



## MALAYSIAN MEDICAL COUNCIL GUIDELINES & APPLICATION FORM FOR TRANSLATION OF CERTIFICATE(S)

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. The Council will not process any requests for translation of certificate(s) ie Provisional & Full Registration Certificates, Houseman Training Experience Report (Form 6 or Form 8 under the Medical (Amendment) Act 2012) and Annual Practising Certificate (APC) if:
  - 2.1 For its own use; or
  - 2.2 It is used for application to register with the MMC; or
  - 2.3 It is used to practice in Malaysia
3. To apply for the translation of the certificates, you should:
  - 3.1 Complete the application form enclosed herewith;
  - 3.2 Complete all fields;
  - 3.3 Fill in the form with **BLOCK LETTERS** (preferably type-written); and
  - 3.4 Submit supporting documents stating the requirement for the translated documents.
  - 3.5 Pay the processing fee, where applicable, as follows:

Services	Fees
Application for translated certificate	RM200
Application for copy of document/ certificate	RM200
Delivery of documents by registered postal service/ courier services (in Malaysia)	RM20

4. All documents should be certified according to the MMC [Guideline for Document Verification](http://www.mmc.gov.my/images/contents/downloadable/Guideline-doc-verify.pdf). (Please visit the following link: <http://www.mmc.gov.my/images/contents/downloadable/Guideline-doc-verify.pdf>)
5. All payment should be made in bank draft/money order/postal order addressed to '***Kumpulan Wang Majlis Perubatan Malaysia***' with the applicant's name and identity card number written behind the payment slip.
6. Completed application should be submitted to:

***The Secretary,  
Malaysian Medical Council,  
Block B, Ground Floor,  
Jalan Cenderasari,  
50590 KUALA LUMPUR.***

7. Applications can be submitted in person or via post.

8. Upon receipt of your application:
  - 8.1 You will be notified of any shortcomings, if any.
  - 8.2 You are strongly advised to respond immediately to our notification.
9. The application will be processed *within 10 (ten) working days* after receiving the *complete set of documents and payment*.
10. You are advised to keep a copy of your submitted application for your own reference.
11. Please state clearly the address(es) where it should be posted. You will be notified by email once it is sent.
12. The translated certificates will be sent to the addressee via ordinary mail. Nevertheless, if you want it to be sent through registered mail or courier service, an additional fee will be imposed (refer to item 3.5).
13. If you want someone to collect on your behalf, he/she needs to produce a Letter of Authorization from you during collection.
14. For translation of Annual Practicing Certificates (APC), the MMC will only provide translations for *the current year and the previous 2 years*.
  - 14.1. Any additional requests should be included with *supporting documents* and will be considered on a case per case basis. *Additional fees will be charged*.
15. If your printed name in any of the supporting documents submitted differ, please submit a Statutory Declaration (stating the name as on the identity card is the same individual).
16. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions (original and not copy) 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 such as Institut Terjemahan dan Buku Malaysia (ITBM) or Officers of appropriate Embassy.
17. Please contact us if you;
  - a. Do not hear from us fourteen working days 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.  
Secretary,  
Malaysian Medical Council.

**Revised:**

First: **18 December 2008.**

Second: **11 June 2009.**

Third: **22 November 2010.**

Fourth: **13 April 2017.**

Fifth: **29 June 2017.**



## MALAYSIAN MEDICAL COUNCIL

### APPLICATION FORM FOR TRANSLATION OF CERTIFICATES

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:

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

2.2 My Experience in Malaysia Since Graduation :

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 three-year Compulsory Service and it is due to end on ...../...../.....
<input type="checkbox"/>	I completed my three-year Compulsory Service in .....(year)
<input type="checkbox"/>	I had not completed my 3-year Compulsory Service and was granted a postponement.
<input type="checkbox"/>	I had not completed my 3-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. Please send the Translation of Certificates to the Medical Council / Professional Licensing Authority or Applicant Address at the following address:

Name/Position: .....

Address:.....

.....

3.2. I 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 current Annual Practising Certificate
<input type="checkbox"/>	English translation of Houseman Training Experience Report (Form 8)

3.3. Reason for my application:( Please tick ✓ where appropriate)

<input type="checkbox"/>	Emigrating country- (Please note):.....
<input type="checkbox"/>	Return to own country (Please state 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: .....

4. Payment:

I include the following Bank Draft/Money Order/Postal Order\* made out to '**Kumpulan Wang Majlis Perubatan Malaysia**':

4.1. Bank Draft/Money Order/Postal Order\* No.: .....

4.2. Sum: RM.....

4.3. Name/Location of Post Office/Bank: .....

4.4. Date: .....

(\*: Delete whichever not applicable)

Signature of Applicant: .....

Date :.....

Official Stamp: