SENARAI SEMAK PERMOHONAN PEMBAHARUAN SIJIL (*RE-CREDENTIALING*) HEMODIALISIS BAGI PENOLONG PEGAWAI PERUBATAN DAN JURURAWAT

Sila tandakan √ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan √
1.	Borang permohonan baru ***APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE*** **Rcred 1- (2018)** diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangan oleh:- a. **Hospital berpakar**: Ketua Jabatan Nefrologi. b. **Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal Nefrologi.	☐
2.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	2.1 Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	☐
	2.2 Sijil *Credentialing* yang bakal tamat tempoh.	☐
	2.3 Sijil Pos Basik/ Diploma Lanjutan Perawatan Renal	☐

Nota : *Borang permohonan bagi Memperbaharui Sijil Credentialing mesti dipohon dan dihantar 6 (enam) bulan sebelum tarikh tamat tempoh Sijil Credentialing.
*****Sijil Credentialing tamat tempoh melebihi 1 tahun perlu membuat permohonan baru.***

Borang Permohonan *Credentialing* boleh dimuat turun dari portal KKM:
www.moh.gov.my.– *Credentialing Assistant Medical Officer & Nurses*

Alamat untuk menghantar Borang Permohonan :

1) PENOLONG PEGAWAI PERUBATAN

KETUA PENOLONG PEGAWAI PERUBATAN
CAW. PERKHIDMATAN PENOLONG PEGAWAI PERUBATAN
BAHAGIAN AMALAN PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA
ARAS 6, BLOK E1, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62590 PUTRAJAYA
Tel : 03 8883 1370
Faks : 03 8883 1490

2) *JURURAWAT*

PENGARAH
BAHAGIAN KEJURURAWATAN
KEMENTERIAN KESIHATAN MALAYSIA
LOBI 3, ARAS 3, BLOK E7, KOMPLEKS E, PERSINT 1
PUSAT PENTADBIRAN KERAJAANPERSEKUTUAN
62590 PUTRAJAYA

Tel : 03 8883 3543/3544
Faks : 03 8890 4149

Disemak oleh: .....

No. Tel : .....

APPLICATION FOR RENEWAL OF CREDENTIALING CERTIFICATE

Name of Hospital : ……..……..

Name of Applicant: ……..……..

Identity Card No : ……..……..

Position : .....

Tel. Number : Office: ..... Mobile: .....

Email Address : .....

Area of recredentialing applied for (*tick in the appropriate box*) :

[ ] Perioperative
[ ] Ophthalmology
[ ] Emergency Medicine & Trauma Services
[ ] Intensive Care Nursing
[ ] **Dialysis Care**:
  [ ] **Haemodialysis**
  [ ] Peritoneal Dialysis
[ ] Anaesthesiology & Intensive Care Services:
  [ ] Anaesthesia
  [ ] Peri-anaesthesia
  [ ] Intensive Care
[ ] General Paediatric Nursing
[ ] Neonatal Nursing
[ ] Pre Hospital Care Services

[ ] Orthopaedic Services
[ ] Endoscopy Services
[ ] Cardiovascular Perfusion
[ ] Peri-Anaesthesia Care (P.A.C)
[ ] Diagnostic Radiography
[ ] Radiation Therapy
[ ] Physiotherapy
[ ] Occupational Therapy
[ ] Dental Technology
[ ] Optometry
[ ] Dietetic
[ ] Speech Language Therapy
[ ] Audiology

Presently Credentialed from ……..……..... till .....…….....

Present Credentialing Certificate No.: ……..

Current *APC* No.: ……..

PLACE OF WORK SINCE OBTAINING CREDENTIALING CERTIFICATE

Please use additional sheets for extra space

Hospital	Place of work	Duration (From – Till)

DECLARATION

I request to renew my credentialing certificate in the above area for a period of 3 years. I hereby declare the information given is correct.

Date: …… Applicant's Signature.....

RECOMMENDATION BY HEAD OF DEPARTMENT NEPHROLOGY @ VISITING NEPHROLOGIST

I certify that the above information is correct and this application is:

[ ] recommended

[ ] not recommended.

…….....……..... Date : ……

Signature

Official stamp :

DECISION OF SPECIALTY SUB-COMMITTEE (SSC)

This application is [ ] Approved [ ] Deferred* [ ] Rejected*

*Reasons: …….

……

……

Signature …… Date ……..

The above decision will be forwarded to the National Credentialing Committee (NCC) meeting for endorsement.