



CHECKLIST FOR CREDENTIALING & PRIVILEGING APPLICATION (VISITING SPECIALIST/CONSULTANT/LOCUM)

NAME :

DEPARTMENT :

IC :

NO	SUBJECT	YES	
		Applicant	Secretariat
1	APPLICATION FORM		
2	COPY OF C&P CERTIFICATE FROM OTHER HOSPITAL (If any)		
3	CHECKLIST OF CORE PROCEDURE OR SPECIALISED PROCEDURE		
4	LETTER OF APPROVAL FROM CURRENT EMPLOYER (for Locum)		
5	COPY OF LATEST APC		



**APPLICATION FOR CREDENTIALING & PRIVILEGING
HOSPITAL UiTM
(EXTERNAL/VISITING SPECIALIST/LOCUM)**

A. PERSONAL DETAILS

1	Name	
2	Address	
3	Telephone (Office)	
4	Telephone (Personal)	
5	E-mail address	
6	Current Employee	
7	Current Position	

B PROFESSIONAL QUALIFICATIONS:

No.	Qualification (Bachelors degree/ Masters/ Fellowship/ Diploma/ Post Basic etc.)	Place (University/ College etc.)	Year
1			
2			
3			
4			
5			

C REGISTRATION

1. For Medical Practitioner

No.	Type of registration	Date	Registration number
1	MMC Full Registration		
2	Annual Practicing Certificate		
3	NSR Registration		
4.	Credentialing and Privileging Certificate (Please provide copy)		



D REQUEST FOR APPROVAL OF PRIVILEGES

I would like to apply for the staff position and its corresponding privileges listed below to enable me to perform clinical functions in Hospital UiTM.

A. Staff Position	
B. Specialty Area	
C. Core Privileges (broad area, e.g. Medicine)	
D. Special Privileges (in area)	
E. Research	

Have the privileges you are requesting been granted to you at previous place of employment?

Yes		No	
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E PROFESSIONAL INSURANCE COVER (if available)

1. Professional Insurance Cover

1	Professional Insurance Cover	Yes	No
	If yes, provide letter of undertaking		
	Name of Insurance provider	Policy Number	Period of cover
1			
2			

F NAME OF REFEREES

1	Name of Referee			
	Designation			
	Mailing address			
	Phone contact		E-mail address	
2	Name of Referee			
	Designation			
	Mailing address			
	Phone contact		E-mail address	



I authorize the Hospital UiTM Credentialing & Privileging Committee to consult with all persons or places of employment or education that may have information bearing on professional qualifications and competence to carry out the credentials I have requested. I release from liability all those who provide information in good faith and without malice in response to such inquiries.

I hereby certified all the above information is true.

Signature of Applicant

Date



**RECOMMENDATION BY CREDENTIALING & PRIVILEGING TECHNICAL COMMITTEE /
DEPARTMENT C&P SUBCOMMITTEE**

This Application: Recommended Not Recommended

Comments :
.....

Chairman of Technical Credentialing & Privileging Committee

Date :

APPROVAL BY CREDENTIALING & PRIVILEGING COMMITTEE

This Application: Recommended Not Recommended

Comments :
.....

Chairman of Credentialing & Privileging Committee

Date :

Certificate Issued On :

Serial No. Of Certificate :