

# **MALAYSIAN MEDICAL COUNCIL**

## **GUIDELINE & APPLICATION FORM FOR FULL REGISTRATION FOR MALAYSIAN CITIZENS COMPLETING INTERNSHIP WITHIN MALAYSIA**

### **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. Hence, your application should be submitted **PRIOR** to practice;
2. To be eligible for FULL REGISTRATION, you need to be either:
  - a. provisionally registered with the MMC, complete your internship training to the satisfaction of the Medical Qualifying Board **and** employed by public authorities (unless you are given a relaxation of the compulsory services or allowed to practise in private sector); or
  - b. registered with a foreign medical council and has been practicing clinical medicine not less than 3 (THREE) years or has a postgraduate qualification in a clinical discipline.
3. Pursuant to **sections 39** through **44** of the **Act**, which mandates every practitioner to undergo a continuous three-year compulsory service within the public sector upon fully registration, the Council will not process your application if you are unable to comply with such requirements (unless you are given a relaxation of the compulsory services or allowed to practise in private sector).
4. For Malaysian citizens completing internship **LOCALLY**:
  - 4.1. Your application should be submitted through **your employer** within **ONE MONTH** of finishing the internship. If your submission is more than ONE month, please include a detailed explanation of the delay **together** with your employer's comments. (Pursuant to the directive by the Director General of Health vide *Surat Pekeliling KPK Bil. 2 Tahun 2006 : Pendaftaran Pengamal Perubatan Selepas Tamat Menjalani Latihan Siswazah Di Bawah Akta Perubatan 1971*).
  - 4.2. You are **exempted** from any processing fee.
  - 4.3. The following documents should be submitted:
    - a. A copy of recognized basic medical degree:

(For **Indonesian** graduates, please submit a copy of both the *Sarjana Kedokteran* (S. Ked.) and *Ijazah Kedokteran* degrees)

- b. **Application Form for Full Registration (FORM 9);**
- c. **Appendix A Form;**

NOTE: For application forms mentioned in paragraphs b and c above:

- To be **completed** in **BLOCK LETTERS** (preferably type-written).
- **ALL mandatory fields (marked \*) are completely filled.**
- For resident and postal addresses, please provide **addresses in Malaysia.**

- d. **Original Form A** of the Log books for three major disciplines (if you commence your internship **before 31<sup>st</sup> December 2007**) or six disciplines (if you commence your internship **on or after 1<sup>st</sup> January 2008**);
  - e. An **original Form 6** entitled ‘Certificate of Experience in a Resident Medical Capacity’; and
- 5. **ALL** documents attached should be certified according to the **Guideline for Document Verification.**
  - 6. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration;
  - 7. 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.
  - 8. Pursuant to **section 19** of the **Act**, you are required to submit a copy of your recent medical report and sick leaves if you:
    - a. suffer from any illness or physical condition which may affect your professional duties;
    - b. have any mental problem and/or have been admitted into a hospital for any mental problem; and/or
    - c. took sick leaves more than your entitlement (please enclose photocopies of the sick certificates).
  - 9. You are advised to keep a copy of all the **documents** submitted for your reference.
  - 10. Please submit this application to:

***The Registrar of Medical Practitioners,  
Malaysian Medical Council,  
Block B, Ground Floor,  
Jalan Cenderasari,  
50590 KUALA LUMPUR.***
  - 11. Application can be submitted in person or sent via post.
  - 12. Before submitting, please refer to the **CHECKLIST** provided.
  - 13. Upon receipt, you will be promptly notified in writing.
    - a. If you are eligible to practice, you may report for duty and practice with immediate effect; or

- b. If stated otherwise, you will be advised of the shortcomings. Your application will be processed once the documents are complete. You are strongly advised to **respond immediately** to our notification for any shortcomings.
14. Please allow us 4 (FOUR) weeks to process the Full Registration Certificate (Form 10). **(NOTE – The letter issued under paragraph 13(a) is sufficient for you to commence practice. You need NOT wait for the Certificate).**
15. Your certificate will be send directly to you by post and your employer will be appropriately acknowledged. 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.
16. Please notify us about a change of address in writing by completing a new **Appendix A Form**.
17. Please feel free to **contact us** if you:
- Were not notified in writing promptly upon submitting your application;
  - do not hear from us after the processing period is over; and/or
  - Require any assistance or have any questions.

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,



**Dr. Hj. Wan Mazlan bin Hj. Mohamed Wooljdy,**  
Secretary.

**Dated : 14 September 2008.**

**Revised:**

**First: 18 December 2008.**

**Second: 11 June 2009.**

**FORM 9**  
**(Regulation 22)**

**MEDICAL ACT 1971**  
**(Section 14(1))**

**MEDICAL REGULATIONS 1974**

**APPLICATION FOR FULL REGISTRATION**

1. Full name of applicant:\*

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2. Provisional Registration Certificate No.:

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3. (a) Residential address:\*

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(b) Address for postal communication  
(if different):

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4. I attach the following documents in proof of having satisfied the requirements as to experience under section 13 of the Medical Act.

\* (a) Certificate under section 13(2) of the Medical Act.

\* (b) Certificate under section 13(3) of the Medical Act.

\* (c) Certificate of exemption issued under section 13(6) of the Medical Act.

Date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of applicant\*: \_\_\_\_\_

*\* Delete whichever is inapplicable.*

**APPENDIX A FORM**

**APPLICATION FOR  
FULL REGISTRATION**

Please affix your  
recent passport size  
photo here  
(35mm x 45mm)

1. **NAME\***: Dr. ....  
*(In Block Capital as Printed in the NRIC or Passport)*
2. **OTHER NAME**: .....  
*(If any, including maiden name)*
3. **CITIZENSHIP\***: ..... 4. **RELIGION**: .....
5. **GENDER\***: Male/Female *(Please select one)* 6. **ETHNIC**: .....
7. **MARITAL STATUS**: Single/Married/Divorced *(Please select one)*  
**If married: Name of Spouse**: .....  
**Occupation**: ..... **Citizenship**: .....
8. **ADDRESS: Residence**: .....  
.....  
**Postal** : .....  
.....
9. **COMMUNICATION\***: **Telephone - Office**: ...-..... **Fax**: ...-.....  
**Mobile**: ...-.....  
**Email: Official**:.....@.....  
**Personal**:.....@.....
10. **BASIC MEDICAL DEGREE**:  
**Name of the Awarding University**: .....  
**Name of the Degree**: .....  
**Date Awarded**: .....
11. **MODE OF CERTIFICATE COLLECTON**: *Please ✓ one only.*  
a. Please Post  b. Collect In Person  c. Somebody on my Behalf
- Signature of applicant**: \_\_\_\_\_ **Date**: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FORM 6**

(Regulation 21)

**MEDICAL ACT 1971**

(Section 13 (2))

**MEDICAL REGULATIONS 1974**

**CERTIFICATE OF EXPERIENCE IN A RESIDENT**

**MEDICAL CAPACITY**

IT IS HEREBY CERTIFIED that..... who holds Provisional Registration Certificate No.....

\* (a) Having been employed as a resident medical officer in the following hospital/hospitals during the periods and in the departments mentioned below and having performed satisfactory service during the said periods:

Name of Hospital	Whether in resident medical, surgical or midwifery post	Period		Signature of Medical Officer-in-charge of Hospital and date
		From	To	

\* (b) having obtained a certificate as endorsed hereunder under section 13 (2) of the Medical Act from the Medical Qualifying Board:

**CERTIFICATE OF THE MEDICAL QUALIFYING BOARD**

It is certified that the Medical Qualifying Board are satisfied that the above named provisionally registered person has performed satisfactory service in a resident medical capacity in accordance with the provisions of section 13 (2) of the Medical Act.

Date : .....

.....  
*Signature of the Chairman  
of the Medical Qualifying Board*

has satisfied the requirement as to experience in a resident medical capacity provided for under section 13 (2) of the Medical Act.

Date: .....

.....  
*President,  
Malaysian Medical Council*

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\* Delete whichever is inapplicable.

## CHECKLIST:

The following documents need to be submitted by Malaysian Citizens  
Completing Internship WITHIN Malaysia

1. Form 9 – Full Registration application form
2. Appendix A Form
3. An original Form A of the Log book for all posting in the three/six disciplines:
  - a. Medicine;
  - b. Surgery;
  - c. Paediatrics
  - d. Obstetrics and Gynaecology;
  - e. Orthopaedics; and
  - f. Accident and Emergency.
4. Form 6 – Certificate of Experience in a Resident Medical Capacity
5. A certified true copy of the basic medical degree.  
**(For Indonesian university graduates – Please submit certified true copies of both the *Sarjana Kedokteran* and *Ijazah Kedokteran*)**
6. **For Indian university graduates ONLY** - Certified true copies of the:
  - a. Compulsory Rotating Houseman/Internship Certificate.
  - b. Bonafide Student Certificate.
7. Certified true copy of the medical report/sick leaves, if any.

# MALAYSIAN MEDICAL COUNCIL

## GUIDELINE FOR DOCUMENT VERIFICATION

### Please take note:

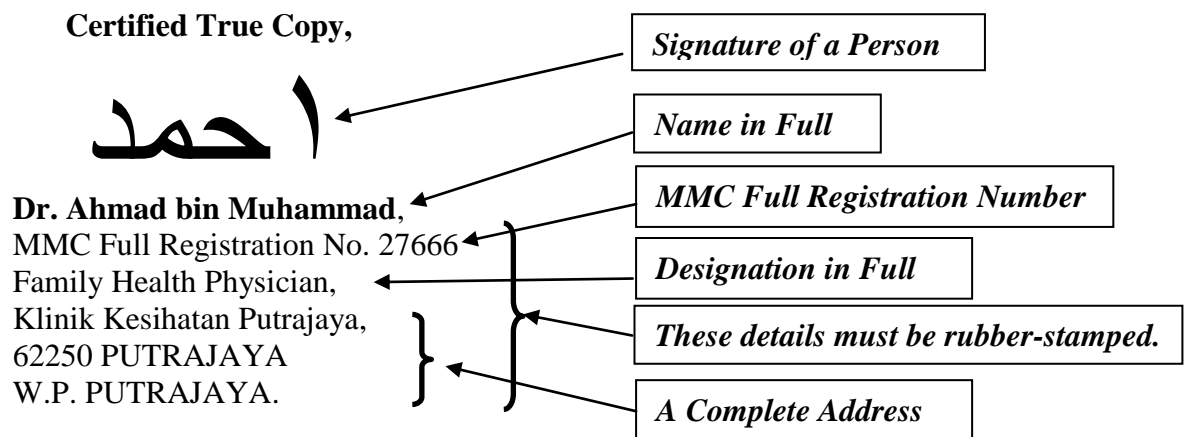
- a. The following information is provided to assist you.
- b. Please read these notes for guidance before submitting your application.
- c. You are expected to observe and comply with ALL the terms and conditions stipulated herein.
- d. Not adhering to any of the requirements may result in undue and 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 :
- 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**