APPLICATION FOR ADDITIONAL CLINICAL PRIVILEGES

EAST PAHANG CLUSTER HOSPITAL

☐ HTAA ☐ H.PEKAN ☐ H.ROMPIN ☐ HMS

YEAR: _____

1. Personal Details

(For Office Use Only)

Full Name :_____

I/C Num. :_____

Telephone :_____ (Mobile)

Department/Unit:_____

Staff Position: ☐ Consultant ☐ Specialist ☐ Medical Officer [(✓) where relevant]

Grade of Position:_____

2. Qualifications / Training

2.1 Basic Qualifications

Evidence of qualification

Qualification:_____

University / Awarding Body:_____

Date of Qualification:_____

Yes ☐
No ☐
Authenticated ☐

2.2 Post-Graduates Qualifications

Qualification:_____

University / Awarding Body:_____

Date of Qualification:_____

Date of Completed Gazettement:_____

Yes ☐
No ☐
Authenticated ☐

2.3 Subspecialty Training / Fellowship

Qualification:_____

University / Awarding Body:_____

Date of Qualification:_____

Yes ☐
No ☐
Authenticated ☐

3. Registration

(For Office Use Only)
Evidence of APC

Full Registration Number with MMC / MDC:_____ Yes ☐

Date Registered with MMC / MDC:_____ No ☐

Are you currently registered to practice in Malaysia? Yes ☐ No ☐ Authenticated ☐

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

*MMC – Malaysian Medical Council *MDC – Malaysian Dental Council

4. Request for Approval of Privileges

I certify that the information provided on this application is complete and accurate. I request approval for the Clinical Privileges indicated below for the period of **3 years** starting from **Year**: _____ (state current year)

I. Core Privileges: (State Discipline e.g. Medicine / General Surgery)

_____

(**Compulsory:** Please attach **Summary of Core Procedure** prepared by department. Applicant must fulfil the minimum requirement set for each procedure)

II. Special Privileges: (State Subspecialty or Specialized Procedures if any)

_____

(Please attach **Summary of Specialized Procedure**. Applicant must fulfil the minimum requirement set for each procedure)

II. Additional Privileges:

_____

(Please attach **Summary of Additional Procedure**. Applicant must fulfil the minimum requirement set for each procedure)

5. Current Credentialing & Privileging Certificate

(For Office Use Only)

Approval and expiration date of the current Credentialing and Privileging Certificate:

_____

(Please attach a copy of the current Credentialing and Privileging Certificate)

Credentialing and Privileging Certificate Number: _____

6. Additional Education / Certification / Training

Have completed additional education / certification / training in the past 2 years?

☐ Yes. Please specify on a separate sheet.

☐ No

[(✓) where relevant]

* All applicants must attach copies or evidence of any qualifications, structured training and current registration detailed in the application form.
* Copies of evidences of qualifications or training should be authenticated.
* Curriculum vitae must be attached to support this application

7. Declaration

In the past, have you had voluntary or involuntary termination of medical staff appointment or voluntary limitation, reduction or loss of clinical privileges at this hospital?

☐ Yes. Please specify on a separate sheet.

☐ No

[(✓) where relevant]

Have you had any problems with your health status, which might affect your ability to carry out your clinical privileges at this hospital?

☐ Yes. Please specify on a separate sheet. Please provide the name of your personal physician.

☐ No

[(✓) where relevant]

8. Referees

(For Office Use Only)

	Name of Referees (At least 2 Referees)	Position	Address (State department / unit & practicing hospital)
1			
2			

* Note:

Please list **AT LEAST 2 REFEREES** familiar with your clinical skills.

- For **Medical Officer**: referee must be at least a specialist
- For **Specialist**: referee must be a senior specialist / consultant / HOD
- For **Consultant**: referee must be a peer consultant / HOD / HOS or specialist if the former is not available
- For **HOD**: referees must be a peer consultant / HOS or specialist if the former is not available
- For **HOS**: referees must be a peer consultant / HOD or specialist if the former is not available
- For **Hospital Pekan**: referees must be HOD and another specialist or hospital director
- For **Hospital Rompin & Muadzam Shah**: referees must be hospital director and any other doctor assigned by hospital director

Abbreviations: HOD: Head of Department, HOS: Head of Service (State)

9. Request for Privileging & Permission for Authorization

I request approval for the stated Clinical Privileges for a period of 3 years.

I authorize the National and East Pahang Cluster Hospital Credentialing & Privileging Committee to consult with all persons or places of employment or education center 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 inquires.

Signature of Applicant:_____ Date: _____
(with stamp)

10. Applicant Appraisal

(For Office Use Only)

Name of Applicant:_____

Department / Unit:_____

Appraisal by Head of Department / Hospital Director	**YES**	**NO**
1. Have the individual's clinical and/or technical skills have been evaluated?	☐	☐
2. Does the individual exercise appropriate professional judgement and performance?	☐	☐
3. Does the individual have show positive evidence of contributions to patient care and quality assurance?	☐	☐
4. Does the individual have an acceptable attitude towards patients, medical and other members of the hospital staffs?	☐	☐
5. Does the individual exercise ethical conduct?	☐	☐
6. The individual is free of physical or mental disability or a change in health status, which would impact professional functioning/.	☐	☐
7. Should the individual's requested clinical privilege be approved?	☐	☐

[(✓) where relevant]

_____ _____

Signature of Head of Department (with stamp) **Date**

*For Hospital Rompin & Muadzam Shah: to be filled by **Hospital Director**

11. Head of Department Verification

(For Office Use Only)

Request reviewed by peer / physician; competency of this applicant has been considered and the individual healthcare provider's declaration of health status has been confirmed. The full range of privileges requested including high risk procedures have been considered.

Evaluation of professional performance, judgement and clinical and / or technical skills in areas specified have been completed. Issues such as documented changes in the hospital, facility mission, failure to perform a sufficient number of procedures to maintain proficiency or failure to use privileges granted have been taken into consideration in the recommendation for the requested privileges.

As the Head of Department, **I have reviewed with the applicant the specific procedures and / or treatments that are being requested**. The individual is **entitled the requested privileges** based on available, relevant results of ongoing appraisals of clinical performance and practices.

Recommendation: Approve / Disapprove (if disapprove, state reason)

*For Hospital Pekan, Rompin & Muadzam Shah: to be verified by **Hospital Director**

_____ _____

Signature of Head of Department (with stamp) **Date**

12. Privileging Committee Decision

COMMITTEE DECISION:

Approve:_____ **Review**:_____ **Disapprove**:_____
(if disapprove, state reason)

_____ _____

CHAIRMAN **Date**
EAST PAHANG CLUSTER HOSPITAL
CREDENTIALING AND PRIVILEGING COMMITTEE

SENARAI SEMAK DOKUMEN ASAS PROSES PRIVILEGING

HOSPITAL KLUSTER PAHANG TIMUR

BAGI PEGAWAI PERUBATAN / PAKAR

(PERMOHONAN *ADDITIONAL***)**

HOSPITAL :_____

JABATAN / UNIT :_____

NAMA PEGAWAI :_____

JAWATAN & GRED :_____

NO. TELEFON :_____

NO	JUMLAH SALINAN	JENIS DOKUMEN	SILA TANDA (✓)
1	1 SALINAN	**BORANG PERMOHONAN ADDITIONAL** NO SIRI BORANG:	
2	1 SALINAN	**SIJIL AMALAN TAHUNAN (APC)** SILA SERTAKAN APC TAHUN SEMASA (WAJIB) DAN APC TAHUN BERIKUTNYA (SEKIRANYA TELAH ADA)	
3	1 SALINAN	**SIJIL PRIVILEGING SEMASA**	
4	1 SALINAN	**SUMMARY OF ADDITIONAL PROCEDURE** PERLU DISAHKAN KETUA JABATAN	
5	1 SALINAN	**LOGBOOK** PERLU DISAHKAN KETUA JABATAN	