

**SENARAI SEMAK PERMOHONAN PEMBAHARUAN SIJIL (RE-CREDENTIALING)
PALLIATIVE CARE NURSING**

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 b. Hospital tanpa pakar: Pakar Lawatan Klinikal	<input type="checkbox"/>
2.	Salinan Sijil Perlu Disahkan Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	2.1 Perakuan Pendaftaran Tahunan <i>Annual Practising Certificate (APC)</i> Jururawat - (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.– *Credentialing Assistant Medical Officer & Nurses*

Alamat untuk menghantar Borang Permohonan :

1) 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*) :

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

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 PALLIATIVE DEPARTMENT / 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.