**APPLICATION FOR ADDITIONAL CLINICAL PRIVILEGES**

**HOSPITAL UiTM**

NAME  **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IDENTIFICATION CARD NUMBER **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AREA / DICIPLINE / SPECIALITY **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PERIOD COVERED  **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I REQUEST ADDITIONAL PRIVILEGES IN **:**

a. Core Procedure :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Special procedures in ( area) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the Head Of Department, I have reviewed with the applicant the specified additional privileges that are being requested, the education, training, and / or experience identified support this assertion of competence in privileges requested. this education training and / or experience have been verified with the primary source, see attached.

|  |
| --- |
| **RECOMMENDATION BY HEAD OF DEPARTMENT** |
| Approved Disapproved  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Head of Department \_\_\_\_\_\_ |

|  |
| --- |
| **RECOMMENDATION BY THE HUiTM CREDENTIALING & PRIVILEGING TECHNICAL COMMITTEE:** |
| Date Reviewed:  |
| Modifications to above privileges;Yes No  |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Chairman of the Committee  |

|  |
| --- |
| **APPROVAL BY THE HUiTM CREDENTIALING & PRIVILEGING COMMITTEE:** |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date Chairman of the Committee  |
| Certificate Issued On : ...........................Serial No. Of Certificate : .......................  |