

**SENARAI SEMAK PERMOHONAN BAHARU (*CREDENTIALING*) *CIRCUMCISION*
(Teknik *Dorsal Slit*) BAGI PENOLONG PEGAWAI PERUBATAN**

Sila tandakan jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan <input type="checkbox"/>
1.	Borang permohonan baru <i>APPLICATION FOR CREDENTIALING Cred 1- (2018)</i> diisi dengan lengkap oleh pemohon dengan mendapatkan: <ul style="list-style-type: none"> i. Sokongan & ditandatangani oleh:- Penyelia Penolong Pegawai Perubatan. ii. Kelulusan & ditandatangani oleh:- Pakar Bedah/ Pakar Perubatan Keluarga (FMS). 	<input type="checkbox"/>
2.1	Salinan Sijil Lulus T.O.T Berkhatan Penolong Pegawai Perubatan KKM	<input type="checkbox"/>
ATAU		
2.2	Salinan Sijil Lulus Berkhatan anjuran Pusat Tanggungjawab (PTJ) yang disokong:- Penyelia Penolong Pegawai Perubatan DAN disahkan:- Pakar Bedah/ Pakar Perubatan Keluarga (FMS).	<input type="checkbox"/>
3.	Salinan Sijil Perlu Disahkan Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	3.1 Perakuan Pendaftaran Sebagai Pembantu Perubatan	<input type="checkbox"/>
	3.2 Perakuan Pendaftaran Tahunan <i>Annual Practising Certificate (APC)</i> Penolong Pegawai Perubatan - (APC tahun terkini).*	<input type="checkbox"/>
4.	Gambar beruniform berukuran passport.	<input type="checkbox"/>

**Borang Permohonan Baru *Credentialing* boleh dimuat turun dari portal KKM:
www.moh.gov.my. – *Credentialing Assistant Medical Officer & Nurses***

Alamat untuk menghantar Borang Permohonan :

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 1370/1374
Faks : 03 8883 1490

Disemak oleh:

No. Tel :

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)

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:

10. APPLICATION APPROVAL (By Head of Department – Surgeon @ FMS)

.....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.