LOG BOOK

CREDENTIALING & PRIVILEGING (ALLIED HEALTH PROFESSIONAL)

HOSPITAL RAJA PERMAISURI BAINUN IPOH PERAK

DEPARTMENT:

NAME:

NRIC:

REG. NO.:

MINIMUM NUMBER OF PROCEDURES BY DEPARTMENT

NO	CORE PROCEDURE	OBSERVED	ASSISTED	PERFORMED

Verified by Head of Department:

Date:

MINIMUM NUMBER OF PROCEDURES BY DEPARTMENT

NO	SPECIALIZED PROCEDURE	OBSERVED	ASSISTED	PERFORMED

Verified by Head of Department:

Date:

CORE / SPECIFIC PROCEDURE :……

NO		DATE	PATIENT'S NAME	RN	SIGN & STAMP OF SUPERVISOR
1	OBSERVED				
2					
3					
4					
5					
6					
7					
8					
9					
10					
1	ASSISTED				
2					
3					
4					
5					
6					
7					
8					
9					
10					
1	PERFORMED				
2					
3					
4					
5					
6					
7					
8					
9					
10					

CORE / SPECIFIC PROCEDURE :……

NO		DATE	PATIENT'S NAME	RN	SIGN & STAMP OF SUPERVISOR
1	OBSERVED				
2					
3					
4					
5					
6					
7					
8					
9					
10					
1	ASSISTED				
2					
3					
4					
5					
6					
7					
8					
9					
10					
1	PERFORMED				
2					
3					
4					
5					
6					
7					
8					
9					
10					

SUMMARY OF CORE PROCEDURES

NO	CORE PROCEDURE	OBSERVED	ASSISTED	PERFORMED

SUMMARY OF SPECIALIZED PROCEDURES

NO	SPECIALIZED PROCEDURE	OBSERVED	ASSISTED	PERFORMED

RECOMMENDATION:

As the Head of Department I have reviewed the log book and application for the procedures requested.

☐ Recommended

☐ Not Recommended

If not recommended, kindly state the reason.

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Signature of Head of Department :

Name :

Date :

Re-privileging	**Re-privileging**
Comment: .... Signature of Head of Department : Name : Date :	Comment: .... Signature of Head of Department : Name : Date :