

MALAYSIAN MEDICAL COUNCIL

GUIDELINE AND APPLICATION FORM FOR AMENDMENT OF ANNUAL PRACTISING CERTIFICATE

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**, practitioners are required to **register** with the Malaysian Medical Council (MMC) to practice medicine in Malaysia;
2. Apart from registration, the Act also mandates practitioners who want to practice to apply for Annual Practising Certificate (APC);
3. If you wish to update/amend any particulars in the APC or add new practice address(es), please take note of the following instructions:
 - a. Always keep a certified photocopy of your APC in your place of practice(s); and
 - b. Send the original APC to us with the request letter advising us with regards to the amendments in detail and relevant supporting documents.
4. To avoid any abuse and misuse, Council will entertain amendment requests that come only from the practitioner himself and **NOT** by any third party.
5. Pursuant to Regulation 5 of the Public Officers Regulation (Conduct and Discipline) (General Order Chapter 'D') 1969, public servants are prohibited from indulging in private services without prior approval from head departments. Hence, if you are still working in the public services and wish to include a place of practice in a private sector, you need to submit a consent letter/form from your superior to avoid contravening the General Orders.
 - a. In accordance with the directive by the Secretary General of Health Ministry vide [Surat Pekeliling Ketua Pengarah Kesihatan Bil 2/2010- Garis Panduan Pelaksanaan Melakukan Kerja Luar \(Lokum\) Di Sektor Swasta Oleh Pegawai Perubatan Kementerian Kesihatan Malaysia](#), the Ministry of Health officers need to get their superiors to endorse the application form. Without endorsement, your application will not be processed. (**Locum form** can be obtained from [Surat Pekeliling Ketua Pengarah Kesihatan Bil 2/2010](#) – as stated above);
 - b. For those outside the MOH, as there is no specified form available, a consent letter bearing official letterhead from their superiors should suffice.
 - c. The consent letter in both 5(a) and (b) should be submitted every time APC renewal application or amendment is made;
 - d. You need to pay a sum fifty ringgit (RM50.00) fee for the first amendment only with any private practice address. Public practice addresses are exempted from

payment. In accordance to **Regulation 25** of the **Medical Regulations 1974** enacted under the **Act**.

- e. Foreign medical practitioners who are fully registered under section 14 (3) are **NOT ALLOWED** to practice in other places which are not specified in the full registration certificate.
6. If you are applying for the first time after retirement or resignation from the public services, please forward the following documents:
 - a. a copy of resignation/retirement letter that stated the effective date of resignation/retirement from your ex-employer;
 - b. a certified true copy of services book from your ex-employer (**for resignation only**);
 - c. Payment of Fifty Ringgit (RM50.00) as a fee for the amendment;
 - d. The original APC
7. All payment should be made in bank draft, money order, postal order or cheque in favour of '**The Registrar of Medical Practitioners**' with this name and identity card number written behind the payment slip.
8. Application can be submitted in person or via post.
9. Before submitting, please refer to the **checklist** provided.
10. Your amended certificate will be send directly to you by post. If you want to collect it personally, please state it clearly in your application form. However, if you want someone to collect on your behalf, he needs to produce a Letter of Authorization during collection.
11. Please refer to **Guideline for Document Verification** for authentication of certified true copies, where applicable;
12. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration;
13. 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.
14. Please submit this application to:

***The Registrar of Medical Practitioners,
Malaysian Medical Council,
Block B, Ground Floor,
Jalan Cenderasari,
50590 KUALA LUMPUR.***
15. You are advised to keep a copy of application for your reference.
16. Please allow us **TWO weeks** to process the amendment.
17. You are strongly advised to respond **immediately** to our notification for any shortcomings, if any.

18. Please feel free to **contact us** if you:
- a. did not received any feedback from us regarding the application;
 - b. did not hear from us after the processing period is over; and/or
 - c. require assistance or if you have any questions.

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,



DR. HJ. WAN MAZLAN BIN HJ. MOHAMED WOOJDY,

Secretary.

Updated: **05 September 2008.**

Revised:

First: **18 December 2008.**

Second: **11 June 2009.**

Third: **20 September 2010**

APPENDIX A FORM

1. Name*:
2. (a) Identity Card No.*: New :-.....-..... Old:
Color:
- (b) Passport No. (for foreigner)*:
3. Citizenship: Malaysian/If Others* (Please state):
4. Date of Birth:/...../..... 5. Gender: Male/Female*
6. Race: Malay/Chinese/Indian/Others* 7. Religion:
8. Telephone No. (Res.)-..... (H/P)-.....
9. Email address:
10. Qualification of Medical Degree:
 - 10.1. Qualification:
 - 10.2. Institution granting the qualification:
 -
 - 10.3. Year obtaining the qualification:
11. Type of practice: Sole-proprietor/Group/Government*
12. Total Place of Practice (if more than one place of practice):places.
13. Practice Addresses and treatment times (please append attachment, if necessary):
 - 13.1. Address:
Day & Time:
Tel. No.:-..... Fax No.:-.....
 - 13.2. Address:
Day & Time:
Tel. No.:-..... Fax No.:-.....
 - 13.3. Address:
Day/Time:
Tel. No.:-..... Fax No.:-.....

Date*:

*Signature of applicant**

* *Delete whichever is inapplicable*

MALAYSIAN MEDICAL COUNCIL

GUIDELINE FOR DOCUMENT VERIFICATION

Please take note:

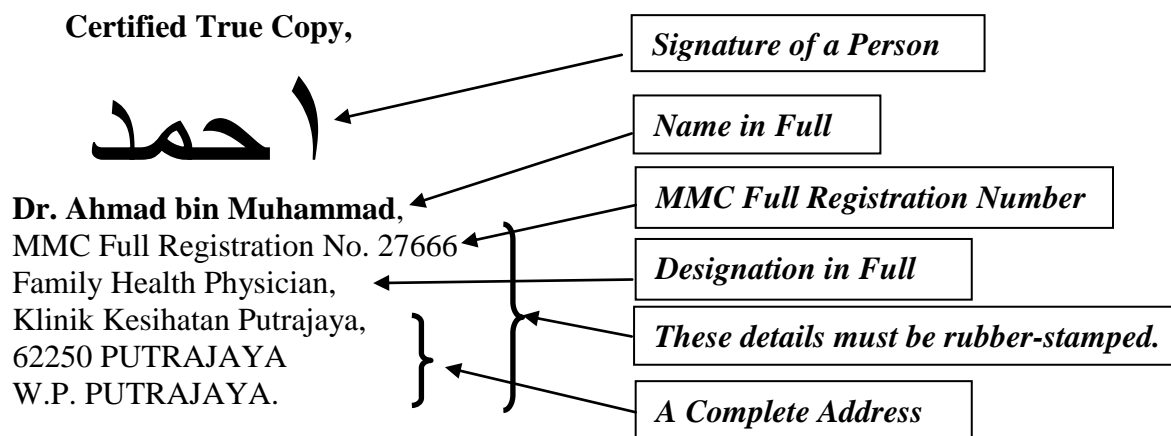
- a. The following information is provided to assist you.
- b. Please read these notes for guidance before submitting your application.
- c. You are expected to observe and comply with ALL the terms and conditions stipulated herein.
- d. Not adhering to any of the requirements may result in undue and 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,
62250 PUTRAJAYA
W.P. 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 :
- Malaysian certified court translators;
 - Official Malaysian government agencies;
 - Malaysian officers in the language faculty of public universities;
 - 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:
- It is certified by an individual on behalf of another person **without** his own details printed;
 - 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**