

CHECKLIST FOR ADDITIONAL CLINICAL PRIVILEGING APPLICATION

NAME :

DEPARTMENT :

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| **NO** | **SUBJECT** | **YES** |
| **Applicant** | **Secretariat** |
| 1 | APPLICATION FORM FOR ADDITIONAL CLINICAL PRIVILEGES |  |  |
| 2 | WRITTEN VERIFICATION OF EDUCATION/ CERTIFICATION/ TRAINING |  |  |
| 3 | CHECKLIST OF CORE PROCEDURE OR SPECIALISED PROCEDURE |  |  |