SENARAI SEMAK PERMOHONAN PEMBAHARUAN SIJIL
(*RE-CREDENTIALING*) *CARDIOVASCULAR PERFUSION*
BAGI PENOLONG PEGAWAI PERUBATAN

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 Ketua unit/ Pakar Kardiotorasik Anestesiologi & Perfusi	☐
2.	Ringkasan buku log yang ditandatangan oleh *assessor* dan disahkan oleh Ketua Unit/ Pakar Kardiotorasik Anestesiologi & Perfusi.	☐
3.	Salinan Sijil Perlu **Disahkan** Oleh Pegawai Pengurusan & Profesional (U41 ke atas):-	
	3.1 Perakuan Pendaftaran Tahunan *Annual Practising Certificate* (APC) Jururawat / Penolong Pegawai Perubatan - (APC tahun terkini).*	☐
	3.2 Sijil *Credentialing* yang bakal tamat tempoh.	☐
	3.2 Sijil Diploma Lanjutan Perawatan Kesihatan Kardiovaskular (Perfusi)	☐

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 :

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

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 Care
[ ] 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/ UNIT

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.

PROGRESS REPORT
CLINICAL PRACTICE RECORD

Name :.....

No. I/C :.....

Month : .....

*Note: This summary clinical practice record has to be prepared at the end of each month.

	Type of Procedure	Minimum numbers of satisfactory performance required	Cumulative numbers of satisfactory performance achieved from start of log
Core Procedures	Conduct of CPB for CABG / valve / adult congenital heart surgery	50	
	Set-up of intra-aortic balloon pump	5	
	Perform intra operative red cell salvage with cell saver	5	
Optional Procedures	Conduct of CPB using centrifugal pump	-	
	Conduct of CPB using VAVD	-	
	Conduct of CPB for thoracic aortic surgery	-	
	Perform ultrafiltration during CPB	-	
Specialize Procedures	Extracorporeal Membrane Oxygenation	-	
	Neonatal and Paediatric Perfusion	-	

Comments By Head Of Unit/ Cardiothorasic Anaesthesiologist Perfusion:

Signature of Assessor :

.....

(Name / Stamp)

Date :

Verified by Head Of Unit/Cardiothorasic Anaesthesiologist Perfusion:

.....

(Name / Stamp)

Date: