

# **MALAYSIAN MEDICAL COUNCIL**

## **GUIDELINE & APPLICATION FORM**

### **FOR FULL REGISTRATION FOR NON-CITIZENS**

### **COMPLETING INTERNSHIP ABROAD**

#### **Please take note:**

- a. The following information is provided to assist **prospective employers** who want to employ foreign practitioners.
- 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. Hence, applications should be submitted **PRIOR** to appointment and practice;
2. You may be eligible for **FULL REGISTRATION** if you are either:
  - a. provisionally registered with the MMC, complete your internship posting to the satisfaction of the Medical Qualifying Board **and** employed by the 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
  - c. is currently fully registered with the MMC; or
  - d. Has been registered with the MMC before and the lapse in registration is less than 6 (six) months; or
  - e. Has been registered under temporary registration for two consecutive terms with a good recommendation by a supervisor.
3. When applying for the first time or after a lapse of six months not registered with the MMC, you should seek Temporary Registration. After a period of **NOT** less than two consecutive terms under temporary registration (i.e. six months), and if your supervisor is satisfied with you, he may recommend you for full registration.
4. In preparation for the enforcement of the Medical (Amendments) Act 2012, all medical practitioners want to practice as specialists are also required to obtain registration with National Specialist Register (NSR).
5. For foreign practitioners completing internship **ABROAD**:
  - 5.1. The application should be submitted through a **prospective employer prior** to practice.
  - 5.2. As applications are screened by the MMC Evaluation Committee, you are strongly advised to submit **NOT LESS than 6 (SIX) weeks** prior to commencement of intended practice where ample time will be available to address any shortcomings.

6. The following documents with the number of copies stated should be submitted:
- 6.1. Official letter from Employer to MMC (**Original and 1 copy**)
  - 6.2. A copy of Advertisement made in three (3) National Newspaper (**private sector only**) (**2 copy**)
  - 6.3. **Application Form for Full Registration (FORM 9) (Original and 1 copy);**
  - 6.4. **Appendix A Form (Original and 1 copy);**

NOTE: To be **completed** in **BLOCK LETTERS** (preferably type-written). ii. **ALL mandatory fields (marked \*) are completely filled.** iii. For resident and postal addresses, please provide **addresses in Malaysia.**
  - 6.5. An appointment/offer letter from the prospective employer with employment contract details. (**1 copy**)
  - 6.6. A copy of the basic medical degree. (For **Indonesian graduates** – Certified true copies of **both** the *Sarjana Kedokteran* and *Ijazah Kedokteran* degrees.) (**1 copy each**)
  - 6.7. **A copy** of both the *Compulsory Rotating Houseman/Internship Certificate* and *Bonafide Student Certificate* (for **Indian university graduates only**); (**1 copy each**)
  - 6.8. ‘*Curriculum Vitae* of Applicant for Full Registration Under the Medical Act 1971 (type written) - (**2 copies**)
  - 6.9. The working experiences stated in the *curriculum vitae* must be supported with certified true copies of testimonials from relevant department heads/supervisors **at least** for the last **THREE** years - (**1 copy each**).
  - 6.10. **A copy** of the passport;
  - 6.11. **A copy** of the marriage certificate for foreign spouse of Malaysian, if applicable;
  - 6.12. **A copy** of a post graduate degree(s), where applicable; (**1 copy each**)
  - 6.13. **A copy** of provisional certificate issued by a foreign Medical Council or Professional Licensing Authority in the country of practice, if applicable;
  - 6.14. **A copy** of a full registration certificate issued by a foreign Medical Council or Medical Licensing Authority in the **LAST** country of practice, where applicable;
  - 6.15. A **current and original** Letter of Good Standing issued by a foreign Medical Council or Professional Licensing Authority in the **LAST** country of practice;
  - 6.16. The working experiences given in the resume must be supported with certified true copies of the testimonials from relevant department heads/supervisors **at least** during the last **THREE** years; (**1 copy each**).
  - 6.17. If the practitioner has already been registered under temporary registration not less than two consecutive terms, he need to provide proof of recommendation from his supervisor;
  - 6.18. If the practitioner is either still registered and serving a contract with another employer, the following documents need to be enclosed;
    - a. An original Release or No Objection Letter from the current/previous employer;
  - 6.19. A recent passport-sized photograph (**1 copy**)
7. ALL documents should be certified according to the **Guideline for Document Verification.**
8. Where applicable, only ONE copy should be certified.

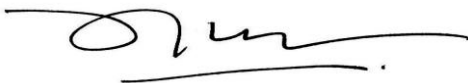
9. If the practitioners' printed names in any of the documents submitted differ, they are required to submit a Statutory Declaration to the effect;
10. If the original documents are not in either Bahasa Malaysia or English, translated versions in either Bahasa Malaysia or English along with certified copies of the document in its original language need to be submitted. Translated documents are only acceptable if carried out by qualified translators or officers of appropriate embassy.
11. Pursuant to section 19 of the Medical Act 1971, a copy of their recent medical report and sick leaves if they:
  - a. suffer from any illness or physical condition which may affect their 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).
12. You are advised to keep a copy of application submitted for your reference.
13. Please submit this application to:

***The Registrar of Medical Practitioners,  
Malaysian Medical Council,  
Block B, Ground Floor,  
Jalan Cenderasari,  
50590 KUALA LUMPUR.***
14. Application can be submitted in person or sent via post.
15. Before submitting, please refer to the **CHECKLIST** provided.
16. Upon receipt, you will be promptly notified in writing:
  - a. of any shortcomings and to respond immediately. Your application will only be processed once the documents are complete;
  - b. That your application is complete and will be screened by the MMC Evaluation Committee. (Note: The Committee meets every second Thursday of the month.)
17. You will be notified in writing of the outcome of the Committee Meeting:
  - a. of any shortcomings and to respond to it immediately. Your application will only be processed once the documents are complete; or
  - b. If the Committee is satisfied with your application:
    - i. For him to be fully registered, pursuant to section 14(3) of the Act, it will be forwarded to the YB Minister for approval with certain restrictions and conditions. At this juncture, the practitioner is NOT yet registered. Hence, you are strongly advised NOT to allow him/her to start practice yet;
    - ii. For him to be temporarily registered, pursuant to section 16 of the Act, you will be advised to fill up the application form for Temporary Registration. At this juncture, the practitioner is NOT yet registered. Hence, you are strongly advised NOT to allow him/her to start practice yet.
18. Once approved by the Honourable Health Minister, you will be duly acknowledged to:
  - a. Inform the practitioner to report for duty and practice within ONE MONTH; and

- b. to submit a letter stating the exact date the practitioner reported for duty. This letter is necessary to effect the issuance of his Full Registration Certificate and should be submitted within ONE month he commences practise.
  - c. a hundred ringgit processing fee (pursuant to **Regulation 25** of the **Medical Regulations 1974**) in bank draft, money order, postal order or cheque in favor of '**The Registrar of Medical Practitioners**' with his name and passport number written behind the payment slip;
19. If the practitioner does not wish to be fully registered and practise yet:
- a. you should inform us in writing within ONE month of the approval date; or
  - b. If the gap is more than SIX months AFTER the approval date, besides informing us within ONE month, the practitioner is required to submit a current Letter of Good Standing NOT LESS than one month before reporting (if he has been practicing. Otherwise, a Statutory Declaration to that effect is sufficient).
20. Please allow us 4 (FOUR) weeks to process the Full Registration Certificate (Form 10).
21. The certificate will be send directly to the practitioner by post and you will be appropriately acknowledged. If the practitioner or you want to collect it personally, either party need to state it clearly in the application form. However, if either party wants someone to collect on their behalf, they need to produce a Letter of Authorization during collection.
22. Please notify us about a change of address in writing by completing a new **Appendix A Form**.
23. Please feel free to **contact us** if you;
- a. Were not notified in writing upon submitting your application;
  - b. Do not hear from us two weeks after the MMC Evaluation Committee Meeting;
  - c. Do not hear from us after the one-month processing period is over; and/or
  - d. Require any assistance or have any questions.

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,



**Dato' Dr. Azmi Bin Shapie,**

Secretary.

Dated: **1 December 2016.**

**Revised:**

First: **18 December 2008.**

Second: **11 June 2009.**

Third: **30 November 2016**

**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**

**CURRICULUM VITAE OF APPLICANT FOR FULL  
REGISTRATION UNDER THE MEDICAL ACT 1971  
(NON-MALAYSIAN CITIZENS & PERMANENT RESIDENTS)**

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

1. **NAME\***: \_\_\_\_\_  
(Print in block letters according to I/C or Passport)

2. **DATE OF BIRTH:** \_\_\_\_\_ **3. PASSPORT:** \_\_\_\_\_  
(DD-MM-YY)

4. **CITIZENSHIP:** \_\_\_\_\_ **5. AGE:\*** \_\_\_\_\_ years.

6. **SEX:\*** Male  Female  **7. RELIGION:\*** \_\_\_\_\_

8. **ETHNIC:** \_\_\_\_\_ **9. TELEPHONE: (R)\*** \_\_\_\_\_  
(HP)\* \_\_\_\_\_

10. **MARITAL STATUS:** Single   
Married   
Divorced   
MARRIED: IF

\*Email Address: \_\_\_\_\_

Spouse : a. Name: \_\_\_\_\_  
b. Occupation: \_\_\_\_\_  
c. Citizenship: \_\_\_\_\_

**11. BASIC MEDICAL QUALIFICATION:\***

- 9.1. University Granting the Qualification: \_\_\_\_\_
- 9.2. Description of the Qualification: \_\_\_\_\_
- 9.3. Date of the Qualification Awarded: \_\_\_\_\_
- 9.4. Date of Passing the Final Examination: \_\_\_\_\_
- 9.5. Bonafide Student of College: \_\_\_\_\_
- 9.6. Period of Compulsory Rotating Housemanship: \_\_\_\_\_

(Note : Nos. 9.5 & 9.6 are applicable to Indian Medical Graduates only).

**12. INTERNSHIP EXPERIENCE SINCE GRADUATION:\***

(Note – The Compulsory Rotating Internship prior to graduation is **NOT** considered as Internship Training).

<i>Discipline</i>	<i>Place</i>	<i>Date/Period</i>
12.1. General Medicine		<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
		<b>Period:</b> ___ Years ___ Months.
12.2. General Surgery		<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
		<b>Period:</b> ___ Years ___ Months.
12.3. Obstetrics & Gynaecology		<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
		<b>Period:</b> ___ Years ___ Months.
12.4.		<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
		<b>Period:</b> ___ Years ___ Months.

<i>Discipline</i>	<i>Place</i>	<i>Date/Period</i>
12.5.		<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
		<b>Period:</b> ___ Years ___ Months.

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

**13. POST-GRADUATE QUALIFICATION:**

<i>Awarding Body</i>	<i>Date of Award</i>	<i>Description of Degree</i>
13.1.	/ /	
13.2.	/ /	

**14. LICENSING AUTHORITY:\***

14.1. *Date of Full Registration:* \_\_\_\_\_

14.2. *Name of the Full Registration Licensing Authority:* \_\_\_\_\_  
 \_\_\_\_\_

14.3 *Date of Specialist Registration:* \_\_\_\_\_

14.4. *Name of the Specialist Registration Licensing Authority:* \_\_\_\_\_  
 \_\_\_\_\_

**15. LETTER OF GOOD STANDING:\***

15.1. *Name of Licensing Authority:* \_\_\_\_\_  
 \_\_\_\_\_

15.2. *Date Issued:* \_\_\_\_\_

15.3. *Expiry Date:*

**16. WORKING EXPERIENCE AFTER GRADUATION:\***

<i>NO.</i>	<i>APPOINTMENT</i>	<i>PLACE</i>	<i>DATE / PERIOD</i>
16.1.			<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
			<b>Period:</b> ___ Years ___ Months.
16.2.			<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
			<b>Period:</b> ___ Years ___ Months.
16.3.			<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
			<b>Period:</b> ___ Years ___ Months.
16.4.			<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
			<b>Period:</b> ___ Years ___ Months.
16.5.			<b>Date:</b> From: ___ / ___ / ___ To: ___ / ___ / ___.
			<b>Period:</b> ___ Years ___ Months.

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

**17. MODE OF CERTIFICATE DELIVERY: Please ✓ one only.**

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

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

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



## CHECKLIST:

The following documents need to be submitted by Non-Malaysian Citizens Completing Internship ABROAD

1. Cover Letter from Employer **(Original and 1 copy)**
2. A copy of Appointment/Offer Letter **(1 copy)**
3. A copies of Advertisement made in three (3) National Newspaper **(private sector only) (2 copy)**
4. **Form 9** – Full Registration application form. **(Original and 1 copy)**
5. The ‘Curriculum Vitae of Applicant for Full Registration Under the Medical Act 1971’ Form. **(Original and 1 copy)**
6. Curriculum Vitae of the applicant with regards to the work experience only (preferably type written) **(2 copies)**
7. A recent standard passport size photo. **(Original)**
8. A certified true copy of the basic medical degree.  
**(For Indonesian graduates – Please submit certified true copies of both the Sarjana Kedokteran and Ijazah Kedokteran degrees) (1 copy)**
9. **For Indian university graduates ONLY** - Certified true copies of the:
  - i Compulsory Rotating Houseman/Internship Certificate. **(1 copy)**
  - ii Bonafide Student Certificate. **(1 copy)**
10. A certified true copy of the Provisional Registration certificate with the Medical Council /Licensing Authority in country of practice. **(1 copy)**
11. A certified true copy of the Full Registration certificate with the Medical Council /Licensing Authority in **LAST** country of practice. **(1 copy)**
12. **A current and original Letter of Good Standing** from Medical Council/ Licensing Authority in **LAST** country of practice. **(Original)**
13. A certified true copy of the testimonials of the last three years working experience including Senior Houseman Certificate with postings specified, if applicable. **(1 copy)**
14. A certified true copy of the valid passport. **(2 copies)**
15. A certified true copies of postgraduate degree(s), where applicable. **(1 copy)**

16. A statutory declaration - If your names in the documents differ. **(Original)**
17. If the original documents are not in either Bahasa Malaysia or English:
- a. Certified copies of the Translated documents **(1 copy)**
- b. Certified copies of the document in its original language. **(1 copy)**
18. Certified true copy of the medical report/sick leaves, if any. **(1 copy)**
19. Fitness to Practice Declaration form **(Original)**
20. Certified true copies of marriage certificate for foreign spouse of Malaysian, if applicable. **(1 copy)**
21. If the practitioner is either still registered and serving a contract with another employer, the following documents need to be enclosed;
- a. An Release or No Objection Letter from the current/previous employer; **(Original)**

# 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**