



## MALAYSIAN MEDICAL COUNCIL GUIDELINES AND APPLICATION FORM FOR PROVISIONAL REGISTRATION

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 your medical practice.
2. Pursuant to Sections 12 and 13 of the Act, the Provisional Registration allows newly qualified practitioners to undertake the general clinical training needed for Full Registration under Section 14 of the Act.
  - 2.1. You are entitled for provisional registration if you:
    - (i). Possess a degree recognized by the MMC as listed in the Second Schedule or pass the *Examination for Provisional Registration*; and
    - (ii). Are appointed/employed by the public authorities for the purpose of housemanship training.
3. A provisionally registered practitioner is only entitled to practice as a house officer in hospitals approved by the Medical Qualifying Committee under Section 13 of the Act.
4. Original certificates and documents must be brought to MMC during application for purpose of verification. Those who do not do so, will be requested to return with the original documents.
5. Pursuant to Section 19 of the Act, you are required to submit your recent original medical report (Date of the report should not exceed 3 months from the date of submission to MMC and it should be written by a Specialist/Consultant) and sick leaves if you:
  - 5.1. Suffer from any medical illness or physical condition which may affect your professional duties; and
  - 5.2. Have any mental problem and/or have been admitted into a hospital for any mental problem.
6. All documents should be certified according to the MMC Guideline for Document Verification. (Please refer the following link:  
<http://www.mmc.gov.my/images/contents/downloadable/Guideline-doc-verify.pdf>)
7. 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)
8. 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.
9. A RM100 fee (pursuant to Regulation 25 of the Medical Regulations 2017) in the form of *electronic payment* methods such as credit/debit card and online banking/transfer should be made to Malaysian Medical Council. All online banking/transfer should be made to our beneficiary account and please provide proof of payment.

Bank : CIMB  
Name : Kumpulan Wang Majlis Perubatan Malaysia  
Account No : 8600098716  
Swiftcode : CTBBMYKL

10. Please submit the completed application to:  
Registrar of Medical Practitioners,  
Malaysian Medical Council,  
Block B, Ground Floor,  
Jalan Cenderasari,  
50590 Kuala Lumpur
11. Before submitting, please refer to the CHECKLIST provided.
12. A "Qualifiable for Registration" letter will only be issued to those with complete documentations .
13. For applicants with medical problem which needs to be referred to the Fitness to Practice Committee. The Provisional Registration Certificate will only be issued after clearance from this committee.
14. The Provisional Registration Certificate will be sent directly to the practitioner by post. If the practitioner intends to collect it personally, please state in the application form. Kindly provide an authorization letter if the Provisional Registration Certificate is collected by a third party.
15. **Please be advised that your Provisional Registration Certificate will only be issued once you have submitted a copy of your basic medical degree or final academic transcript and have the employment offer letter by SPA.**

Thank you.

Chief Executive Officer,  
Malaysian Medical Council.  
24 July 2019

**CHECKLIST:**

**1. The following documents are to be submitted by all applicants :**

- 1.1. A completed Provisional Registration Application Form (**Form 5**)
- 1.2. Fitness to Practise Declaration Form
- 1.3. A certified true copy of basic Medical Degree (Please specify date of graduation if not indicated in any of the documents).
- 1.4. Certified true copy of final academic transcript covering the whole course/study duration.
- 1.5. A recent passport-sized photograph.
- 1.6. A RM100 fees in the form of electronic payment made to MMC beneficiary account (as stated in guideline) and kindly provide proof of payment.
- 1.7. If the original documents are not in either Bahasa Malaysia or English:
  - a. Translated documents.
  - b. Certified copies of the document in its original language.
- 1.8. Medical report if applicable.

**2. The following additional documents to be submitted by *Malaysians only*:**

- 2.1. A certified true copy of Identity Card.
- 2.2. A certified true copy of *Sijil Pelajaran Malaysia* (SPM) certificate. (SPM result slip is not acceptable)
- 2.3. A certified true copy of employment letter from SPA (to be submitted to MMC after this letter is issued by SPA)

**3. The following additional documents to be submitted by *Non-Citizens only*:**

- 3.1. A certified true copy of passport (Non-citizen).
- 3.2. A certified true copy of employment letter from SPA.
- 3.3. A certified true copy of your marriage certificate for foreign spouse of Malaysian, if applicable.
- 3.4. A certified true copy of higher education certificate or SPM equivalent.

**4. The following additional documents to be submitted by *Indian University Graduates only*:**

- 4.1. A certified true copy of Student Bonafide Certificate.
- 4.2. A certified true copy of Rotating Internship Certificate.

**5. The following additional documents to be submitted by *Indonesian University Graduates only*:**

- 5.1. A certified true copy of *Sijil Kedokteran* (S.KED).
- 5.2. A certified true copy of *Ijazah Kedokteran* (*Ijazah Profesi Dokter*).
- 5.3. A letter/certificate indicating applicant has passed UKDI/UKMPPD



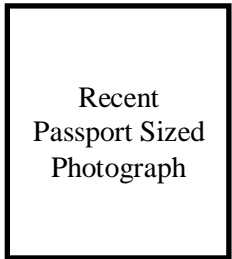
**MALAYSIAN MEDICAL COUNCIL**

**FORM 5**

*(Section 12, Medical Act 1971)*

*(Regulation 25, Medical Regulations 2017)*

**APPLICATION FOR PROVISIONAL REGISTRATION**



1. Full Name of Applicant (As Per NRIC/Passport) : .....
2. NRIC No (Malaysian / Permanent Residents) : .....
3. Foreigners
  - i. Citizenship: .....
  - ii. Passport No: .....
4. Date of Birth: ...../...../..... Gender : M/F Race: ..... Religion : .....
5. (a) Residential Address: .....  
.....  
(b) Postal Address: .....  
.....
6. Particulars of Qualification:
  - a. Description of Qualification (in full) .....
  - b. Institution which granted qualification .....
  - (c) Date of qualification .....
7. Marital Status: Single/Married/Divorced\*  
If married: Name of Spouse: .....  
Occupation: ..... Citizenship: .....
8. Contact Information:  
Telephone - Office: ..... Mobile: .....  
E-mail Address: .....
9. Payment Details:

Bank	:CIMB
Name	: Kumpulan Wang Majlis Perubatan Malaysia
Account No	: 8600098716
Swiftcode	: CTBBMYKL

\*Kindly provide proof of payment

Date: ...../...../.....

.....

*Signature of applicant*

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\* Delete whichever is not applicable.

**DECLARATION**

I, (full name)....., the abovenamed applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are original documents which relate to me.

I further declare that immediately upon being provisionally registered, I shall engage in employment in a resident medical capacity in accordance with the provisions of section 13 (2) of the Medical Act \*and, immediately upon completion of such employment, in service in a medical capacity in the public service under section 13(3) of the Medical Act.

I have not at any time been found guilty of an offence involving fraud, dishonesty or moral turpitude or an offence punishable with imprisonment (whether in itself only or in addition to or in lieu of a fine) for a term of two years or upward.

Date: ...../...../.....

.....

Signature of applicant

**CERTIFICATION OF IDENTITY**

I, (full name).....  
of (full address) .....  
being (professional status) ..... do hereby  
certify that (name of applicant) ..... whose  
application for registration as a medical practitioner is submitted above is known to me personally  
and is in fact the person whose name appears on this application.

Date: ...../...../.....

.....

(Signature & Official Stamp)  
Fully Registered Medical Practitioner or  
Advocate and Solicitor or  
an Officer in the Managerial and  
Professional Group of the Public Service



## 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 : Name:	Date:

*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**