

**APPLICATION FOR CLINICAL PRIVILEGES**

**HOSPITAL TENGGU AMPUAN AFZAN**

**DEPARTMENT \_\_\_\_\_ YEAR \_\_\_\_\_**

(For Office Use Only)

**1. Personal Details**

Name \_\_\_\_\_

I/C No \_\_\_\_\_ Passport No \_\_\_\_\_

Area/ Disipline/ Speciality \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

Telephone Office \_\_\_\_\_ Residence \_\_\_\_\_ Mobile \_\_\_\_\_

Staff Position: \_\_\_\_\_ Grade: \_\_\_\_\_

Medical Assistant  Nurses  Others: \_\_\_\_\_

Grade Of Position (if applicable): \_\_\_\_\_

Duration of service in the above staff position: \_\_\_\_\_

Date of appointment to MOH (if applicable): \_\_\_\_\_

**2. Personal Qualification / Training**

**2.1 Professional Qualifications:**

Qualification: \_\_\_\_\_

University/Awarding body: \_\_\_\_\_

Date of Qualification: \_\_\_\_\_

**2.2 Other Training / Courses:**

Type of Training: \_\_\_\_\_

Institution: \_\_\_\_\_

Duration (month): \_\_\_\_\_

Year: \_\_\_\_\_

**Evidence of qualification**

Yes

No

Authenticated

Yes

No

Authenticated

2.3 Working Experience (start from the current)

Discipline: \_\_\_\_\_

Place: \_\_\_\_\_

Duration (Year & Month): \_\_\_\_\_

Year : \_\_\_\_\_

(if more space is needed, please list on a separate sheet)

(Please attach copies or other evidence of any qualifications detailed in the form)

Continuing Education

(Relevant educational seminars, courses, etc. attended within the last 3 years. Attach document that will support application.

**3. Registration**

Date of Full Registration with :

Lembaga Jururawat Malaysia   
Midwifery Board   
Lembaga Pembantu Perubatan Malaysia

Are you currently registered to practice in Malaysia : YES  NO

If "YES", current annual practicing certificate number :

Year : \_\_\_\_\_  
Number : \_\_\_\_\_  
Date of Expiry: \_\_\_\_\_

(If yes, please attach 2 current copies annual practicing certificate)

Evidence of qualification

Yes

No

Authenticated

Evidence of APC

Yes

No

Authenticated

**4. Application For Recognition Of Credentials**

INTENSIVE CARE

PAEDIATRIC

CORONARY CARE

HAEMODIALYSIS

PERI OPERATIVE CARE

ANAESTHESIOLOGY

OPHTHALMOLOGICAL CARE

EMERGENCY MEDICAL & TRAUMA CARE

I apply for my credentials to be recognized as detailed below :

- i) Core Procedures
- ii) Specialised Procedures

a) \_\_\_\_\_

b) \_\_\_\_\_

(please attach details of number and type of requested procedures done)

(For Office Use Only)

**5. List of Referees**

NAME	POSITION	ADDRESS

I authorize the National Credentialing Committee and Hospital \_\_\_\_\_ to consult with all persons or places of employment or education that may have information bearing on professional qualifications and competence to carry out the credentials I have requested. I release from liability all those who provide information in good faith and without malice in response to such inquiries.

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Complete

Incomplete

***In the past have you had voluntary or involuntary suspension, limitation, reduction or loss of clinical privileges at another hospital, not renewed or voluntarily relinquished?***

If "YES" Please give details. YES  NO

*I request approval for the Clinical Privileges indicated on the form for the period of \_\_\_\_\_ to \_\_\_\_\_ (Please indicate date)*

*Signature of Applicant* \_\_\_\_\_

*Date* \_\_\_\_\_

(For Office Use Only)

**REQUEST REVIEWD BY PEER/PHYSICIAN; COMPETENCY OF THIS APPLICANT HAS BEEN CONSIDERED AND THE IDIVIDUAL HEALTHCARE PROVIDER'S DECLARATION OF HEALTH STATUS HAS BEEN COMFIRMED. THE FULL RANGE OF PRIVILEGES FOR HIGH RISK PROCEDURES. EVALUATION OF PROFESSIONAL PERFORMANCE, JUDGEMENT AND CLINICAL AND/OR TECHNICAL SKILLS IN AREAS SPECIFIED HAS BEEN COMPLETED. THE INDIVIDUALS IS ENTITLED TO RETAIN THE REQUIRED PRIVILEGES BASED ON AVAILABLE, RELEVANT RESULTS OF ONGOING APPRAISALS OF CLINICAL PERFORMANCE AND PRACTICES.**

**AS THE HEAD OF DEPARTMENT, I HAVE REVIEWED WITH THE APPLICANT THE SPECIFIC PROCEDURES AND/OR TREATMENTS THAT ARE BEING REQUESTED. ISSUES SUCH AS DOCUMENTED CHANGES IN THE HOSPITAL / FACILITY MISSION, FAILURE TO PERFORMED A SUFFICIENT NUMBER OF OPERATIONS AND/OR PROSEDURES TO MAINTAIN PROFICIENCY , OR FAILURE TO USE PRIVILEGES PREVIOUSLY GRANTED HAVE BEEN TAKEN INTO CONSIDERATION IN THE RECOMMENDATION FOR RENEWAL OF PRIVILEGES.**

**NARRATIVE OR CURRENT PROFICIENCY ATTACHED.**

**RECOMMEND : APPROVAL/DISAPPROVAL (if disapproval, state reason)**

\_\_\_\_\_  
**SIGNATURE OF HEAD OF DEPARTMENT**

\_\_\_\_\_  
**DATE**

**DECISION :**

**REVIEWED : \_\_\_\_\_ APPROVED : \_\_\_\_\_**

**MODIFICATIONS TO ABOVE PRIVILEGES : YES / NO**

\_\_\_\_\_  
**CHAIRMAN,  
HTAA PRIVILEGING COMMITTE**

\_\_\_\_\_  
**DATE**



**APPLICATION  
FOR CLINICAL PRIVILEGES**

**NAME:** \_\_\_\_\_

**I/C No./Passport No :** \_\_\_\_\_

**I request to be privileges in :**  
(see attached for specific privileges)

**a) Core Privileges in ( area )**

\_\_\_\_\_

**b) Specialised Procedures**

\_\_\_\_\_

**c) Have the privileges you are requesting been granted to you at your previous place of your employment?**

YES  NO

**If "YES" Please specify**

\_\_\_\_\_

**d) Have completed additional education, certification or training in addition to CME in the past two years?**

YES  NO

**If "YES" Please specify on a separate sheet.**



**HOSPITAL TENGKU AMPUAN AFZAN**  
Jalan Tanah Putih,25000 Kuantan, Pahang Darul Makmur

## **LAPORAN PENILAIAN NARATIF**

**Nama Pegawai Dinilai:**

**No.KP / No.Pasport :**

Pegawai ini telah berkhidmat di jabatan/unit ..... sejak .....  
Sepanjang perkhidmatan, beliau telah menunjukkan prestasi yang baik dalam menjalankan tanggungjawab yang diberikan. Beliau cekap dan berinisiatif untuk mempelajari perkara-perkara baru yang berkaitan dengan ..... Berdasarkan pengetahuan dan pengalaman yang diperolehi, beliau mampu serta berkebolehan dalam perawatan ..... sebagai Jururawat /Pen.Peg.Perubatan/\*..... dengan jayanya.

**Tandatangan :** \_\_\_\_\_

**Cop Ketua Jabatan:** \_\_\_\_\_

**Tarikh :** \_\_\_\_\_

\*sila nyatakan bagi kategori Allied Health Profesional



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Jalan Tanah Putih, 25000 Kuantan, Pahang Darul Makmur

## **SURAT PENGESAHAN KETUA JABATAN**

**Adalah dengan ini disahkan bahawa**

**Nama :**

**No.K/P / No.Pasport :**

**Telah berkelayakan untuk menjalankan tugas sebagai**

**Jururawat / Penolong Pegawai Perubatan/\*** \_\_\_\_\_  
(U54/U52/U48/U44 /U41/ U32 /U27/ U29 / U19 )

**Di**

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**Hospital Tengku Ampuan Afzan**

**Pengesahan ini dibuat berdasarkan kriteria-kriteria berikut :**

**Sijil Perawatan Pos Basik/Sijil Kemahiran Yang Berkaitan**

**Telah melalui latihan formal yang dianjurkan oleh jabatan**

**Pengalaman kerja yang memuaskan**

**Laporan penilaian naratif**

.....  
( )

**Ketua Jabatan.....**  
**Hospital Tengku Ampuan Afzan**

\*sila nyatakan bagi kategori Allied Health Profesional

**SENARAI SEMAK DOKUMEN ASAS PROSES PRIVILEGING  
HTAA KUANTAN  
PARAMEDIK / ALLIED HEALTH**

<b>NAMA</b>			
<b>JAWATAN/GRED</b>			
<b>JABATAN</b>			
<b>NO.TELEFON</b>			
<b>JENIS PERMOHONAN (SILA TANDA YANG BERKENAAN)</b>	<b>BARU</b>		<b>PEMBAHARUAN</b>

**PERMOHONAN BARU**

<b>NO.</b>	<b>JUMLAH SALINAN</b>	<b>JENIS DOKUMEN</b>	<b>SILA TANDA</b>
1.	1 salinan	Borang Permohonan Baru <b>HTAA-UK-B-058/pind.2022 AHP1(a)</b>	
2.	1 salinan	Sijil Asas Anggota	
3.	1 salinan	Sijil Pos Basik (jika berkaitan)	
4.	1 salinan	Sijil Amalan Tahunan yang terkini	
5.	1 salinan	Laporan Naratif oleh Ketua Jabatan / Pakar yang memantau <b>(HTAA-UK-B-061-LPN/CP)</b>	
6.	1 salinan	Surat Pengesahan Ketua Jabatan <b>(HTAA-UK-B-062-BP/CP)</b>	
7.	1 salinan	Buku Log <b>(Disahkan Ketua Jabatan)</b>	

**PERMOHONAN PEMBAHARUAN**

<b>NO.</b>	<b>JUMLAH SALINAN</b>	<b>JENIS DOKUMEN</b>	<b>SILA TANDA</b>
1.	1 salinan	Borang Permohonan Renewal <b>HTAA-UK-B-060/pind.2022 AHP 5</b>	
2.	1 salinan	Sijil Privileging yang lalu	
3.	1 salinan	Sijil Amalan Tahunan yang terkini	
4.	1 salinan	Laporan Naratif oleh Ketua Jabatan / Pakar yang memantau <b>(HTAA-UK-B-061-LPN/CP)</b>	
5.	1 salinan	Surat Pengesahan Ketua Jabatan <b>(HTAA-UK-B-062-BP/CP)</b>	
6.	1 salinan	Buku Log <b>(Disahkan Ketua Jabatan)</b>	