UNIVERSITI KEBANGSAAN MALAYSIA
The National University of Malaysia

APPLICANT APPRAISAL FOR CLINICAL PRIVILEGES
BY HEAD OF DEPARTMENT / REFEREES

APLICANT APPRAISAL

Name : _____

1. _____ has requested privileges in _____
   Please provide information relative to the scope and level of profesional and clinical competence in the which privileges are sought, health status and fulfillment of responsibility as a member of the medical staff.

2. How long have you known the applicant professionally and what is your relationship?
   _____

3. Staff category of applicant / Grade _____

4. Period for which applicant was granted medical privileges from _____ to _____

5. What specific privileges were granted? See attached requested privileges – you may use this form to specify.

IF THE ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS, PROVIDE DETAILS ON A SEPARATE SHEET.

6. Has this applicant ever been suspended, disciplined or his/her privileges voluntary or involuntary restricted or not renewed ? ☐ Yes ☐No

7. To your knowledge, does this applicant have any existing health problems that could affect his/her medical practice ? ☐ Yes ☐No

PLEASE PROVIDE THE FOLLOWING INFORMATION

8. The number and types of procedures performed by the applicant on record (attach separate sheet).

   The skill and competence demonstrated in performing invasive procedures (include information on appropriateness, outcome and the number of procedures performed).

   General comments:

   _____

   _____

   _____

   _____

9. Please address the applicant's clinical judgment and technical skills as reflected in the results of quality assurance activities and peer review.

_____

_____

_____

10. Please complete the following assessment of the applicant's ethnical and professional qualifications. Please tick (✓) at the appropriate box.

	Average	Above Average	Below Average	No Knowledge
Clinical knowledge	☐	☐	☐	☐
Clinical skills	☐	☐	☐	☐
Professional clinical judgment	☐	☐	☐	☐
Sense of clinical responsibility	☐	☐	☐	☐
Ethical conduct	☐	☐	☐	☐
Co operative, ability to work with others	☐	☐	☐	☐
Documentation/ medical record timeliness & quality	☐	☐	☐	☐
Teaching skills	☐	☐	☐	☐
Compliance with hospital rules & regulations	☐	☐	☐	☐

PLEASE PROVIDE THE FOLLOWING INFORMATION

_____ Recommend highly

_____ Recommend without reservation

_____ Recommend with some reservation

_____ Do not recommend

RECOMMENDATION BASED ON: *(May Choose More Than One)*

_____ Close personal observation

_____ General impression

_____ Composite of evaluation by supervisors

_____ Other _____

PLEASE PROVIDE ADDITIONAL COMMENTS ON THIS APPLICANT WITHIN THE FRAMEWORK OF THE ATTACHED PRIVILEGES

COMMENTS

I hereby certified all the above information is true.

Signature

Date

Name of Department/Unit :

Contact No. :