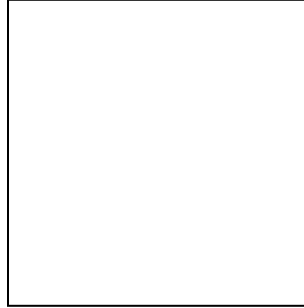


APPLICATION FOR LETTER OF CREDENTIALING AND PRIVILEGING
(CHAPTER 1)

1. PERSONAL DETAILS



Full Name : _____

NRIC / Passport No. : _____

Malaysian Medical Council Reg. No.: _____

Current Annual Practicing Certificate No. /Year: _____

Clinic/Hospital Name And Address :

Home Address :

Telephone no. office : _____ Mobile: _____

E-mail:

2. PERSONAL QUALIFICATION / TRAINING

Basic Qualification:

Qualification : _____

University/Awarding body : _____

Date of Qualification : _____

Work Experience

PERIOD	PLACE OF PRACTICE	POSITION

Post Graduate Qualification: (If applicable)

Qualification : _____

University/Awarding body : _____

Date of qualification : _____

Years of aesthetic medical practice experience (**PART TIME/FULL TIME**): _____

Information on Professional Indemnity (Aesthetic)

Name of insurance provider : _____

Type of insurance : _____

Period of coverage : _____

Policy number : _____

Note: Upon approval of the Letter of Credentialing & Privileging, medical practitioners performing aesthetic medical practice should have appropriate professional indemnity.

3. DECLARATION TO PERFORM AESTHETIC MEDICAL PROCEDURES

Please attach with this application form, a copy of the certificate obtained (overseas or local training), details of training courses, organizers, trainer(s)' name and CV if necessary, details of hands-on experience, duration of course and examinations / tests.

Type of Treatment and Procedure	Tick	No. of Procedures Performed	Name of Trainers/Supervisors	Title of Certificate Obtained
NON-INVASIVE				
Chemical peel (Superficial)				
Microdermabrasion				
Intense pulsed light (IPL)				
MINIMALLY INVASIVE				
Chemical peel (Medium depth)				
Botulinum toxin injection				
Filler injection - excluding silicone and fat				
Superficial sclerotherapy				
Lasers for treating skin pigmentation				
Lasers for skin rejuvenation (including fractional ablative)				
Lasers for hair removal (e.g. long pulsed Nd:YAG, Diode)				
Skin tightening procedures- radiofrequency, ultrasound, infrared up to upper dermis				

Note:

This list may be subject to review.

4. NAMES OF TWO REFEREES

BOTH referees must be Chapter 1 Letter of Credentialing and Privileging of Aesthetic Medical Practice (LCP) holders practising aesthetic medical practice in Malaysia.

REFEREE 1

Name : _____
IC/ Passport No. : _____
MMC No. : _____
APC No. : _____
LCP No. : _____
Telephone No. : Office: _____ Residence: _____ Mobile: _____
Fax No. : _____
Postal Address : _____

Email Address : _____
Referee's Signature : _____

REFEREE 2

Name : _____
IC/ Passport No. : _____
MMC No. : _____
APC No. : _____
LCP No. : _____
Telephone No. : Office: _____ Residence: _____ Mobile: _____
Fax No. : _____
Postal Address : _____

Email Address : _____
Referee's Signature : _____

5. DECLARATION

I declare that the information provided in this application form is true and herein remains unchanged to-date. To the best of my knowledge and belief, I have not withheld any material fact. I understand that my practice may be audited. I also note that I may be required to submit additional details for further assessment / review.

Name of Medical Practitioner

Date

Signature

Please submit your application form and supporting documents to:

**Secretariat Chapter 1
Pertubuhan Doktor Estetik Berdaftar Malaysia (PDEBM)
S62-1 First Floor, Red Carpet Avenue
Encorp Strand Mall
Kota Damansara PJU 5/22
47810 Petaling Jaya
SELANGOR**

**Email : info@pdebm.com.my
Tel : 019-619 9069**

* a processing fee is applicable (kindly refer to the above secretariat)

