

MALAYSIAN MEDICAL COUNCIL

GUIDELINE AND APPLICATION FORM FOR

NEW 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(FORM 11).
- 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 in that particular year to apply for Annual Practising Certificate (APC);
3. To be eligible for an APC, you:
 - a. need to be **Fully Registered** with the MMC;
 - b. do not contravene any of the sections under the Medical Act 197 such as resigning from the public services before completing the compulsory services; and
 - c. pay the processing fee (and the penalty), where applicable.
4. Pursuant to **section 20(5)** of the **Medical Act 1971**, you need **NOT** apply for an APC until 31st December of the **first year of full registration**;
5. In accordance to **Regulation 25** of the **Medical Regulations 1974** enacted under the **Act**:
 - a. The fee payable for APC is fifty ringgit (Regulation 25(1));
 - b. Regulation 25(2) states explicitly that *'Except in the case of a first application for an annual practising certificate, where any practitioner who desires to practise after the thirty-first day of December of any year fails to apply before the first day of December of that year, he shall pay, in addition to the fee payable in respect of an annual practising certificate, a late fee of fifty ringgit'*; and
 - c. The Honourable Minister exempts public servants from any payments (pursuant to Regulations 25(3) of the Medical Regulations 1974).
6. 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.
7. To avoid delays, please ensure:
 - a. to submit your application before **1st day of December**. If you anticipate your application reach us after the stipulated date, please enclose a **fifty ringgit**

- (RM50.00) penalty.** (NOTE: Proof of postage is NOT proof of delivery or acceptance.)
- b. to complete ALL mandatory fields marked * in the specified **Form 11** (preferably type-written in BLOCK LETTERS).
 - c. The principal place of practice and other places of practice(if any) have to be specified clearly and in detail in the application form (FORM 11)
 - d. Any medical practitioners, who work with public services and wish to include a place of practice in a private sector, please refer to the **APC- Amendment** document.
8. Application from **foreign medical practitioners, who are fully registered under Section 14(3)**, will **NOT BE APPROVED** if;
- a. The place of practice does not comply with any restriction and condition specified in the full registration certificate.
 - b. The full registration has already expired.
9. Application should only be made by the **practitioner** himself and **NOT** by any third party.
10. If you are applying for the first time after retirement or resignation from public sector you need to enclose:
- a. a copy of resignation/retirement letter that stated the effective date of resignation/retirement and;
 - b. a certified true copy of service book from your ex-employer (**for resignation only**)
11. Application can be submitted in person or sent via post.
12. Before submitting, please refer to the checklist provided.
13. Please notify us about a change of address in writing by completing a new **Appendix A Form**.
14. Please refer to **Guidelines for Document Verification** for authentication of certified true copies, where applicable;
15. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration along with the relevant documents;
16. 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.
17. Please submit this application to:
- The Registrar of Medical Practitioners,
Malaysian Medical Council,
Block B, Ground Floor,
Jalan Cenderasari,
50590 KUALA LUMPUR.***
18. You are advised to keep a copy of application for your reference.
19. If you are notified of any shortcomings in your application, you are strongly advised to respond **immediately** to prevent delays.
20. If you wish to update/amend any particulars in the APC or add new practice address(es), please refer to the **APC - Amendment** document.
21. Please allow us **4 (FOUR)** weeks to process your Annual Practising Certificate.

22. Your APC will be send directly to you by post. If you want to collect it, 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.
23. 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 WOJDY,
Secretary.

Updated: **14 September 2008.**

Revised:

First: **18 December 2008.**

Second: **11 June 2009.**

Third: **20 September 2010**

FORM 11
(REGULATION 24)
MEDICAL ACT 1971
(Section 20)

APPLICATION APC YEAR: _____

MEDICAL REGULATIONS 1974
APPLICATION FOR ANNUAL PRACTISING CERTIFICATE

1	Full Name of Applicant (as in Medical Register)	
	Identity Card or Passport No. (for foreigner)	(a) New/ Old : _____ (b) Passport : _____
2	Residential Address WITH POSTCODE	
3	a. Address of principal place of practice – WITH POSTCODE	
	b. Address of other place of practice – WITH POSTCODE (Please attach separate paper if more than 2 place of practice)	
4	(a) Full registration certificate No.	a)
	(b) Date of full registration or of registration under any previous law	b)
	(c) Place of registration under any previous law	c)
5	Last Annual Practising Certificate No.	
6	Particulars of *Money Order / Cheque which is attached	(a) No.: _____
		(b) Sum: _____
		(c) Post Office / Bank & Date: _____

Date: _____

Signature of Applicant

No. Tel.:

Note:-

- This application should be addressed and submitted to:
THE REGISTRAR OF MEDICAL PRACTITIONER, MINISTRY OF HEALTH
BLOCK B, GROUND FLOOR, JALAN CENDERASARI, 50590 KUALA LUMPUR
TEL NO : 03-22628480
NOT later than the 1st day of December
- The fee is **RM50.00** under the name of “Registrar of Medical Practitioner” (for private practitioner only).
- Where the application is made later than the 1st day of December, a late fee of **RM50.00** is payable (for private practitioner only).
- Please fill the form in **BLOCK LETTER** completely and please make a copy for use in future.
- The fee payable by **Postal Order / Bank Draft / Cheque** only.
- Please write your name and Identity Card Number behind the Postal Order / Bank Draft / Cheque. (Please ensure you sign the cheque).
- Practitioners** who are **NOT yet fully registered** are **not eligible** to apply for APC.
- Practitioners** need **NOT** apply for APC until **31st December** of the first year of Full Registration.
- For Foreign Practitioners**, please **attach** a copy of your **Full Registration**.
- Please **submit a certified** copy of your **Resignation Letter** if you have just **resigned** from the **government**.

(To be completed in the case of medical officers in the services of the Government or a State Government or any of the Universities in Malaysia)

I, (Name) _____ (Designation) _____ hereby certify that the abovenamed applicant is employed as a medical officer in (State the name of the service) _____ at (state place of service) _____.

Date: _____

Signature of Local Head of Department

FOR OFFICIAL USE ONLY

A.P.C No. _____ issued on _____ *Fee of **RM50.00** paid vide receipt No. _____ dated _____
Exempted from payment of fee under regulation 25

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.:-.....

Note: If you need more space, please use a separate sheet of paper. Please use the reference format illustrated above.

14. Mode of Certificate Delivery: *Please ✓ one only.*

- a. Please Post b. Collect In Person c. Somebody on my Behalf

Date*:

.....
*Signature of applicant**

MALAYSIAN MEDICAL COUNCIL

GUIDELINE FOR DOCUMENT VERIFICATION

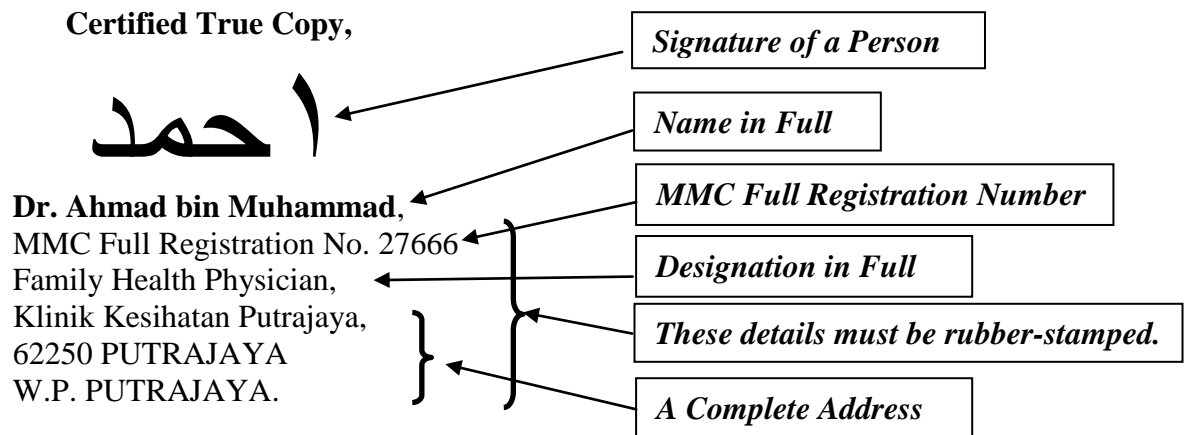
Please take note:

- 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:



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**