

HOSPITAL QUEEN ELIZABETH KOTA KINABALU
DEPARTMENT OF

APPLICATION FOR PRIVILEGING

1. Personal Details

Name:

I/C or Passport No.:

Designation:

2. Current Professional Status

Professional Qualifications:

Postbasic / Diploma / Degree / Masters / etc.	University / Colleges	Year of Qualification

3. 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

4. Request for Approval of Privileges

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

- | | |
|--------|--------|
| 1..... | 4..... |
| 2..... | 5..... |
| 3..... | 6..... |

Herewith is my log book as supporting document.

.....
Signature of Applicant

.....
Date

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 :

	Procedures	Years
1.		
2.		
3.		
4.		
5.		

(please attach a separate sheet if necessary)

.....
Head of Department

.....
Date

Decision by Hospital Privileging Committee

Approved all : YES / NO

Modifications or approved part of above privileges request as below:

	Procedures	Years

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Chairperson

Hospital Privileging Committee

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Date