

CHECKLIST FOR CREDENTIALING & PRIVILEGING APPLICATION PHARMACIST/NURSES/ ASSISTANT MEDICAL OFFICER/ AHP

NAME :

DEPARTMENT :

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| **NO** | **SUBJECT** | **YES** | |
| **Applicant** | **Secretariat** |
| 1 | APPLICATION FORM |  |  |
| 2 | CURRICULUM VITAE WITH PHOTOGRAPH |  |  |
| 3 | COPY OF REGISTRATION WITH RELEVANT  BOARD (e.g: Nursing Board etc) |  |  |
| 4 | COPY OF LATEST APC |  |  |
| 5 | COPY OF ACADEMIC QUALIFICATION |  |  |
| 6 | COPY OF C&P CERTIFICATE FROM OTHER HOSPITAL (If any) |  |  |
| 7 | LOGBOOK (If applicable) |  |  |
| 8 | CHECKLIST OF CORE PROCEDURE OR SPECIALISED PROCEDURE |  |  |