



## MALAYSIAN MEDICAL COUNCIL

### **GUIDELINE & APPLICATION FORM FOR FULL REGISTRATION OF MALAYSIAN CITIZENS COMPLETING INTERNSHIP IN 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:
  - 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 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 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).
4. For Malaysian citizens completing internship *in Malaysia*:
  - 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 required to 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.
  - 4.3. The following documents should be submitted:
    - a. Application form for Full Registration (Form 7):
      - i. To be completed in *block letters* (preferably type-written).
      - ii. All relevant 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. Original Form A of the Log Books for the five disciplines of the housemanship posting.
  - f. Original Form 8 entitled 'Certificate of Experience in a Resident Medical Capacity'.
  - g. A recent standard passport size photo (Original).
  - h. The MMC Fitness to Practice Declaration Form (Original)
5. 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>).
  6. Should your printed names in any of the submitted documents differ, you are required to submit a Statutory Declaration (stating the name as on the identity card is the same individual).
  7. 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.
  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:
    - 8.1. suffer from any illness or physical condition which may affect your professional duties;
    - 8.2. have any mental problem and/or have been admitted into a hospital for any mental problem; and/or
    - 8.3. 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 your application to:

*The Registrar of Medical Practitioners  
Malaysian Medical Council  
Block B, Ground Floor  
Jalan Cenderasari  
50590 W.P. Kuala Lumpur.*
  11. Applications 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:
    - 13.1. If you are eligible to practice, you may report for duty and practice with immediate effect; or
    - 13.2. If stated otherwise, you will be advised of the shortcomings. Your application will be processed once the documents/payment are complete. You are strongly advised to *respond immediately* to our notification of any shortcomings.
  14. Please allow us 4 (four) weeks to process the Full Registration Certificate (Form 11).

(Note: The letter issued under paragraph 13(a) above is sufficient for you to commence practice. You need not wait for the Certificate).
  15. 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 present a Letter of Authorization from you during collection.
  16. Please feel free to contact us if you:

- 16.1. Were not notified in writing upon submitting your application;
- 16.2. Do not hear from us after the processing period is over; and/or
- 16.3. Require any assistance or have any questions

Your cooperation is greatly appreciated.

Thank you.  
Secretary,  
Malaysian Medical Council.

**Revised:**

First: **18 December 2008.**

Second: **11 June 2009.**

Third: **29 June 2017.**



**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.
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<b>9. PAYMENT DETAILS</b>
I include the following Bank Draft/Money Order/Postal Order* made out to ' <b><i>Kumpulan Wang Majlis Perubatan Malaysia</i></b> ':
(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 V one only)	By hand	By post	On behalf

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

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

**FORM 8**

(Section 14(1), Medical Act 1971)  
(Regulation 26, Medical Regulation 2017)

**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 Committee:

**CERTIFICATE OF THE MEDICAL QUALIFYING COMMITTEE**

It is certified that the Medical Qualifying Committee 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 : .....

.....

*Signed*  
*Chairman*  
*Medical Qualifying Committee*

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

Date: .....

.....

*Signed*  
*President*  
*Malaysian Medical Council*

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\* *Delete whichever is not applicable.*

**CHECKLIST:**

The following documents need to be submitted by *Malaysian Citizens* Completing Internship *within* Malaysia.

1. Form 7 – Full Registration application form
2. Form A of the Log Book of postings in 5 disciplines during Housemanship training:
  - a. Medicine
  - b. Surgery
  - c. Obstetrics & Gynaecology
  - d. Paediatrics
  - e. Orthopaedics
3. Form 6 – Certificate of Experience in a Resident Medical Capacity
4. For **Indonesian university graduates** ONLY – certified true copies of:
  - a. Sarjana Kedokteran
  - b. Ijazah Kedokteran
5. For **Indian university graduates** ONLY – certified true copies of the :
  - a. Compulsory Rotating Houseman/Internship Certificate
  - b. Bonafide Student Certificate
6. Certified true copy(ies) of the medical report/sick leaves, if any
7. A recent standard passport sized photo
8. The MMC Fitness to Practice Declaration Form
9. A statutory declaration – If your name in the documents differs
10. If the original documents are not in either Bahasa Malaysia or English:
  - a. Certified copies of the translated documents
  - b. Certified copies of the document in its original language
11. 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**