

CP (HQEII)-1

APPLICATION FOR PRIVILEGING

HOSPITAL QUEEN ELIZABETH II

Personal Details

Name :

I/C or Passport No. :

Designation :

1. Current Professional Status / Professional Qualifications:

Post Basic / Diploma / Degree / Masters / etc.	University / colleges	Year of Qualification

2. Registration

Date of full Registration with *MMC / MNB / MAB:

.....

Registration No:

.....

Current Annual Practicing Certificate No:

.....

**MMC-Malaysian Medical Council; MNB-Malaysian Nursing Board; MAB- Malaysian Medical Assistant Board*

3. Request for Approval of Privileges

I would like to apply for privileging in the following procedures:
(attach a separate sheet if necessary)

1.
2.
3.
4.
5.

Herewith is my log book as supporting document.

.....
Signature of Applicant

.....
Date

4. Comment by the Head of Department.

I have reviewed the competency of this applicant and support his / her application for privileging in the following procedures for :

No	Procedures	Years	Comment
1.			
2.			
3.			
4.			
5.			

(please attach a separate sheet if necessary)

.....
Head of Department

.....
Date

5. Decision by Hospital Privileging Committee

Approved : **YES / NO**

Modifications or approved part of above privileges request as below :

No.	Procedures	Years	Comment
1.			
2.			
3.			
4.			
5.			

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Chairperson
Hospital Privileging Committee

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Date