

MALAYSIAN MEDICAL COUNCIL

GUIDELINE & APPLICATION FORM

FOR REGISTRATION FOR MALAYSIAN CITIZENS

COMPLETING INTERNSHIP ABROAD

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 completed internship in recognized country or has a postgraduate qualification in a clinical discipline.
 3. If you do not fulfill any of the criteria in paragraph 2(a), you are only eligible to apply for Provisional Registration.
 4. 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).
 5. 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).

6. For **Malaysian citizens** completing internship **ABROAD**:
- 6.1. As application 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.
- (NOTE: Exemption from further internship training will be considered if the applicant has a clinical experience of more than 3 (THREE) years or holds a postgraduate qualification in a clinical discipline.)
- 6.2. The following documents with the number of copies stated are to be submitted:
- a. Application form for Full Registration **FORM 9 – (Original and 1 copy)**
 - b. **Appendix A Form – (Original and 1 copy):**
NOTE: For application forms mentioned in paragraphs 5.2.(a) and (b) above:
 - a. To be **completed** in **BLOCK LETTERS** (preferably type-written).
 - b. **ALL mandatory fields (marked *) are completely filled.**
 - c. For resident and postal addresses, please provide **addresses in Malaysia.**
 - c. **A copy** of the basic medical degree;
 - d. **A copy** of both the *Sarjana Kedokteran* **and** *Ijazah Kedokteran* degrees (for **Indonesian graduates only**)
 - e. **A copy** of both the *Compulsory Rotating Houseman/Internship Certificate* **and** *Bonafide Student Certificate* (for **Indian graduates only**).
 - f. ‘*Curriculum Vitae* of the applicant with regards to the work experiences only (type written) - **(Original and 1 copy)**
 - g. 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)**.
 - h. **A copy** of the birth certificate;
 - i. **A copy** of the identity card;
 - j. **A copy** of the *Sijil Pelajaran Malaysia* or Malaysian Certificate of Examination, where applicable.
 - k. **A copy** of a post graduate degree(s), where applicable;
 - l. **A copy** of provisional certificate **issued by a foreign Medical Council or Professional Licensing Authority** in the country of practice, if applicable;
 - m. **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;
 - n. **A current and original** Letter of Good Standing **issued by a foreign Medical Council or Professional Licensing Authority** in the **LAST** country of practice;
 - o. A recent standard passport size photo **(Original)**
 - p. Fitness to practice declaration form **(Original)**
7. **ALL** documents should be certified according to the **Guideline for Document Verification.**

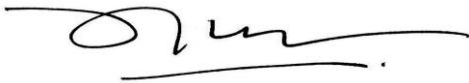
8. **Where applicable, only ONE copy should be certified.**
9. If your printed names in any of the submitted documents differ, please submit a Statutory Declaration;
10. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions in either Bahasa Malaysia 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.
11. You are advised to keep a copy of all the documents submitted for your future reference.
12. Pursuant to **sections 19** and **24** 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; and/or
 - b. have any mental problem and/or have been admitted into a hospital for any mental problem.
13. Please submit your 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; or
 - b. Your application 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. If your application is approved for Provisional Registration, you need to fill up the Provisional Registration application form and undergo the internship training in certain disciplines;
 - b. If your application is approved for Full Registration, you are required to:
 - i. Inform your employer to submit a **letter** stating the **exact date** you reported for duty. This letter is necessary to effect the issuance of your Full Registration Certificate and should be submitted within **ONE month** you commence your practise.
 - ii. Submit 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 your name and identity card number written behind the payment slip
 - c. If you are advised of any shortcomings, please respond immediately. Your application will only be processed once the documents are complete;

18. If you are exempted from the compulsory services:
 - a. you are required to submit 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 your name and identity card number written behind the payment slip.
 - b. You need NOT submit a **letter** reporting for duty from your employer.
19. Please allow us **4 (FOUR)** weeks to process your **Full Registration Certificate (Form 10)**.
20. 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.
21. Please notify us about a change of address in writing by completing a new **Appendix A Form**.
22. 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.**

FORM 9
(Regulation 22)

MEDICAL ACT 1971
(Section 14(1))

MEDICAL REGULATIONS 1974

APPLICATION FOR FULL REGISTRATION

1. Full name of applicant:*

2. Provisional Registration Certificate No.:

3. (a) Residential address:*

(b) Address for postal communication

(if different):

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

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

CURRICULUM VITAE OF APPLICANT FOR FULL REGISTRATION UNDER THE MEDICAL ACT 1971 (MALAYSIAN CITIZENS)

1. NAME*:

_____ (Print in block letters according to I/C or Passport)

2. DATE OF BIRTH: - -

_____ (DD-MM-YY)

3. NRIC*: NEW

- -

& OLD:

- -

4. CITIZENSHIP: _____

5. AGE*: _____ years.

6. SEX*: Male Female

7. RELIGION*: _____

8. ETHNIC: _____

9. TELEPHONE: (R)* _____

(H)* _____

10. MARITAL STATUS: Single
Married
Divorced
IF MARRIED:
Spouse : a. Name: _____

*Email Address: _____

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

NO.	APPOINTMENT	PLACE	DATE / PERIOD
16.1.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
16.2.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
16.3.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
16.4.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ Years ___ Months.
16.5.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___ Period: ___ 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 Malaysian Citizens Completing Internship ABROAD

1. Form 9 – Full Registration application form **(Original and 1 copy)**
2. Appendix A Form **(Original and 1 copy)**
3. A certified true copy of the basic medical degree **(1 copy)**
4. For **Indonesian university graduates** ONLY – certified true copies of the :
 - i *Sarjana Kedokteran*
 - ii *Ijazah Kedokteran*
5. For **Indian university graduates** ONLY – certified true copies of the :
 - a. Compulsory Rotating Houseman/Internship Certificate **(1 copy)**
 - b. Bonafide Student Certificate **(1 copy)**
6. Curriculum vitae of the applicant with regards to the work experience only (preferably type written) **(Original and 1 copy)**
7. A certified true copies of the testimonials of the last three years working experience **(1 copy)**
8. A certified true copy of the birth certificate **(1 copy)**
9. A certified true copy of the identity card **(1 copy)**
10. A certified true copy of the *Sijil Pelajaran Malaysia/ A-level/ O-Level* certificate **(1 copy)**
11. A certified true copy of postgraduate degree(s), where applicable **(1 copy)**
12. A certified true copy of Senior Houseman Certified with postings Specified. **(1 copy)**
13. A certified true copy of Provisional Registration certificate with the Medical Council/Licensing Authority in country of practice, if any **(1 copy)**
14. A certified true copy of the Full Registration certificate with the Medical Council/Licensing Authority in country of practice, if any **(1copy)**

15. A **current and original** *Letter of Good Standing* from Medical Council / Licensing Authority in previous/last country of practice **(Original)**
16. A recent standard passport size photo **(Original)**
17. A statutory declaration – If your name in the documents differs. **(Original)**
18. If the original documents are not in either Bahasa Malaysia or English :
- i Certified copies of the translated documents **(1 copy)**
 - ii Certified copies of the document in its original language **(1 copy)**
19. Certified true copy of the medical report/sick leaves, if any **(1 copy)**
20. Fitness to Practice Declaration Form **(Original)**

MALAYSIAN MEDICAL COUNCIL

GUIDELINE FOR DOCUMENT VERIFICATION

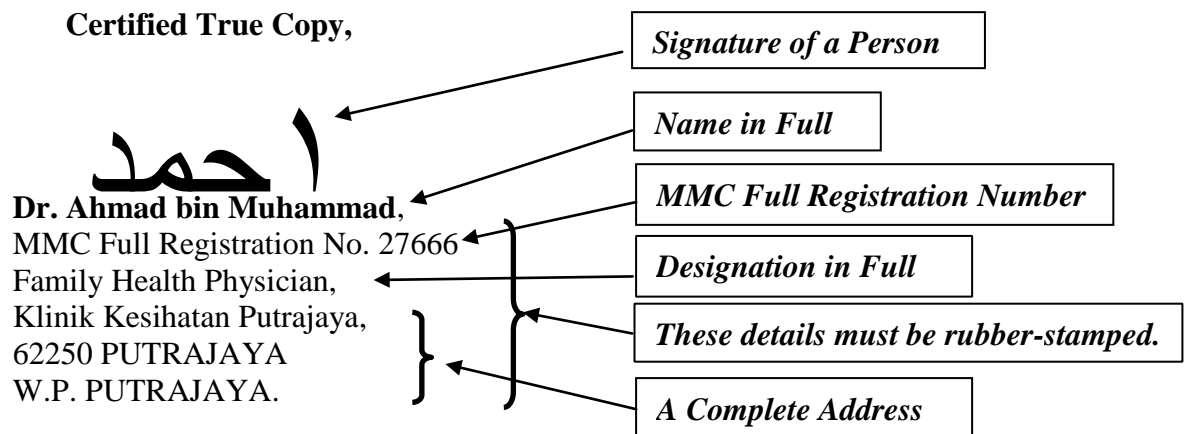
Please take note:

- 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:



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**