CHECKLIST FOR CREDENTIALING & PRIVILEGING APPLICATION

MEDICAL OFFICER

NAME :

DEPARTMENT :

IC :

NO	SUBJECT	YES	
		Applicant	Secretariat
1	APPLICATION FORM		
2	CURRICULUM VITAE WITH PHOTOGRAPH		
3	COPY OF MMC FULL REGISTRATION		
4	COPY OF LATEST APC		
5	COPY OF LOGBOOK		
6	COPY OF ACADEMIC QUALIFICATION		
7	COPY OF C&P CERTIFICATE FROM OTHER HOSPITAL (if any)		
8	CHECKLIST OF CORE PROCEDURE OR SPECIALISED PROCEDURE		
9	EVIDENCE OF COMPLETION OF RESIDENCY PROGRAM OR STRUCTURED TRAINING (if applicable)		