

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 |  |  |

**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.

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

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

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