	HOSPITAL SULTAN ABDUL AZIZ SHAH **UNIVERSITI PUTRA MALAYSIA** **Document Code: HSAAS/NURS/BR60**
	APPLICATION FORM FOR CREDENTIALING & PRIVILEGING (NURSING/ASSISTANT MEDICAL OFFICER)

☐ New ☐ Renew

Department: _____

Date of Application: _____

1. PERSONAL DETAILS

Name: ……

Identification Staff Number: ……

Area/ Discipline/ Specialty: ……

Photo

Staff Position:

Nurse ☐

Assistant Medical Officer ☐

Telephone Number: Office: ……. Mobile: …….

Email Address: ……

Date of appointment in nursing/Assistant Medical Officer service: ……

Date of appointment in HSAAS: ……

Duration of service in Core Area at HSAAS: …….. years

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: Nursing Board Malaysia, Assistant Medical Officer Board Malaysia)

LJM/LPP Full Registration No: ……..

Date of Full Registration with respective professional Board/Council: ……

Current Annual Practicing Certificate No.: ……..

(Please attach certified copies of Registration certificate)

6. CREDENTIALING/PRIVILEGING APPLIED

☐ Medical ☐ Surgical Daycare/ Endoscopy Services ☐ General Surgical ☐ Orthopaedic Services ☐ Otorinolaryngology ☐ Obstetrics & Gynecology ☐ Ophthalmology ☐ Emergency Medicine and Trauma ☐ Intensive Care Services ☐ General Paediatric Nursing ☐ Neonatal Nursing ☐ Peri-operative ☐ Peri-Anaesthesia Care (P.A.C) ☐ Family Medicine Services ☐ Radiology ☐ Family Medicine Centre ☐ Psychiatric ☐ Dialysis Care	☐ Others Please state: …… ……

6.1 Credentialing applied for: ☐ Core Procedure ☐ Advance Procedures
☐ Specialized Procedures in ☐ Optional Procedures
☐ Refer to attachment.

a)..... b).....

6.2 Privileging applied for: ☐ Core Procedures ☐ Advance Procedures
☐ Specialized Procedures in ☐ Optional Procedures
☐ Refer to attachment

a)..... b).....

7. Please name two referees

NAME	POSITION	PLACE OF WORK

I hereby declare that all the information given above are true and correct.

Signature of applicant: …….

Official stamp:

Date: ……

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 I)

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:

APPLICANT APPRAISAL (to be filled by Supervisor II)

9.3 I have known the applicant for…….. (duration)
9.4 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 ASSESSOR / NURSING / ASSISTANT MEDICAL OFFICER CREDENTIALING & PRIVILEGING COMMITTEE

…….. is approved / not approved for submission to the Credentialing & Privileging Committee

Nursing/Assistant Medical Officer Privileging Committee Chairman: …….
Date: …….
Signature: …….
Official stamp:

FOR OFFICIAL USE

HOSPITAL CREDENTIALING & PRIVILEGING COMMITTEE

Application Approved ☐

For Reassessment* ☐

Application Rejected* ☐

Reasons: ……
……
……

Hospital Privileging Committee Chairman:……. Date:……..
Signature
Official stamp:

*The above decision will be brought to the next C&P meeting for endorsement.