

CHECKLIST FOR CREDENTIALING & PRIVILEGING APPLICATION (VISITING SPECIALIST/CONSULTANT/LOCUM)

NAME :

DEPARTMENT :

IC :

|  |  |  |
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| **NO** | **SUBJECT** | **YES** |
| **Applicant** | **Secretariat** |
| 1 | APPLICATION FORM |  |  |
| 2 | COPY OF C&P CERTIFICATE FROM OTHER HOSPITAL (If any) |  |  |
| 3 | CHECKLIST OF CORE PROCEDURE OR SPECIALISED PROCEDURE |  |  |
| 4 | LETTER OF APPROVAL FROM CURRENT EMPLOYER (for Locum) |  |  |
| 5 | COPY OF LATEST APC |  |  |