



LOG BOOK

CREDENTIALING & PRIVILEGING (PARAMEDIC)

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				
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1	ASSISTED				
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1	PERFORMED				
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RECOMMENDATION:

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

☐

Recommended

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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:	Comment:
Signature of Head of Department :	Signature of Head of Department :
Name :	Name :
Date :	Date :