

CHECKLIST FOR CREDENTIALING & PRIVILEGING APPLICATION SPECIALIST

NAME :

DEPARTMENT :

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| **NO** | **SUBJECT** | **YES** |
| **Applicant** | **Secretariat** |
| 1 | APPLICATION FORM |  |  |
| 2 | CURRICULUM VITAE WITH PHOTOGRAPH |  |  |
| 3 | COPY OF MMC FULL REGISTRATION |  |  |
| 4 | COPY OF LATEST APC |  |  |
| 5 | COPY OF NSR |  |  |
| 6 | COPY OF ACADEMIC QUALIFICATIONS |  |  |
| 7 | COPY OF C&P CERTIFICATE FROM OTHER HOSPITAL (if any) |  |  |
| 8 | CREDENTIALING BY MOH/GAZETTMENT LETTER |  |  |
| 9 | EVIDENCE OF COMPLETION OF RESIDENCY PROGRAM OR STRUCTURED TRAINING (if applicable) |  |  |
| 10 | CHECKLIST OF CORE PROCEDURE OR SPECIALISED PROCEDURE |  |  |