	HOSPITAL QUEE	N ELIZABETH KOTA KIN	ABALU	
	DEPARTMEN	NT OF		
	APPLICA	TION 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 No.:	on with *MMC / MNB / MAE		

3.

*MMC – Malaysian Medical Council; MNB – Board	Malaysian Nursing Board; MAB - Malaysian Medical Assistant
4. Request for Approva	l of Privileges
would like to apply for privile	eging in the following procedures: (attach
a separate sheet if necessar	
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	Date
Signature of Applicant Comment by the Head of De	epartment
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Decision by Hospital Privileging Committee						
Approved all: YES / NO						
Modifications or approved part of above privileges request as below:						
Procedures		Years				
	3.					
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Chairperson	Date					
Hospital Privileging Committee						