



## MALAYSIAN MEDICAL COUNCIL

### GUIDELINE & APPLICATION FORM FOR REGISTRATION OF 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:
    - 2.1. Provisionally registered with the MMC, complete your internship training to the satisfaction of the Medical Qualifying Committee and employed by public authorities (unless you are given a relaxation of the compulsory services or allowed to practise in private sector); or
    - 2.2. 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 fulfil 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 compulsory service within the public sector upon full 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 service or allowed to practise in private sector).
  5. Under the Medical Act 1971, all medical practitioners wishing to practice as specialists are also required to obtain registration with the National Specialist Register (NSR).
  6. For Malaysian citizens completing internship abroad:
    - 6.1. 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.
    - 6.2. The following documents with the number of copies stated are to be submitted:
      - a. Application form for Full Registration (Form 7) – (Original and 1 copy)
        - i. 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*.
      - b. A copy of the basic medical degree.
      - c. A copy of both the *Sarjana Kedokteran* and *Ijazah Kedokteran* degrees (*for graduates from Indonesia only*).
      - d. A copy of both the *Compulsory Rotating Houseman/Internship Certificate* and *Bonafide Student Certificate* (*for graduates from India only*).
      - e. '*Curriculum Vitae* of the applicant with regards to the work experiences only (type written) - (Original and 1 copy) .
      - f. 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).

- g. A copy of the birth certificate.
  - h. A copy of the identity card.
  - i. A copy of the *Sijil Pelajaran Malaysia* or Malaysian Certificate of Examination, where applicable.
  - j. A copy of a post graduate degree(s), where applicable.
  - k. A copy of provisional certificate issued by a foreign Medical Council or Professional Licensing Authority in the country of practice, if applicable.
  - l. 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.
  - m. A current and original Letter of Good Standing issued by a foreign Medical Council or Professional Licensing Authority in the LAST country of practice.
  - n. A recent standard passport size photo (Original).
  - o. The MMC Fitness to Practice Declaration Form (Original).
7. All documents should be certified according to the MMC Guideline for Document Verification. (Please visit the following link: <http://www.mmc.gov.my/images/contents/downloadable/Guideline-doc-verify.pdf>).
8. If your printed names in any of the submitted documents differ, please submit a Statutory Declaration;
9. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions (original and not copy) 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 such as Institut Terjemahan dan Buku Malaysia (ITBM) or Officers of appropriate Embassy.
10. You are advised to keep a copy of all the documents submitted for your future reference.
11. Pursuant to Section 19 of the Act, you are required to submit a copy of your recent medical report and sick leaves if you:
- 11.1. Suffer from any illness or physical condition which may affect your professional duties; and/or
  - 11.2. Have any mental problem and/or have been admitted into a hospital for any mental problem.
12. Please submit your application to:
- The Registrar of Medical Practitioners,  
Malaysian Medical Council,  
Block B, Ground Floor,  
Jalan Cenderasari,  
50590 KUALA LUMPUR.*
13. Applications can be submitted in person or sent via post.
14. Before submitting, please refer to the checklist provided.
15. Upon receipt, you will be promptly notified in writing:
- 15.1. Of any shortcomings and to respond immediately. Your application will only be processed once the documents/payment are complete; or
  - 15.2. Your application will be screened by the MMC Evaluation Committee. (Note: The Committee meets every third Thursday of the month.)
16. You will be notified in writing of the outcome of the Committee Meeting:
- 16.1. 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;
  - 16.2. If your application is approved for Full Registration, you are required to:

- a. 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* of commencing your practise.
  - b. Submit a one hundred and fifty ringgit (RM150.00) fee (pursuant to Regulation 26 and 47 of the Medical Regulations 2017) in bank draft, money order, postal order or cheque in favour of '**Kumpulan Wang Majlis Perubatan Malaysia**' with your name and identity card number written behind the payment slip.
- 16.3. If you are advised of any shortcomings, please *respond immediately*. Your application will only be processed once the documents are complete.
17. If you are exempted from the compulsory services:
- 17.1. You are required to submit a one hundred and fifty ringgit (RM150.00) (pursuant to Regulation 26 and 47 of the Medical Regulations 2017) in bank draft, money order, postal order or cheque in favor of '**Kumpulan Wang Majlis Perubatan Malaysia**' with your name and identity card number written behind the payment slip.
  - 17.2. You *need not* submit a confirmation letter of reporting for duty from your employer.
18. Please allow us *4 (four) weeks* to process your Full Registration Certificate (Form 11).
19. Your certificate will be sent 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/she needs to produce a Letter of Authorization from you during collection.
20. Please feel free to contact us if you;
- 20.1. Were not notified in writing upon submitting your application;
  - 20.2. Do not hear from us two weeks after the MMC Evaluation Committee Meeting;
  - 20.3. Do not hear from us after the one-month processing period is over; and/or
  - 20.4. Require any assistance or have any questions.

Your cooperation is greatly appreciated.

Thank you.  
Secretary,  
Malaysian Medical Council.

<p><b>Revised:</b> First: <b>18 December 2008</b> Second: <b>11 June 2009.</b> Third: <b>1 December 2016</b> Fourth: <b>29 June 2017</b></p>
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**MALAYSIAN MEDICAL COUNCIL**  
**Form 7**  
 (Section 14, Medical Act 1971)  
 (Regulation 26, Medical Regulations 2017)  
**APPLICATION FOR FULL REGISTRATION**

Recent  
 Passport Sized  
 Photograph

Note - \*for Malaysians who have undergone internship locally, please fill up Sections 1 and 2.

\*for Malaysian and Non-Malaysian who have undergone internship abroad, please fill up Sections 1 to 8.

<b>1. PERSONAL INFORMATION</b>			
Full Name of Applicant : (as per I/C)			
Provisional Registration No:			
Religion:	Gender :	Age:	Ethnic:
Tel ( <i>office</i> ):	Tel ( <i>mobile</i> ):	Email:	
Citizenship	Malaysian	NRIC No.:	
	Malaysian PR	NRIC No.:	
	Non-Malaysian	Country:	
		Passport No.:	
Resident Address			
Postal Address			
Marital Status: Single / Married / Divorced (please select one)			
If married, Name of spouse:			
Citizenship:		Occupation:	

<b>2. BASIC MEDICAL DEGREE</b>	
Name of the awarding University	
Name of the Degree	
Date awarded	

<b>3. APPLICABLE TO INDIAN MEDICAL GRADUATES ONLY</b>	
Date of Passing the Final Examination	
Bonafide Student of College	

<b>4. INTERNSHIP EXPERIENCE SINCE GRADUATION</b>		
<i>(Note – The Compulsory Rotating Internship prior to graduation is <b>NOT</b> considered as Internship Training)</i>		
Discipline	Place	Date/Period
4.1. General Medicine		Date: ___/___/___ To: ___/___/___
		Period: ___ Years ___ Months.
4.2. General Surgery		Date: ___/___/___ To: ___/___/___
		Period: ___ Years ___ Months.
4.3. Obstetrics & Gynaecology		Date: ___/___/___ To: ___/___/___
		Period: ___ Years ___ Months.
4.4.		Date: ___/___/___ To: ___/___/___
		Period: ___ Years ___ Months.
4.5.		Date: ___/___/___ To: ___/___/___
		Period: ___ Years ___ Months.

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

5. POST-GRADUATE QUALIFICATION		
Awarding Body	Date of Award	Description of Degree
5.1.	/ /	
5.2.	/ /	

<b>6. LICENSING AUTHORITY</b>
Date of Full Registration:
Name of the Full Registration Licensing Authority:
Date of Specialist Registration:
Name of the Specialist Registration Licensing Authority:

<b>7. LETTER OF GOOD STANDING</b>
Name of Licensing Authority:
Date Issued: _____ Expiry Date: _____

8. WORKING EXPERIENCE AFTER GRADUATION			
NO.	APPOINTMENT	PLACE	DATE / PERIOD
8.1.			Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.
8.2.			Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.
8.3.			Date: ___/___/___ To: ___/___/___ Period: ___ Years ___ Months.

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

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 of exemption issued under section 13(6) of the Medical Act.

<b>9. PAYMENT DETAILS</b>
I include the following Bank Draft/Money Order/Postal Order* made out to ' <u>Kumpulan Wang Majlis Perubatan Malaysia</u> ':
(a) Bank Draft/Money Order/Postal Order* No.: .....
(b) Sum: RM.....
(c) Name/Location of Post Office/Bank: .....
(d) Date: .....

Mode of certificate collection (please ✓ one only)	By hand	By post	On behalf

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

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

**CHECKLIST:**

1. Form 7 – Full Registration application form **(Original and 1 copy)**
2. A certified true copy of the basic medical degree **(1 copy)**
3. For **Indonesian university graduates** ONLY – certified true copies of: 
  - i *Sarjana Kedokteran*
  - ii *Ijazah Kedokteran*
4. For **Indian university graduates** ONLY – certified true copies of the : 
  - i Compulsory Rotating Houseman/Internship Certificate **(1 copy)**
  - ii Bonafide Student Certificate **(1 copy)**
5. Curriculum vitae of the applicant with regards to the work experience only (preferably type written) **(Original and 1 copy)**
6. A certified true copies of the testimonials of the last three years working experience **(1 copy)**
7. A certified true copy of the birth certificate **(1 copy)**
8. A certified true copy of the identity card **(1 copy)**
9. A certified true copy of the *Sijil Pelajaran Malaysia/ A-level/ O-Level* certificate **(1 copy)**
10. A certified true copy of postgraduate degree(s), where applicable **(1 copy)**
11. A certified true copy of Senior Houseman Certified with postings specified. **(1 copy)**
12. A certified true copy of Provisional Registration certificate with the Medical Council/ Licensing Authority in country of practice, if any **(1 copy)**
13. A certified true copy of the Full Registration certificate with the Medical Council/ Licensing Authority in country of practice, if any **(1copy)**
14. A **current and original** *Letter of Good Standing* from Medical Council / Licensing Authority in previous/last country of practice **(Original)**
15. A recent standard passport sized photo **(Original)**
16. A statutory declaration – If your name in the documents differs. **(Original)**

17. 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)**

18. Certified true copy of the medical report/sick leaves, if any **(1 copy)**

19. The MMC Fitness to Practice Declaration Form **(Original)**

20. A RM150.00 fee in bank draft, money order, postal order or cheque form in favour of  
**'Kumpulan Wang Majlis Perubatan Malaysia'**



## MALAYSIAN MEDICAL COUNCIL FITNESS TO PRACTISE DECLARATION FORM

**Please Note:**

- a. The Malaysian Medical Council (the Council) reserves all rights to withhold and/or to terminate an application for registration and/or to take any action it deems fit, if any information or documents tendered is found subsequently to be false.
- b. It is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Council.
- c. The Council may make any enquiries or obtain any information and documents that it deems appropriate.
- d. If you are unsure about whether a matter is important please inform the Council about it and provide full details to enable the Council to make a decision.
- e. The information provided in this application will be governed by the Council's Guidelines on Confidentiality.

### A. PERSONAL DETAILS

**Name** : .....

**NRIC/Passport No.** : .....

### B. HEALTH STATUS

#### 1. **Health condition**

a. Do you have a health condition? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C.)	Yes / No
b. Please state the full nature of the condition (Please provide details in a separate sheet)	
c. What was the date of the diagnosis?	
d. Does the condition still affect you?	Yes / No
e. If no, please state the date when you were last affected by the condition.	

#### 2. **Current status of health condition**

a. How does the condition affect you? (Please provide details in a separate sheet)	
b. What was the date of the most recent episode or occurrence?	
c. Details of treatment and/or advice received following the most recent episode or occurrence. (Please provide details in a separate sheet)	
d. Details of all the doctors who have treated you (Name, Qualifications, Address, Telephone number and Email). (Please provide details in a separate sheet)	
e. Please state if your condition has resulted in any of the following:	
(i) Interruption or restriction of practice (Please provide details in a separate sheet)	Yes / No
(ii) Referral to occupational health and/or health assessments (Please provide details in a separate sheet)	Yes / No

#### 3. **Employment**

If you have been offered employment:

a. Have you informed your prospective employer of your condition?	Yes / No
b. Contact details of (Name, Job title, Address, Telephone number and Email) of the person that we can confirm details, if necessary. (Please provide details in a separate sheet)	



**C. DISCIPLINARY RECORD**

4a. Have you ever been reprimanded, suspended or deregistered by a medical regulatory authority in Malaysia or another country? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section D).	Yes / No
4b. Details of the regulatory authority that imposed the sanction, including your reference/registration number; documentary evidence of the sanction imposed; and a full statement from you of the background and grounds of the sanction. Information of any appeal on the sanction (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No
4c. Have you ever been refused registration or a license to practice by any medical regulatory authority in Malaysia or another country?	Yes / No
4d. Details of the regulatory authority who refused registration; documentary evidence of the grounds for refusal; and a full statement from you as to the background and grounds of the refusal. Information of any appeal on the refusal of registration (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No
4e. Has an employer ever taken disciplinary action against you?	Yes / No
4f. Documentary evidence of the nature of the disciplinary action undertaken by the employer; contact details (Names, Address, Telephone number and Email) of person(s) involved at the employing organisation that we can approach to secure further information and details; and a full statement on the nature of the allegation and any other information you would wish us to consider. Information of any appeal including legal action (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes / No

**D. CRIMINAL RECORD**

5a. Have you ever been convicted of an offence in a court of law or been cautioned, either in Malaysia or another country? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section E.)	Yes / No
5b. Details of the date of the conviction; name and address of the court; and the details of the penalty (if applicable) that was imposed. (Please provide details in a separate sheet)	

**E. DECLARATION**

I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein remains unchanged to date. To the best of my knowledge and belief, I have not withheld any material fact.	
I consent to the Malaysian Medical Council contacting the doctors I have listed in question 2d and/or the persons and/or the authorities I have listed in questions 3b, 4b, 4d and 4f should the Council decides to do so.	Yes / No
Signature :	Date:
Name :	

*The draft of this document was prepared by the Evaluation Committee comprising Datuk Dr Noor Hisham Abdullah (Chairperson), Dr Milton Lum Siew Wah, Prof Dato' Anuar Zaini Md Zain, Dato Dr Zaki Morad Mohd Zaher, Prof Datuk Abdul Razzak Mohd Said, Prof Dato Sri Abu Hassan Asaari Abdullah, Prof Lim Chin Theam, Prof Nor Azmi Kamarudin and Prof Dato Dr Abdul Hamid Abdul Kadir.*

**Adopted by the Council at its 312<sup>th</sup> meeting on 15 January 2017**