



MALAYSIAN MEDICAL COUNCIL

GUIDELINE & APPLICATION FORM FOR FULL REGISTRATION OF 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:
 - 2.1. Provisionally registered with the MMC, have completed your internship posting to the satisfaction of the Medical Qualifying Committee **and** employed by the public authorities (unless you are given a relaxation of the compulsory service or allowed to practice in the private sector); or
 - 2.2. Registered with a foreign medical council; and
 - 2.3. Is currently fully registered with the MMC; or
 - 2.4. Has been registered with the MMC before and the lapse in registration is less than 6 (six) months; or
 - 2.5. 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 of not being 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. With the enforcement of the Medical (Amendments) Act 2012, all medical practitioners wishing to practice as specialists are also required to obtain registration with the 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 applications 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 (for applications from private sector only) - *(2 copies)*.
 - 6.3. Application Form for Full Registration (Form 7) - *(Original and 1 copy)*:
 - a. To be completed in *block letters*.
 - b. Ensure all mandatory fields (marked *) are completely filled.
 - c. 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.
 - a. For *Indonesian University graduates* – Certified true copies of *both the Sarjana Kedokteran and Ijazah Kedokteran* degrees. - (1 copy each)
 - b. For *Indian University graduates* - Copies of both the *Compulsory Rotating Houseman/Internship Certificate and Bonafide Student Certificate*. - (1 copy each)
- 6.7. *Curriculum Vitae* of Applicant (type written) - (2 copies)
- 6.8. 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).
- 6.9. A copy of the passport;
- 6.10. A copy of the marriage certificate for foreign spouse of Malaysian, if applicable.
- 6.11. A copy of a post graduate degree(s), where applicable. - (1 copy each)
- 6.12. A copy of provisional certificate issued by the foreign Medical Council or Professional Licensing Authority in the country of practice, if applicable.
- 6.13. A copy of a full registration certificate issued by the foreign Medical Council or Medical Licensing Authority in the *last* country of practice, where applicable.
- 6.14. A *current and original* Letter of Good Standing issued by the foreign Medical Council or Professional Licensing Authority in the *last* country of practice.
- 6.15. 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).
- 6.16. 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.
- 6.17. If the practitioner is either still registered and serving a contract with another employer, the *original Release or No Objection Letter* from the current/previous employer needs to be enclosed.
- 6.18. A recent passport-sized photograph. - (1 copy)
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. 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 (stating the name as on the identity card/passport is the same individual).
10. 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.
11. Pursuant to section 19 of the Medical Act 1971, a copy of their recent medical report and sick leaves if the practitioner:
 - 11.1. Suffers from any illness or physical condition which may affect their professional duties;
 - 11.2. Has any mental problem and/or have been admitted into a hospital for any mental problem; and/or
 - 11.3. Has taken sick leaves more than his/her entitlement (please enclose photocopies of the sick certificates).
12. You are advised to keep a copy of application submitted for your reference.
13. Together with your application, you are also 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 banker's cheque form in favour of '**Kumpulan Wang Majlis Perubatan Malaysia**' with the practitioner's name and identity card/passport number written behind the payment slip
14. Please submit the application to:

*The Registrar of Medical Practitioners,
Malaysian Medical Council,
Block B, Ground Floor,*

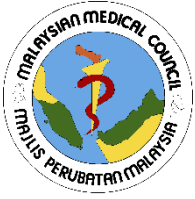
*Jalan Cenderasari,
50590 KUALA LUMPUR.*

15. Applications can be submitted in person or sent via post.
16. Before submitting, please refer to the *checklist* provided.
17. Upon receipt, you will be promptly notified in writing either:
 - 17.1. Of any shortcomings and to respond immediately. Your application will only be processed once the documents/payment are complete; or
 - 17.2. That your application is complete and will be screened by the MMC Evaluation Committee. (Note: The Committee meets every third Thursday of the month.)
18. You will be notified in writing of the outcome of the Committee Meeting:
 - 18.1. Of any shortcomings and to respond to it immediately. Your application will only be processed once the documents/payment are complete; or
 - 18.2. If the Committee is satisfied with your application:
 - a. 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; or
 - b. 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.
19. Once approved by the Honourable Health Minister, you will be duly acknowledged to:
 - 19.1. Inform the practitioner to report for duty and practice within *one month*; and
 - 19.2. 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 practice.
20. If the practitioner does not wish to be fully registered and practice yet:
 - 20.1. You should inform us in writing within ONE month of the approval date; or
 - 20.2. 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).
21. Please allow us 4 (four) weeks to process the Full Registration Certificate (Form 10).
22. The certificate will be sent 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 will need to produce a Letter of Authorization from the practitioner or yourself during collection.
23. Please feel free to **contact us** if you;
 - 23.1. Were not notified in writing upon submitting your application;
 - 23.2. Do not hear from us two weeks after the MMC Evaluation Committee Meeting;
 - 23.3. Do not hear from us after the one-month processing period is over; and/or
 - 23.4. Require any assistance or have any questions.

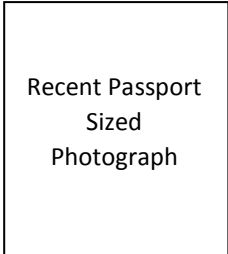
Your cooperation is greatly appreciated.

Thank you.
Chief Executive Officer,
Malaysian Medical Council.

<p>Revised: First: 18 December 2008. Second: 11 June 2009. Third: 30 November 2016 Fourth: 29 June 2017 Fifth: 7 September 2017</p>



MALAYSIAN MEDICAL COUNCIL
 Form 7
 (Section 14, Medical Act 1971)
 (Regulation 26, Medical Regulations 2017)
APPLICATION FOR FULL REGISTRATION



Note - *for Malaysians who have undergone internship locally, please fill up Sections 1, 2 and 9.
 *for Malaysian and Non-Malaysian who have undergone internship abroad, please fill up Sections 1 to 9.

1. PERSONAL INFORMATION			
Full Name of Applicant : (as per I/C)			
Provisional Registration No:			
Religion:	Gender :	Age:	Ethnic:
Tel (office):	Tel (mobile):	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:	

2. BASIC MEDICAL DEGREE	
Name of the awarding University	
Name of the Degree	
Date awarded	

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

4. INTERNSHIP EXPERIENCE SINCE GRADUATION		
<i>(Note – The Compulsory Rotating Internship prior to graduation is NOT 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.	/ /	

6. LICENSING AUTHORITY
Date of Full Registration:
Name of the Full Registration Licensing Authority:
Date of Specialist Registration:
Name of the Specialist Registration Licensing Authority:

7. LETTER OF GOOD STANDING	
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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9. PAYMENT DETAILS
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 V one only)	By hand	By post	On behalf

Date*: ____/____/____

Signature of applicant*: _____

CHECKLIST:

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

- | | | |
|---|---------------------|--------------------------|
| 1. Cover Letter from Employer. | (Original + 1 copy) | <input type="checkbox"/> |
| 2. Copy of Appointment/Offer Letter. | (1 copy) | <input type="checkbox"/> |
| 3. Copies of Advertisement made in three (3) National Newspapers (private sector only). | (2 copies) | <input type="checkbox"/> |
| 4. Form 7 – Full Registration application form. | (Original + 1 copy) | <input type="checkbox"/> |
| 5. Curriculum Vitae of Applicant including work experience. | (Original + 1 copy) | <input type="checkbox"/> |
| 6. Recent passport sized photo. | (2 no.) | <input type="checkbox"/> |
| 7. A certified true copy of the basic medical degree. | (1 copy) | <input type="checkbox"/> |
| a. For Indonesian university graduates only – certified true copies of both: | (1 copy each) | |
| i. Sarjana Kedokteran; and | | <input type="checkbox"/> |
| ii. Ijazah Kedokteran. | | <input type="checkbox"/> |
| b. For Indian university graduates only – certified true copies of both : | (1 copy each) | |
| i. Compulsory Rotating Houseman/Internship Certificate; and | | <input type="checkbox"/> |
| ii. Bonafide Student Certificate. | | <input type="checkbox"/> |
| 8. A certified true copy of the Provisional Registration certificate with the Medical Council /Licensing Authority in country of practice. | (1 copy) | <input type="checkbox"/> |
| 9. A certified true copy of the Full Registration certificate with the Medical Council /Licensing Authority in LAST country of practice. | (1 copy) | <input type="checkbox"/> |
| 10. A current and original Letter of Good Standing from Medical Council/ Licensing Authority in LAST country of practice. | (Original) | <input type="checkbox"/> |
| 11. A certified true copy of the testimonials of the last three years working experience including Senior Houseman Certificate with postings specified, if applicable. | | <input type="checkbox"/> |
| 12. Certified true copy of passport. <i>(on an A4 sized paper)</i> | (1 copy) | <input type="checkbox"/> |
| 13. Certified true copy(ies) of postgraduate degree(s), if applicable. | (1 copy each) | <input type="checkbox"/> |
| 14. A statutory declaration - <i>If your name in the documents differs with that in your passport.</i> | (1 copy) | <input type="checkbox"/> |
| 15. If the original documents are not in either Bahasa Malaysia or English: | | |
| a. The document in its original language. | (Original + 1 copy) | <input type="checkbox"/> |
| b. The translated documents. | (Original + 1 copy) | <input type="checkbox"/> |
| Translated documents are only acceptable if carried out by qualified translators such as Institut Terjemahan dan Buku Malaysia (ITBM) or officers of the appropriate Embassy. | | |
| 16. Fitness to Practice Declaration form. | (Original) | <input type="checkbox"/> |
| 17. Certified true copy of the medical report/sick leaves, if any. | (1 copy) | <input type="checkbox"/> |
| 18. Certified true copies of marriage certificate for foreign spouse of Malaysian, if applicable. | (1 copy) | <input type="checkbox"/> |
| 19. If the practitioner is either still registered and serving a contract with another employer, a Release or No Objection Letter from the current/previous employer. | (Original) | <input type="checkbox"/> |
| 20. A RM150.00 fee in bank draft, money order, postal order or banker's cheque form in favour of ' Kumpulan Wang Majlis Perubatan Malaysia '. | | <input type="checkbox"/> |