SENARAI SEMAK PERMOHONAN BAHARU (*CREDENTIALING*)
PRE HOSPITAL CARE

Sila tandakan √ jika berkenaan dalam kotak yang disediakan:

Bil.	Maklumat	Tandakan √
1.	Borang permohonan baru ***APPLICATION FOR CREDENTIALING*** **Cred 1- (2018)** diisi dengan lengkap oleh pemohon dan mesti mendapatkan sokongan serta ditandatangan oleh:- a. **Hospital berpakar**: Ketua Jabatan Kecemasan & Trauma. b. **Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal Perubatan Kecemasan	☐
2.	Borang *Grading For Credentialing in Emergency Services* **(*Form B*)** mesti ditandatangan oleh:- a. **Hospital berpakar**: Ketua Jabatan Kecemasan & Trauma. b. **Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal Perubatan Kecemasan	☐
3.	Ringkasan buku log yang ditandatangan oleh *assessor* dan disahkan oleh:- a. **Hospital berpakar**: Ketua Jabatan Kecemasan & Trauma. b. **Hospital tanpa pakar**: Pakar Perunding Lawatan Klinikal Perubatan Kecemasan	☐
4.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	4.1 Perakuan Pendaftaran Sebagai Pembantu Perubatan/ Jururawat	☐
	4.2 Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	☐
	4.3 Sijil lulus *National PHCS ALS*	☐
	4.4 Pos Basik AEMTC /ADEC (Sub PHC)	☐
	4.5 Sijil lulus BLS, ALS dan TLS/ PHC Level 2 yang diiktiraf setaraf oleh NCORT	☐
5.	Gambar beruniform berukuran passport.	☐

Borang Permohonan Baru *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 3543/354
Faks : 03 8890 4149

Disemak oleh: .....
No. Tel : .....

APPLICATION FOR CREDENTIALING

HOSPITAL: _____

DATE OF APPLICATION: _____

1. PERSONAL DETAILS

Name: ……

Identification Card Number: ……

Area/ Discipline/ Specialty: ……

Photo

Staff position : Nurse ☐

Assistant Medical Officer ☐

AHP ☐ Please state

……

Telephone Number: Office : …….. Mobile: ……

Email Address : ……

N.B Please (/) in the appropriate box

Date of first appointment : ……,

Duration of service…… years

2. PROFESSIONAL QUALIFICATIONS		
Diploma / Degree / Masters/ etc.	University/ College	Year of qualification

(Please attach certified copies of degree /diploma /certificate with the form)

3. POST BASIC TRAINING / RELATED COURSES			
Type of Training	Institution	Duration (month)	Year

(Please attach certified copies of certificates obtained, Please use attachment sheet if space inadequate)

4. WORKING EXPERIENCE (start from the current place of work)			
Discipline	Place	Period (from – till)	Duration

(Use attachment sheet if space inadequate)

5. PROFESSIONAL REGISTRATION

Registered with : …….
(example: Lembaga Jururawat Malaysia, Lembaga Pembantu Perubatan Malaysia, Majlis Optik Malaysia)

Date of Full Registration with respective professional Board/Council : ……..

Current Annual Practicing Certificate No.: …….

(Please attach certified copies of Registration certificate)

6. CREDENTIALING APPLIED

- ☐ Intensive Care Nursing
- ☐ Peri-Operative Care
- ☐ Ophthalmology
- ☐ Emergency Medicine &Trauma Services
- ☐ Dialysis Care ☐ Haemodialysis
  - ☐ Peritoneal Dialysis
- ☐ Anaesthesiology & Intensive Care Services
  - ☐ i. Anaesthesia
  - ☐ ii. Peri-anaesthesia
  - ☐ iii. Intensive Care
- ☐ General Paediatric Nursing
- ☐ Neonatal Nursing
- ☐ Orthopaedic Services
- ☐ Endoscopy Services
- ☐ Peri-Anaesthesia Care (P.A.C)
- ☐ Cardiovascular Perfusion
- ☐ **Pre Hospital Care**
- ☐ Physiotherapy
- ☐ Occupational Therapy
- ☐ Diagnostic Radiography
- ☐ Radiation Therapy
- ☐ Dental Technology
- ☐ Speech Language Therapy
- ☐ Dietetic
- ☐ Audiology
- ☐ Optometry

6.1 Credentialling applied for : ☐ Core Procedures

☐ Specialised Procedures in

a)……..
b)……..
c)……..

☐ Optional Procedures

a) ……..
b) ……..
c) ……..

7. PLEASE NAME TWO REFEREES

NAME	POSITION	PLACE OF WORK

I hereby declare that all the information given above are true and correct.

Signature of applicant: …….

Date: ……

8.PLEASE COMPLETE THE FOLLOWING ASSESSMENT OF THE APPLICANT'S ETHICAL AND PROFESSIONAL QUALIFICATIONS.
Please (√) at the appropriate box.

	Above Average	Average	Below Average	No knowledge
Clinical knowledge				
Clinical skills				
Professional clinical judgment				
Sense of clinical responsibility				
Ethical conduct				
Cooperativeness, ability to work with others				
Documentation/ medical record timeliness & quality				
Teaching skills				
Compliance with hospital rules & regulation				

9. APPLICANT APPRAISAL (to be filled by Supervisor PHC)

9.1 I have known the applicant for.....(duration)

9.2 I recommend / do not recommend the applicant to be credentialed in the field requested. (delete where applicable)

…… Date : ……..

Signature

Official stamp:

Contact No:

10. APPLICATION APPROVAL (By Head of Department Emergency & Trauma @ Visiting Emergency Physician)

…. .....is approved/ not approved for submission to the National Credentialing Committee

…… Date : ……..

Signature

Official stamp:

FOR OFFICIAL USE

SPECIALTY SUB-COMMITTEE (SSC) DECISION

Application Approved ☐

For Reassessment* ☐

Application Rejected* ☐

*Reasons:

……

……

……

Specialty Sub-Committee Chairman …… Date……

Signature

The above decision will be brought to the next NCC meeting for endorsement.

Form B

GRADING FOR CREDENTIALING IN PRE HOSPITAL CARE SERVICES

No.	Criterias	0	1	2	3	4	5
1.	Current medical knowledge						
2.	Leadership qualities						
3.	Professional clinical judgement						
4.	Sense of clinical responsibility						
5.	Ethical conduct						
6.	Clinical skill						
7.	Cooperativeness, ability to work with others						
8.	Teaching skill						
9.	*AHP-patient relationship						
10.	*AHP-physician understanding						
11.	Compliance with hospital rules and regulations						
12.	Personality						
13.	Research and development/Publication						
14.	Pre hospital Care						
15.	Medical standby/Disaster management						
Grand Total							

Grading	Credentialing Eligibility
Less than 15	Not qualified
16 - 25	Pending
26 - 59	Qualified
60 and above	Qualified with excellent

*AHP = Allied Health personnel

Comment : ……

……

……

……

Signature & Stamp:

HOD Emeregncy & Trauma/ Visiting EP

PRE HOSPITAL CARE SERVICES
SUMMARY OF LOG-BOOK FOR CORE PROCEDURES

A. Personal Details

Name:

Identification Card Number:

No	1. Dispatch and Communication Procedures	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
1.1	Ability to provide dispatch cpr instructions			5					
1.2	Ability To Manage and Triage Emergency Calls Including METHANE			5					
1.3	Ability To Provide Delivery and Management of Newborn Instructions (Normal Delivery)			5					

No	2. Scene Assessment and Safety	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
2.1	Scene assessment in primary response			5	5				
2.2	Scene and risk assessment in medical standby			1	3				
2.3	Scene Staging in Multiple Casualty Incident			2	1				

No	3. Airway Procedures	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
3.1	Insertion of airway adjuncts (oropharyngeal or nasopharyngeal airway)**		2		10				
3.2	Sellick's Maneuvre**		1		5				
3.3	Insertion of supraglottic devices			10	1				
3.4	Perform tracheal bronchial suctioning		1		5				
3.5	Perform adult endotracheal intubation (crash airway)			10	1				
3.6	Removal of foreign body (ent) using direct or indirect methods			5	5				

No	4. Breathing and Ventilation	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
4.1	Administration of oxygen therapy**				10				
4.2	BiPAP / CPAP**		2		10				
4.3	Needle Chest Decompression			10					
4.4	Chest tube monitoring			1	3				
4.5	ETCO2 / Capnography**			1	3				

No	4. Breathing and Ventilation	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
4.6	Bag Valve Mask Ventilation**		2		10				
4.7	Assemble and Test, Set and Change Parameters of Ventilator			1	3				
4.8	Assess the Severity of Acute Bronchial Asthma / COAD Prepare, Prescribe and Administer Nebulizers		2	10					

No	5. Circulation	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
5.1	Intravenous Cannulation**				10				
5.2	Intraosseous			10					
5.3	Central Line Cannulation - Femoral and External Jugular Vein			10					

No	6. Cardiac Care	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
6.1	AED / Manual Defibrillation			1	5				
6.2	Cardioversion			6					
6.3	Carotid Massage			1	5				
6.4	Transcutaneous Pacing			1	1				

No	7. Trauma Care	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
7.1	Restriction of Spinal Movement		2		5				
7.2	Extrication of Seated Trauma Patient		2	5					
7.3	Extremity Splinting		2		5				
7.4	Traction Splinting		2		5				
7.5	Torniquet Application and Care		2	5					
7.6	Cervical Immobilization		2		5				
7.7	Application of Pelvic Binders/ Immobilisers		2		5				
7.8	Apply hemorrhage control principles in open wound		2		5				
7.9	Perform hemostatic suturing		2		5				
7.10	Management Of Patient With Evisceration			10					
7.11	Management of patient with impaled foreign object			10					
7.12	Management and Handling Amputation Injury and Amputated Limb			5					

No	8. PPE and Infection Control	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
8.1	PPE Level 2				5				
8.2	PPE Level 3			3					
8.3	PPE Level 4			2					
8.4	Decontamination of Vehicle and Equipment		2		5				
8.5	Decontamination of Person (CBRN)			5					

No	9. Transportation of Patient (Manual Handling)	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
9.1	Emergency move of patients		2		3				
9.2	Non Emergency Move		2		3				

No	10. Communications Skills	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
10.1	Radio Communication			1	5				

No	11. Drugs	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
11.1	Proper Application of 7R in Drug Administration				5				
11.2	Knowledge on use of adenosine			1					
11.3	Knowledge on use of adrenaline			1					
11.4	Knowledge on use of amiodarone			1					
11.5	Knowledge on use of aspirin			1					
11.6	Knowledge on use of atropine			1					
11.7	Knowledge on use of dextrose solution			1					
11.8	Knowledge on use of diclofenac sodium			1					
11.9	Knowledge on use of furosemide			1					
11.10	Knowledge on use of lidocaine			1					
11.11	Knowledge on use of magnesium sulphate			1					
11.12	Knowledge on use of midazolam			1					
11.13	Knowledge on use of morphine			1					
11.14	Knowledge on use of naloxone			1					
11.15	Knowledge on use of nitroglycerine			1					
11.16	Knowledge on use of nitrous oxide			1					
11.17	Knowledge on use of salbutamol			1					

No	12. Patient Movement And Tarnsportation	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
12.1	Emergency move of patients		2		3				
11.2	Patient transfer methods		2		4				

No	13. Disaster Management	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
13.1	Field triage			10					
13.2	Scene staging in multiple casualty incident			2	1				
13.3	Decontamination in CBRN incident			5					

No	14. Simulation On Patient Assessment And Intervention	Required				Done			
		O	A	P(S)	P	O	A	P(S)	P
14.1	Assessment and management of patient in respiratory distress			1					
14.2	Assessment and management of patient with bronchial asthma			1					
11.3	Assessment and management of unconscious patient			1					
11.4	Assessment and management of trauma patient with hemorrhage			1					
11.5	Assessment and management of trauma patient with chest injury			1					
11.6	Assessment and management of trauma patient with abdominal injury			1					
11.7	Assessment and management of patient with failed airway			1					

O – Observe ; A – Assist ; P(S) – Perform in simulation, skill station setting;

P – Perform in clinical setting.

C. VERIFICATION BY HEAD OF DEPARTMENT OR SUPERVISOR

I have reviewed the applicant's log-book and verify the information provided above with the primary source. I also verify that the applicant has successfully completed his log-book requirement.

_____

Signature of Head of Department or Credentialed Supervisor

Date:

Chop: