

**HOSPITAL SULTAN IDRIS SHAH, SERDANG
APPLICATION FOR PRIVILEGING**

(For Office Use Only)

1. Personal Details

Name :
I/C No:
Home Address :
MMC No:
Telephone : Office:
Mobile:

Staff Position:

Consultant Specialist Medical Officer

Medical Officer (Master Student) Others

Specialty:

Grade of Position:

Duration of service in the above staff position:

Date of appointment to MOH (if applicable):

2. Personal Qualification / Training

2. Professional Qualifications

2.1 Basic Qualifications:

Qualification: _____

University/Awarding body: _____

Date of Qualification: _____

2.2 Post Graduates Qualifications:

Qualification: _____

University/Awarding body: _____

Evidence of qualification

Yes

No

Yes

No

Date of qualification: _____

Date of Gazettement: _____

Duration of experience after qualified: _____

2.3 Subspecialty Training:

Qualification: _____ Yes

University/Awarding body: _____ No

Date of completed training: _____

Date of Gazettement: _____

Duration of experience after Subspecialty Training: _____

(Please attach copies or other evidence of any qualifications)

2.4 Other relevant structured training:

(Structured training is defined as an accredited formal training pertaining to an area of relevant skills with the presence of designated supervisor)

Area of Training	Place of Training	Date of Training	
		(From)	(To)

(Please attach copies of supervisor's report for any structured training)

3. Previous Appointment RELEVANT to PROCEDURES requested

(List chronologically, attach separate list if insufficient space)

Hospitals/Institutions	Department	Date	
		(From)	(To)

4. Registration

Evidence of registration

Date of Full Registration with Malaysian Medical Council:

Yes

Full Registration Number with Malaysian Medical Council:

No

Date of Gazettement / Special Registration of Basic Specialty (if applicable) :

Yes

Date of Gazettement / Special Registration of Subspecialty (if applicable) :

No

(Please attach 1 copy of gazettelement letter or Special Register Certificates)

I apply to be privileged in the following procedures: -

Basic Specialty (e.g. General Surgery, Internal Medicine)

Subspecialty (e.g. Colorectal surgery, Maternal-Fetal Medicine)

Specialized Procedures

Please specify the procedures that you wish to perform. *(Please refer to the Guidelines for Credentialing for the list of procedures that you wish to perform. If more room is needed, please list on a separate sheet)*

Name of Procedures:

Core Procedure	Specialized Procedure
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

**PLEASE PROVIDE EVIDENCE OF TRAINING.
PLEASE ATTACH LOG BOOK FOR DETAILS OF TRAINING.**

5. Please list at least two referees familiar with your clinical skills.

NAME	POSITION	ADDRESS
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1.

2.

I authorize Hospital Serdang 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 privileges I have requested. I release from liability all those who provide information in good faith and without malice in response to such inquiries.

Signature of Applicant _____

Date:

Note

- All applicants must attach copies or other evidence of any qualifications, structured training, continuing education and current registration detailed in the application form. Copies of evidences of qualifications, training and experience should be authenticated.*
- A separate typed curriculum vita may be attached in support of this application*

APPLICANT APPRAISAL BY SUPERVISOR / DPC

Please provide the following information

Please complete the following assessment of the applicant's ethical and professional qualifications.

Please tick (v) at the appropriate box.

	Below Average	Average	Above Average
Clinical knowledge			
Clinical skills			
Professional Clinical Judgement			
Sense of clinical responsibility			
Ethical conduct			
Cooperativeness, ability to work with others			
Documentations/Medical record timeliness & quality			
Teaching skills			
Compliance with hospital rules & regulations			

