SENARAI SEMAK PERMOHONAN PEMBAHARUAN SIJIL (*RE-CREDENTIALING*)
GENERAL PAEDIATRIC 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 ditandatangan oleh:- a. **Hospital berpakar** : Ketua Jabatan Pediatrik b. **Hospital tanpa pakar** : Pakar Lawatan Klinikal Pediatrik	☐
2.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	2.1 Perakuan Pendaftaran Tahunan *Annual Practising Certificate (APC)* Jururawat - (APC tahun terkini).*	☐
	2.2 Sijil *Credentialing* yang bakal tamat tempoh.	☐

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*) :

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

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 PAEDIATRIC / 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.