SENARAI SEMAK PERMOHONAN PEMBAHARUAN PENGIKTIRAFAN CREDENTIALING BAGI PROFESION SAINS KESIHATAN BERSEKUTU

Sila tandakan √ jika berkenaan, dalam kotak yang disediakan:

Bil	Maklumat	Senarai Semak
1.	Borang *Application For Renewal Of Credentialing Certificate Rcred 1* - (2018) perlu diisi dengan lengkap oleh pemohon dan ditandatangani oleh Ketua Unit / Ketua Jabatan	☐
2.	Salinan myCPD - dua tahun semasa (disahkan)	☐
3.	Salinan Sijil Credentialing yang bakal atau telah tamat tempoh	☐

Alamat untuk menghantar Borang Permohonan:

Pengarah
Bahagian Sains Kesihatan Bersekutu (KKM)
Aras 2, Blok A, Bangunan Utama Chancery Place
Jalan Diplomatik 2, Presint Diplomatik
62050 Putrajaya,
Wilayah Persekutuan Putrajaya.
(Unit Kompetensi & Credentialing)
Tel : 03 - 88901011
Faks : 03 - 88901060

Disemak oleh:

TANDATANGAN

....
(Cop Nama Penyelia)

Tel:
Tarikh:

APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE

Name of Hospital : ……………………………………………….…………………….

Name of Applicant: ……………………………………………..……………………….

Identity Card No : ………………….……….…………………………………………….

Position : ....

Area of recredentialing 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 Paediatric Nursing
[ ] Neonatal Nursing
[ ] Pre Hospital Care Services
[ ] Orthopaedic Services
[ ] Endoscopy Services
[ ] Cardiovascular Perfusion
[ ] Peri-Anaesthesia Care (P.A.C)
[ ] Diagnostic Radiography
[ ] Radiation Therapy
[ ] Physiotherapy
[ ] Occupational Therapy
[ ] Dental Technology
[ ] Optometry
[ ] Dietetic
[ ] Speech Language Therapy
[ ] Audiology
[ ] Other (please state: ....)

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 DEPARTMENT/ UNIT

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.