

CHECKLIST FOR CREDENTIALING & PRIVILEGING APPLICATION MEDICAL OFFICER

NAME :

DEPARTMENT :

IC :

|  |  |  |  |
| --- | --- | --- | --- |
| **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 LOGBOOK |  |  |
| 6 | COPY OF ACADEMIC QUALIFICATION |  |  |
| 7 | COPY OF C&P CERTIFICATE FROM OTHER HOSPITAL (if any) |  |  |
| 8 | CHECKLIST OF CORE PROCEDURE OR SPECIALISED PROCEDURE |  |  |
| 9 | EVIDENCE OF COMPLETION OF RESIDENCY PROGRAM OR STRUCTURED TRAINING  (if applicable) |  |  |