



**HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Code Document: HSAAS/UKPR/BR79**

CREDENTIALING AND PRIVILEGING APPLICATION FORM

**Clinical Privileges in Hospital Sultan Abdul Aziz Shah UPM
(For Universities & Private Institutions)**

To:
The Director,
Hospital Sultan Abdul Aziz Shah
Universiti Putra Malaysia

Dear Sir / Madam,

**Application for Staff Position and Privileges to Perform Clinical Functions in
Hospital Sultan Abdul Aziz Shah**

I, _____, a staff of _____ would like to apply for the staff position and its corresponding privileges listed below to enable me to perform clinical functions in your hospital. *(Please use attachment if the spaces are limited)*

A. Staff Position		
B. Specialty Area	1	
	2	
C. Clinical Services	1	
	2	
	3	
D. Clinical Procedures	1	
	2	
	3	
	4	
	5	

A list of my qualifications, experience, other credentials and names of referees are attached in the prescribed form. I hereby authorize you and any committee or person appointed by you to consult with all persons or places of employment or education who may have information bearing on my professional qualifications and competence to carry out the duties and privileges I have applied for.

I release from liability all those who provide this information in good faith and without malice in response to such inquiries.

I certify that the information, provided in this application letter and attached forms, is complete and accurate.

Signature of Applicant: _____

Name of Applicant : _____

Identification number (NRIC No:/ Passport): _____

Date: ____/____/____

Confidential

TARIKH KEMASKINI: 30/08/2023

**INFORMATION IN SUPPORT OF APPLICATION FOR CLINICAL PRIVILEGES
HOSPITAL SULTAN ABDUL AZIZ SHAH**

This form will be read together with the application letter and therefore must be appended to it.

Please read accompanying guide before filling up the form. Leave non-applicable sections blank.

A. Personal Details

1	Name	
2	Address	
3	Telephone (Office)	
4	Telephone (Personal)	
5	E-mail address	

B. Professional Qualifications:

	Level		Qualifications	Place	Year
1	Basic Professional				
2	Postgraduate	1			
		2			
		3			
		4			
3	Other	1			
		2			
		3			

C. Registration with Medical Council

1. Registration with Malaysian Medical Council

	Type of registration	Date	Reg. number
1	Temporary		
2	Full registration		
3	Current Annual Practicing Certificate		

2. Registration with Other Medical Council

	Country	Type of registration	Date	Reg. number
1				
2				

3. Non-voluntary de-registration with a Medical Council

1	Country	Type of registration	Date of first registration	Reg. number	Date of deregistration
1.1	Reason for deregistration				

D. Current or Previous Credentialing and Privileging

1. Credentialing as Specialist by Credentialing body in Malaysia

	Credentialing body	Specialty Credentialed	Year
1	Gazettement by Ministry of Health Malaysia		
2	National Credentialing Committee		
3	Facility under MOHE (Gazettement by University)		
4	Academy of Medicine Specialist Register		
5	Specialty board (.....)		

2. Credentialing as Specialist by credentialing body / Specialty Boards of other Countries

	Specialty Credentialed	Credentialing body and Country	Year
1			
2			
3			

3. Credentialing of procedures by credentialing body / Specialty Boards

	Procedure Credentialed	Credentialing body Country	Year
1			
2			

E. Past Clinical Experience and Exposure

	Name & Location of Healthcare Facility	Job Designation	Period
1			
2			
3			
4			
5			
6			
7			
8			
9			

F. Current Clinical Employment

	Name & Location of Health Care Facility	Job Designation	Tenure
1			
2			
3			

G. Academic Position

	Academic Position	(Tick)
1	Professor	
2	Associate Professor	
3	Lecturer	
4	Trainee Lecturer	
5	Other: (.....)	

H. Professional Insurance Cover

1. Professional Insurance Cover

1	Professional Insurance Cover	Yes	No
	If yes, provide letter of undertaking		

2. Cover by Insurance Provider

	Name of Insurance provider	Policy Number	Period of cover
1			
2			

I. Name of Referees

1	Name of Referee			
	Designation			
	Mailing address			
	Phone contact		E-mail address	
2	Name of Referee			
	Designation			
	Mailing address			
		Phone contact		E-mail address

**HOSPITAL SULTAN ABDUL AZIZ SHAH
APPLICANT APPRAISAL BY HOD/SUPERVISOR**

Please provide the following information

Please complete the following assessment of the applicant's ethical and professional qualifications.

Please tick (✓) at the appropriate box.

	Below Average	Average	Above Average
Clinical knowledge			
Clinical skills			
Professional Clinical Judgement			
Sense of clinical responsibility			
Ethical conduct			
Cooperativeness, ability to work with others			
Documentations/Medical record timeliness & quality			
Teaching skills			
Compliance with hospital rules & regulations			
Communication skills			

OVERALL RECOMMENDATION FOR PRIVILEGES REQUESTED

- _____ Recommend highly
 _____ Recommend with some reservation
 _____ Do not recommend

COMMENTS:

_____ Signature	_____ Title
_____ Name of Institution/Hospital	_____ Phone Number
	_____ Date

For Office Use only

1. Has this applicant ever been suspended, disciplined or has his/her privileges voluntarily or involuntarily restricted or not renewed? YES NO
2. To your knowledge, does this applicant have existing health problems that could affect his/her medical practice? YES NO

Appendix 1: Guide to filling Application Letter and Form for Providing Information in Support of Application For Clinical Position and Privileges Hospital Sultan Abdul Aziz Shah

1. Guide to Filling up Application Letter

A. Clinical Staff Positions

The staff positions available are:

1. Consultant
2. Specialist
3. Clinical Specialist
4. Medical Officer

B. Specialty Areas

The specialty and sub-specialty areas, offered on the basis of needs and ability of the hospital to provide resources, is tabulated below. Applicants who wish to provide services in specialties / sub-specialties not offered below need to discuss with the hospital management before applying.

It is the hospital's policy that for some specialties, specialists are expected to provide services in the general areas of the specialty. This requirement will be stated in the offer letter. Therefore, it is the best that sub-specialists request for privilege to work in general specialty areas. Specialists who consider themselves unable to provide services in general areas for any reason must indicate so in their reply to the offer letter. This will be taken into consideration in determining acceptance to work in the hospital.

1. **Medicine**
2. **Paediatrics**
3. **Surgery**
4. **Urology**
5. **Orthopedics**
6. **Otorhinolaryngology**
7. **Ophthalmology**

8. **Psychiatry**
9. **Emergency Medicine**
10. **Anaesthesiology**
11. **Radiology / Interventional Radiology**
12. **Pathology**
 - a. Histopathology
 - b. Cytology
 - c. Microbiology
 - d. Chemical pathology
13. **Forensic Medicine**
14. **Family medicine**
15. **Rehabilitative Medicine**
16. **Geriatric Medicine**

C. Clinical services

1. Outpatient Clinics
2. Inpatient care
3. Surgical Operations Sessions

D. Clinical procedures

List the special procedures that the applicant wishes to perform. Proof of qualification in a specialty / sub-specialty is proof of competency in core procedures of that specialty / sub-specialty. Nevertheless, applicants should apply for privileges for the following procedures i.e. Endoscopy, Laparoscopic surgery, Interventional radiology, Use of Laser, Use of Diagnostic Imaging Modalities by non-Radiologists, Cancer Chemotherapy and performance of surgical operations by non-surgeons.

2. Guide to Filling up the Form to Provide Information in Support of Application for Clinical Privileges Hospital Sultan Abdul Aziz Shah

A. Personal Details

B. Professional Qualifications

For Postgraduate qualifications enter only those relevant to the privileges being requested. Not so relevant qualifications should be entered in the field for "other". Certified Photostat copies of certificates should be provided.

C. Registration with Medical Council

Applicants must have valid registration with the Malaysian Medical Council and a current annual practicing certificate. Certified Photostat copies of certificates should be provided. Because sometimes registration is dependent on employment, the hospital may facilitate applications to register and obtain annual practicing certificates.

D. Current or Previous Credentialing and Privileging

For Malaysians, listing as specialist in the Government Official Gazette and University-based Gazette shall be taken as proof of credentialing as a specialist or sub-specialist. Those not gazetted may show proof of credentialing by National Credentialing Board, acceptance to specialty boards or registries. Foreigners may show proof of registration with specialty registries or boards certification of their own country or a third country (such as UK, US, Australia or Canada). Certified Photostat copies or certificates or other supporting documents should be provided.

E. Clinical Experience and Exposure

For specialists please give only experience after specialist qualification. Job description refers to level of responsibility (Attachment or Research Fellow or Employment) and also tenure of employment (Full / Part time / Honorary).

F. Current Clinical Employment

This does not refer to the academic appointment in University but to employment in a health care facility. The information is required in consideration of issues like conflict of interests and ability to fulfill obligations in Hospital Serdang.

G. Academic Position

Tick in the appropriate box next to the item on the list

H. Professional Insurance Cover

If the applicant is to be provided with professional insurance by University to cover for litigations, please tick "Yes" and provide a letter of undertaking from the University. If the applicant has his/her own policy, please give name of provider and policy number. It is unlikely that the Ministry of Health will provide indemnity to University lecturers/private doctors.

I. Name of Referees

List at least two referees who are familiar with your clinical skills. Provide their name, designation and contact address. Please inform them that the hospital will be asking for their opinion on your capabilities and conduct.