

**CHECKLIST FOR RENEWAL OF CREDENTIALING & PRIVILEGING APPLICATION**

NAME :

DEPARTMENT :

IC :

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** | **SUBJECT** | **YES** | |
| **Applicant** | **Secretariat** |
| 1 | APPLICATION FORM FOR RENEWAL |  |  |
| 2 | WRITTEN VERIFICATION OF EDUCATION/ CERTIFICATION/ TRAINING/ LOGBOOK, SINCE LAST PRIVILEGING  (if there are additional privileges requested) |  |  |
| 3 | COPY OF LATEST APC |  |  |