KEMENTERIAN KESIHATAN MALAYSIA
HOSPITAL KEMAMAN
Privileging Competency Assesment Form

Name : _____
Position : _____
Department : _____
Privileging No. : _____
Year : _____

Bil	Procedure / Activities	Competent*			Supervisor Signature
		Y	N	NI	

***Competency: Yes (Y), No (N), Need Improvement (NI)**

……. (*Applicant Name*) has demonstrated satisfactory skills in performing above procedure listed. With an acceptable understanding of the intricacies involved, consistently execute the procedure with precision and attention to detail.

He / She exhibits adequate level of proficiency, ensuring adherence to established protocols and guidelines throughout the process. Granting privileges to him / her is not only warranted but also aligns with our commitment to maintain the standards of quality and safety. He / she proven track record, expertise, and dedication make him / her a valuable asset, and I agree / do not agree to recommend ……. (*Applicant Name*) for privileging in the procedure listed above.

Head of Department,

……..