lembaga Jururawat Malaysia atau Diploma/ Ijazah Pembantu Perubatan diiktiraf oleh Lembaga Pembantu Perubatan yang disahkan.
4. Salinan sijil Pos Basik *Peri-anaesthesia Care* yang disahkan.
5. Gambar beruniform berukuran passport.
6. Ringkasan buku log disahkan oleh Ketua Jabatan Anestesiologi / Pakar Lawatan Klinikal Anestesiologi/ Pakar Anestesiologi Negeri.
7. Salinan Sijil Lulus Advance Life Support (ALS) yang disahkan.

**\*Hanya borang permohonan yang memenuhi syarat dan lengkap sahaja akan diproses.**

Semua Borang dan Salinan Sijil hendaklah dihantar dalam satu salinan sahaja.

**Borang Permohonan *Credentialing* boleh dimuat turun dari portal KKM: [www.moh.gov.my](http://www.moh.gov.my).– Warga KKM (Bahagian Pengamal Perubatan) - *Credentialing Assistant Medical Officers & 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 PERSEKUTUAN  
62590 PUTRAJAYA

Tel : 03 8883 1370/1374  
Faks : 03 8883 1490

**2) JURURAWAT**

PENGARAH  
BAHAGIAN KEJURURAWATAN  
KEMENTERIAN KESIHATAN MALAYSIA  
LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PRESINT 1  
PUSAT PENTADBIRAN KERAJAANPERSEKUTUAN  
62590 PUTRAJAYA

Tel : 03 8883 3543/3544/3546  
Faks : 03 8890 4149

TANDATANGAN

Di semak oleh : .....  
(Cop Nama 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

- |   |   |
|---|---|
| <input type="checkbox"/> Intensive Care Nursing<br><input type="checkbox"/> Peri-Operative<br><input type="checkbox"/> Ophthalmology<br><input type="checkbox"/> Emergency Medicine & Trauma Services<br><input type="checkbox"/> Dialysis Care <input type="checkbox"/> Haemodialysis<br><input type="checkbox"/> Peritoneal Dialysis<br><input type="checkbox"/> Anaesthesiology & Intensive Care Services<br><input type="checkbox"/> i. Anaesthesia<br><input type="checkbox"/> ii. Peri-anaesthesia<br><input type="checkbox"/> iii. Intensive Care<br><input type="checkbox"/> Paediatric Nursing<br><input type="checkbox"/> Neonatal Nursing<br><input type="checkbox"/> Orthopaedic Services<br><input type="checkbox"/> Endoscopy Services<br><input type="checkbox"/> <b>Peri-Anaesthesia Care (P.A.C)</b> | <input type="checkbox"/> Cardiovascular Perfusion<br><input type="checkbox"/> Pre Hospital Care Services<br><input type="checkbox"/> Physiotherapy<br><input type="checkbox"/> Occupational Therapy<br><input type="checkbox"/> Diagnostic Radiography<br><input type="checkbox"/> Radiation Therapy<br><input type="checkbox"/> Dental Technology<br><input type="checkbox"/> Speech Language Therapy<br><input type="checkbox"/> Dietetic<br><input type="checkbox"/> Audiology<br><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:

**9. APPLICATION APPROVAL (By Head of Department Anaesthesiology/ Anaesthesiologist Visiting Specialist/ State Anaesthesiologist)**

.....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 ON CLINICAL PRACTICE RECORDS FOR PERI-ANAESTHESIA CARE

NO	CORE PROCUDERES	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
1.	ASSEMBLE, DISASSEMBLE AND DECONTAMINATE LARYNGOSCOPE	1	2	5				
2.	PREPARE AND ASSEMBLE OF VIDEO ASSISTED LARYNGOSCOPE	1	3	5				
3.	CLEANING, DECONTAMINATION & STERILIZATION OF BREATHING SYSTEM APPARATUS	1	3	5				
4.	PREPARATION FOR INTUBATION	1	1	5				
5.	PREPARATION AND ASSISTING IN AWAKE FIBREOPTIC INTUBATION	1	3	5				
6.	APPLICATION OF CRICOID PRESSURE	1	2	5				
7.	PREPARATION OF SUPRAGLOTIC AIRWAY ADJUNCTS	1	3	5				
8.	PREPARATION OF DIFFICULT AIRWAY TROLLEY AND AIRWAY ADJUNCTS	1	3	5				
9.	ASSIST IN DIFFICULT INTUBATION	1	3	5				
10.	PERFORM ENDOTRACHEAL INTUBATION*	1	2	3				
11.	PERFORM ENDOTRACHEAL EXTUBATION*	1	2	3				
12.	PERFORM SUPRAGLOTIC AIRWAY INSERTION*	1	2	3				
13.	PERFORM SUPRAGLOTIC AIRWAY EXTUBATION*	1	2	3				
14.	CHECKING AND CALIBRATE ANAESTHESIA MACHINE	1	3	5				
15.	IDENTIFY PROBLEMS AND TROUBLESHOOT ANAESTHESIA MACHINE	1	3	5				
16.	IDENTIFY PROBLEMS AND TROUBLESHOOT HAEMODYNAMIC MONITOR	1	3	5				
17.	PREPARE AND ASSIST IN TOTAL INTRAVENOUS ANAESTHESIA/TARGET CONTROLLED INFUSION (TIVA/TCI) PROCEDURE	1	2	2				
18.	ASSEMBLE BISPECTRAL INDEX (BIS) MONITOR	1	2	2				
19.	PREPARE AND ASSIST CHEST TUBE INSERTION	1	2	2				
20.	REFILLING AND EMPTYING VAPORIZERS	1	2	5				
21.	ASSEMBLE ANAESTHESIA BREATHING CIRCUIT	1	3	5				
22.	ASSEMBLE AYRE'S T-PIECE BREATHING CIRCUIT	1	3	5				
23.	APPLICATION OF RAPID SEQUENCE INDUCTION	1	3	5				
24.	ASSEMBLE PASSIVE HUMIDIFICATION SYSTEM	1	2	3				
25.	PREPARE ANAESTHETIC NEBULIZER SYSTEM	1	2	3				
26.	PREPARE & CHECKING ANAESTHESIA RESUSCITATION TROLLEY	1	2	2				
27.	SETTING UP PATIENT CONTROLLED ANALGESIA (PCA) PUMP	1	5	5				
28.	CARE DURING POSITIONING OF PATIENT	2	3	5				
29.	CARE OF PATIENT ON PNEUMATIC TOURNIQUET	1	2	3				
30.	PREPARE AND CARE OF PATIENT FOR SPINAL ANAESTHESIA	1	3	5				
31.	PREPARE AND CARE OF PATIENT FOR EPIDURAL ANAESTHESIA	1	3	5				

NO	CORE PROCUDERES	REQUIRED			DONE			REMARKS
32.	PREPARE AND CARE OF PATIENT FOR PERIPHERAL NERVE BLOCK	1	3	5				
33.	ASSEMBLE PULSE OXIMETER PROBE	1	2	5				
34.	ASSEMBLE CAPNOGRAPH SYSTEM <ul style="list-style-type: none"> <li>SIDE STREAM</li> <li>MAIN STREAM</li> </ul>	1	3	5				
35.	TEMPERATURE PROBE INSERTION	1	3	5				
36.	ASSEMBLE & CALIBRATE PRESSURE TRANSDUCER SYSTEM <ul style="list-style-type: none"> <li>ARTERIAL LINE</li> <li>CENTRAL VENOUS PRESSURE</li> <li>PULMONARY ARTERY CATHETER</li> </ul>	1	3	5				
37.	CARE OF PATIENT WITH INVASIVE LINES <ul style="list-style-type: none"> <li>ARTERIAL LINE</li> <li>CENTRAL VENOUS PRESSURE</li> <li>PULMONARY ARTERY CATHETER</li> </ul>	1	3	5				
38.	ASSEMBLE OF OXYGEN THERAPY DEVICE	1	3	5				
39.	APPLICATION OF PERIPHERAL NERVE STIMULATOR	1	2	3				
40.	ASSEMBLE INTRAOPERATIVE WARMING DEVICE	1	3	5				
41.	ASSEMBLE FLUID/BLOOD WARMING DEVICES	1	3	5				
42.	TRANSPORTATION OF CRITICALLY ILL PATIENT	1	3	5				
43.	PREOPERATIVE ASSESSMENT	1	3	5				
44.	CARE OF PATIENT IN RECOVERY AREA	1	3	5				
45.	CHECK LEVEL OF BLOCK FOR REGIONAL ANAESTHESIA	1	3	5				
46.	ASSESS BROMAGE SCORE	1	3	5				
47.	ASSESS SEDATION SCALE	1	3	5				
48.	ASSESS RECOVERY SCORE	1	3	5				
49.	ASSESS PAIN SCORE	1	3	5				
50.	CARE OF PATIENT UNDER ACUTE PAIN SERVICE	1	3	5				
JUMLAH		51	134					

\* Procedures for teaching purposes only. NOT AS A JOB DESCRIPTION



## SUMMARY OF PROGRESS ON CLINICAL PRACTICE RECORDS FOR PERI-ANAESTHESIA CARE

NO	OPTIONAL PROCEDURES	REQUIRED			DONE			REMARKS
		O	A	P	O	A	P	
1.	PREPARE AND ASSIST NON-INVASIVE CARDIAC OUTPUT MONITORING	1	2	3				
2.	PREPARE AND ASSIST INVASIVE CARDIAC OUTPUT MONITORING	1	2	3				
3.	ASSEMBLE RAPID INFUSION DEVICE	1	2	3				
4.	PREPARE AND ASSIST IN DOUBLE LUMEN TUBE / ENDOBRONCHIAL BLOCKER	1	2	3				
5.	ASSEMBLE AND CALIBRATE - INTRACRANIAL PRESSURE MONITORING	1	2	3				
6.	ASSIST IN AUTOLOGOUS BLOOD TRANSFUSION	1	2	3				
7.	ASSEMBLE JET VENTILATION	1	2	3				
8.	PREPARE AND ASSIST IN CRICOTHYROTOMY	1	2	3				
9.	ASSEMBLE CEREBRAL OXIMETRY	1	2	3				
10.	CARE OF ECHOCARDIOGRAPHY/ULTRASOUND MACHINE	1	2	3				
11.	ASSIST AND PREPARE PATIENT UNDER GENERAL ANAESTHESIA IN MAGNETIC RESONANCE IMAGE (MRI) SUITE	1	2	3				
12.	ASSIST AND PREPARE PATIENT UNDER GENERAL ANAESTHESIA IN ELECTRO CONVULSIVE THERAPY (ECT) SUITE	1	2	3				
13.	ASSIST AND PREPARE PATIENT UNDER GENERAL ANAESTHESIA FOR PROCEDURES IN REMOTE AREAS <ul style="list-style-type: none"> <li>• INTERVENTIONAL RADIOLOGICAL PROCEDURES</li> <li>• CT SCAN</li> <li>• ONCOLOGY PROCEDURES</li> </ul>	1	2	3				
14.	ASSIST AND PREPARE PATIENT UNDER GENERAL ANAESTHESIA IN INTENSIVE CARDIAC LABORATORY (ICL)	1	2	3				
<b>JUMLAH</b>		<b>14</b>	<b>28</b>	<b>42</b>				

### COMMENTS BY ASSESSOR / HEAD OF DEPARTMENT :

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Signature of Assessor:

Verified by Head Of Department  
Anaesthesiology/ Anaesthesiologist Visiting  
Specialist/ State Anaesthesiologist:

.....

.....

(Name / Stamp)

(Name / Stamp)

Date :

Date :