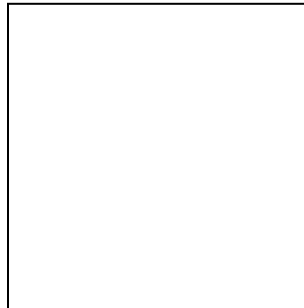


APPLICATION FOR LETTER OF CREDENTIALING AND PRIVILEGING
(CHAPTER 1)

1. PERSONAL DETAILS



Full Name : _____

NRIC / Passport No. : _____

Malaysian Medical Council Reg. No.: _____

Current Annual Practicing Certificate No. /Year: _____

Clinic/Hospital Name : _____

Home Address : _____

Telephone no. office : _____ Mobile: _____

Fax no. : _____ E-mail: _____

2. PERSONAL QUALIFICATION / TRAINING

Basic Qualification:

Qualification : _____

University/Awarding body : _____

Date of Qualification : _____

Work Experience

PERIOD	PLACE OF PRACTICE	POSITION

Post Graduate Qualification: (If applicable)

Qualification : _____

University/Awarding body : _____

Date of qualification : _____

Years of aesthetic medical practice experience (part time/full time): _____

Information on Professional Indemnity

Name of insurance provider : _____

Type of insurance : _____

Period of coverage : _____

Policy number : _____

Note: Upon approval of the Letter of Credentialing & Privileging, medical practitioners performing aesthetic medical practice should have appropriate professional indemnity.

3. DECLARATION TO PERFORM AESTHETIC MEDICAL PROCEDURES

Please attach with this application form, a copy of the certificate obtained (overseas or local training), details of training courses, organizers, trainer(s)' name and CV if necessary, details of hands-on experience, duration of course and examinations / tests.

Type of Treatment and Procedure	Tick	No. of Procedures Performed	Name of Trainers/Supervisors	Title of Certificate Obtained
NON-INVASIVE				
Chemical peel (Superficial)				
Microdermabrasion				
Intense pulsed light (IPL)				
MINIMALLY INVASIVE				
Chemical peel (Medium depth)				
Botulinum toxin injection				
Filler injection - excluding silicone and fat				
Superficial sclerotherapy				
Lasers for treating skin pigmentation				
Lasers for skin rejuvenation (including fractional ablative)				
Lasers for hair removal (e.g. long pulsed Nd:YAG, Diode)				
Skin tightening procedures- radiofrequency, ultrasound, infrared up to upper dermis				

Note:

This list may be subject to review.

Additional Information on Training (if any)

Title of Certificate Obtained	Year Obtained	Name of Organiser	Name(s) of Supervisor/ Trainer	Duration	Details of Assessments (theory/viva/hands-on)

4. NAMES OF TWO REFEREES

Both referees must be Chapter 1 Letter of Credentialing and Privileging of Aesthetic Medical Practice (LCP) holders practising aesthetic medical practice in Malaysia.

REFEREE 1

Name : _____
IC/ Passport No. : _____
MMC No. : _____
APC No. : _____
LCP No. : _____
Telephone No. : Office: _____ Residence: _____ Mobile: _____
Fax No. : _____
Postal Address : _____

Email Address : _____
Referee's Signature : _____

REFEREE 2

Name : _____
IC/ Passport No. : _____
MMC No. : _____
APC No. : _____
LCP No. : _____
Telephone No. : Office: _____ Residence: _____ Mobile: _____
Fax No. : _____
Postal Address : _____

Email Address : _____
Referee's Signature : _____

5. DECLARATION

I declare that the information provided in this application form is true and herein remains unchanged to-date. To the best of my knowledge and belief, I have not withheld any material fact. I understand that my practice may be audited. I also note that I may be required to submit additional details for further assessment / review.

Name of Medical Practitioner

Date

Signature

Please submit your application form and supporting documents to:

**Secretariat Chapter 1
Pertubuhan Doktor Estetik Berdaftar Malaysia (PDEBM)
S62-1 First Floor, Red Carpet Avenue
Encorp Strand Mall
Kota Damansara PJU 5/22
47810 Petaling Jaya
SELANGOR**

**Email : pdebm.lcp@gmail.com
Tel : 012-3138345**

* a processing fee is applicable (kindly refer to the above secretariat)

6. FOR OFFICE USE ONLY

Evidence of adequate training

Please tick the appropriate box

Yes No

Recommendation for procedures requested

List of procedures	Recommendation		Remarks
	Yes	No	

Comments/suggestions:

Chairman of Secretariat
Chapter 1 Aesthetic Medical Practice

()

Date

Chairman of Secretariat
Chapter 1 Aesthetic Medical Practice

()

Date

**7. FOR OFFICE USE ONLY
(Main Credentialing & Privileging Committee)**

7.1 Recommendation for procedures requested

List of procedures	Recommendation		Remarks
	Yes	No	

 Chairman of Main Credentialing
 & Privileging Committee
 ()

 Director of Medical Practice Division
 Ministry of Health Malaysia
 ()

 Date

 Date