

CHECKLIST OF NEW APPLICATION FOR HOSPITAL PRIVILEGING
(FOR SPECIALIST/ MEDICAL OFFICER)

Name _____ No K/P _____

Dept : _____

- | | |
|--|--------------------------|
| 1. Application form – (HSIS_PRIV_APP) | <input type="checkbox"/> |
| 2. Log book | <input type="checkbox"/> |
| 3. Copy of Medical Degree/ Certificate | <input type="checkbox"/> |
| 4. Copy of MMC | <input type="checkbox"/> |
| 5. Copy of latest Annual Practicing Certificate (APC) | <input type="checkbox"/> |
| 6. Copy of Credentialing Certificate (if applicable) | <input type="checkbox"/> |
| 7. Copy of Post Graduate Degree – Master /MRCP/ MRCOG or equivalent
(if applicable) | <input type="checkbox"/> |
| 8. NSR/ Surat pewartaan KKM (if applicable) | <input type="checkbox"/> |

*All photocopied certificates must be certified

Checked by:

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Signature of the Applicant

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DPC