

MALAYSIAN MEDICAL COUNCIL

GUIDELINES & APPLICATION FORM FOR

CERTIFICATE OF GOOD STANDING

Please take note:

- a. The following information is provided to assist you.
- b. Please read these notes for guidance before completing the Application Form.
- c. You are expected to observe and comply with ALL the terms and conditions stipulated herein.
- d. Not adhering to any of the requirements may result in undue and unnecessary delay in processing your application.
- e. The Malaysian Medical Council will NOT be held responsible for any delay due to your non-compliance with the terms and conditions set herewith.

1. Pursuant to the **Medical Act 1971**, you are required to **register** with the Malaysian Medical Council (MMC) to practice medicine in Malaysia;
2. You will eligible for a Certificate or Letter of Good Standing (LOGS) **ONLY** if you fulfill **ALL** of the following conditions:
 - 2.1 You are registered with the MMC;
 - 2.2 Your name is still borne in the Malaysian Medical Register (section 11 of the Act);
 - 2.3 There is **NO** disciplinary action pending against you under the **Act**;
 - 2.4 There is **NO** disciplinary action taken against you under the **Act**; **AND**
 - 2.5 You have **NOT** committed any offence against **the Act**;
3. The Council will **NOT** process any LOGS if:
 - 3.1 For its own use;or
 - 3.2 For application to register with the MMC; or
 - 3.3 To practice in Malaysia
4. To apply for the LOGS and certificated translation, you should:
 - 4.1 complete the **application form** enclosed herewith;
 - 4.2 complete **all mandatory fields marked ***;
 - 4.3 fill in the form with **BLOCK LETTERS** (preferably type-written); and
 - 4.4 submit supporting documents, where applicable.
5. Completed application should be submitted to:

***The Secretary,
Malaysian Medical Council,
Block B, Ground Floor,
Jalan Cenderasari,
50590 KUALA LUMPUR.***
6. Application can be submitted in person or via post, fax or e-mail.
7. Upon receipt, you will be promptly notified.
8. You are strongly advised to respond **immediately** to our notification for any shortcomings, if any.
9. You are advised to keep a copy of the **application** submitted for your own reference;

10. **The application will only be processed within 2 (TWO) weeks after receiving the complete documents or 2 weeks before the date that stated in the application form (para 3.1) whichever comes later;**
11. The Council will **ONLY** send the LOGS(s) **directly** to foreign Medical Council(s) or Professional Licensing Authority (ies). Please state clearly the address (es) where it should be posted. You will be notified with relevant copy (ies) once it is sent.
12. The LOGS will be sent to you **via airmail**. Nevertheless, If you want it to be sent through express mail or courier service, please liaise directly with the courier agency for collection. Please take note that the courier fees are under your expenses.
13. Some foreign Medical Council(s) or Professional Licensing Authority (ies) **forbid** practitioners submitting their LOGS personally. However, if you insist to hand it personally, please **contact us**. If you want someone to collect on your behalf, he needs to produce a Letter of Authorization during collection.
14. Each LOGS is **only valid** for a period of **not more than THREE MONTHS** from the date of issuance. You are strongly advised to ensure **WHEN** you need the LOGS and to submit your application accordingly.
15. ALL documents attached should be certified according to the **Guideline for Document Verification**.
16. For translation of Anual Practicing Certificate (APC) , MMC will only provide the translation for the **previous 3 years from the current APC**.
17. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration;
18. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions in either Bahasa Malaysia or English along with certified copies of the document in its original language. Translated documents are only acceptable if carried out by qualified translators or officers of appropriate embassy.
19. Please **contact us** if you;
 - a. Do not hear from us two weeks after the application was submitted ;
 - b. Do not hear from us after processing period is over; and/or
 - c. Require any assistance or have any questions.

Your cooperation is greatly appreciated.

Thank you.

Yours sincerely,



(DR. HJ. WAN MAZLAN BIN HJ. MOHAMED WOOJDY)

Secretary.

Dated: **14 September 2008.**

Revised:

First: **18 December 2008.**

Second: **11 June 2009.**

Third: **22 November 2010**

APPLICATION FORM FOR CERTIFICATE OF GOODSTANDING

1. My Particulars:

- 1.1. Name in full (as in NRIC or passport)*:
- 1.2. a. NRIC Number (for Malaysian): Old*: New*: - -
- b. Passport No.(for Non-Malaysians)*:
- 1.3. Contact Number*: 1.4. Email Address:.....
- 1.5. Correspondence Address*:
 Postal Code:.....
- 1.6. Current Principal place of practice *:
 Postal Code:

2. My Professional Background:

2.1. Qualifications*:(Please add attachment if more space is needed)

Medical degree	Awarding Body/Institutions	Year
• Basic		
• Postgraduate	1.	
	2.	

2.2. My Experience in Malaysia Since Graduation*:(Please add attachment if more space is needed)

Date	Place of Practice	Designation/Post

2.3. Details of Registration*:

- a. Provisional Registration: Date of Issue:/...../..... Number:.....
- b. Full Registration : Date of Issue:/...../..... Number:.....

2.4. Last Annual Practicing Certificate Number*: Date of Issue:/...../..... Number:

2.5. Compulsory Service under Medical Act 1971*:(Please tick ✓ whichever is appropriate)

<input type="checkbox"/>	I am still serving my two/three-year ⁺ Compulsory Service and it is due to end on/...../.....
<input type="checkbox"/>	I completed my two/three-year ⁺ Compulsory Service in(year)
<input type="checkbox"/>	I had not completed my two/three-year ⁺ Compulsory Service and was granted a postponement.
<input type="checkbox"/>	I had not completed my two/three-year ⁺ Compulsory Service and had not applied for a postponement.
<input type="checkbox"/>	(Others – Please Note):

2.6. Disciplinary Action*:(Please tick ✓ whichever is appropriate)

<input type="checkbox"/>	There is no disciplinary action taken or pending against me by the Malaysian Medical Council.
<input type="checkbox"/>	I had a disciplinary action/s taken against me in (state year) and the sentence was.....

3. My Request:

3.1. I wish to apply for a Certificate of Good Standing and I need it by this date*: _____/_____/_____

3.2. Please send the Certificate to the Medical Council / Professional Licensing Authority at the following address*:

Name/position:

Address:.....

.....
(If you want the LOGS to be issued to more than one Medical Councils/ Professional Licensing Authorities, please attach the list & address of the said bodies)

3.3. I will also need the following document(s): *(Please tick ✓ where appropriate)*

<input type="checkbox"/>	English translation of the Provisional Registration Certificate
<input type="checkbox"/>	English translation of the Full Registration Certificate
<input type="checkbox"/>	English translation of the Annual Practising Certificate from to (Note: only <u>ONE</u> copy each for the most recent 3 years will be issued, any extra requirements should be included with documentary support).
<input type="checkbox"/>	Houseman Training Experience Report (Form 6)
<input type="checkbox"/>	English translation of the Temporary Practising Certificate from To

(Please tick ✓ only one box)

<input type="checkbox"/>	Please forward the translation document to the address stated in the para 3.2.
<input type="checkbox"/>	Please forward the translation document to the correspondence address stated in the para 1.5.

3.4. Reason for my application*:*(Please tick ✓ where appropriate and submit supporting documents)*

<input type="checkbox"/>	Emigrating country- (Please Note):.....
<input type="checkbox"/>	Return to own country (Please State The Country):.....
<input type="checkbox"/>	Overseas Studies/Training:(Please attach documentary evidence & state country) :
<input type="checkbox"/>	Overseas short term employment (Please attach employer's letter/state country):
<input type="checkbox"/>	Others:

Signature of Applicant*: Date *:.....

Official Chop * :

Note: * = Compulsory Fields.

+ = Strike off irrelevant fields.

For Official Use:

Data Verification and Comments by Disciplinary Unit: *(Please tick ✓ where appropriate):*

<input type="checkbox"/>	There is NO disciplinary action taken or complaint pending investigation against the practitioner under the Act.
<input type="checkbox"/>	There is a disciplinary action pending or taken against the practitioner under the Act. Remarks:
<input type="checkbox"/>	Other:.....

Name of Officer:.....

Signature:..... Date:/...../.....

MALAYSIAN MEDICAL COUNCIL

GUIDELINE FOR DOCUMENT VERIFICATION

Please take note:


- a. **The following information is provided to assist you.**
- b. **Please read these notes for guidance before submitting your application.**
- c. **You are expected to observe and comply with ALL the terms and conditions stipulated herein.**
- d. **Not adhering to any of the requirements may result in undue and unnecessary delay in processing your application.**
- e. **The Malaysian Medical Council will NOT be held responsible for any delay due to your non-compliance with the terms and conditions set herewith.**

1. This Guideline for Document Verification is to ensure that documents presented by prospective practitioners are genuine and that the holder is the rightful owner.
2. A certified photocopy is considered **valid and acceptable** by the Malaysian Medical Council **only** if it bears the following criteria:
 - 2.1. The document/s is signed by designated or authorized signatories as follows:
 - a. Any public officials holding administrative and professional posts;
 - b. Advocates and solicitors;
 - c. Commissioner for Oaths;
 - d. Notary Public;
 - e. Embassy or Consulate officials holding administrative and professional posts; and
 - f. Justice of Peace.

**For Malaysian graduates from foreign medical universities that wish to apply for registration with the MMC, documentations should be certified by Malaysian government officers stationed in the respective foreign countries.*
 - 2.2. **Every** single page of the documents submitted should be certified.
 - 2.3. **Each** certified documents **shall** bear **ALL** of the following details:
 - a. The name of the person certifying in full;
 - b. In case of a medical practitioner registered with the Malaysian Medical Council (MMC), the Full Registration number should be stated clearly;
 - c. The designation of the person certifying in full;
 - d. The complete address of the person certifying;
 - e. These details must be rubber-stamped; and
 - f. A signature and not an initial.
 - 2.4. Documents certified by Commissioner for Oaths must bear a seal prescribed under Rule 19 of the Commissioner for Oaths Rules, 1993 enacted under the Courts of Judicature Act, 1964

3. An **example** of a **proper and valid** certification is as follows:

Certified True Copy,



Dr. Ahmad bin Muhammad,
MMC Full Registration No. 27666
Family Health Physician,
Klinik Kesihatan Putrajaya,

Signature of a Person

Name in Full

MMC Full Registration Number

Designation in Full

These details must be rubber-stamped.

A Complete Address

4. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration.
5. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions in either Bahasa Malaysia or English along with certified copies of the document in its original language. Translated documents are only acceptable if carried out by :
- a. Malaysian certified court translators;
 - b. Official Malaysian government agencies;
 - c. Malaysian officers in the language faculty of public universities;
 - d. Malaysian officers of the appropriate embassies
6. Any certification which does not conform to this Guideline will be considered **invalid and NOT accepted**.
7. Similarly, any document will be considered **invalid and NOT accepted** if:
- a. It is certified by an individual on behalf of another person **without** his own details printed;
 - b. The signatures of the same individual are not similar or different.
8. For further details or enquiries, please [contact us](#).

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,



Dr. Hj. Wan Mazlan bin Hj. Mohamed Woojdy,

Secretary.

Dated: 14 September 2008.

Revised:
First: 18 December 2008.
Second: 11 June 2009.
Third : 13 Okt 2011