



# MALAYSIAN MEDICAL COUNCIL

## GUIDELINE & APPLICATION FORM FOR

### PROVISIONAL REGISTRATION

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 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.
3. You are entitled for provisional registration if you:
  - 3.1. Under Section 12(1)(aa) of the Act, Possess a degree recognized by the MMC as listed in the Second Schedule or pass the *Examination for Provisional Registration*; and
  - 3.2. Are appointed/employed by the public authorities for the purpose of housemanship training.
4. 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.
5. 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.
6. To apply for Provisional Registration, the following documents MUST be submitted:
  - 6.1. Application form for Provisional Registration (Form 5);
    - 6.1.1. The application form should be completed in *block letters*;
    - 6.1.2. Name entered must be as appeared in the Identity Card; and
    - 6.1.3. For resident and postal addresses, please provide valid addresses in Malaysia.
  - 6.2. Fitness to Practice Declaration Form (To be completed in *block letters*).
  - 6.3. An Original Dean's Letter or certified true copy of a recognized basic medical degree.
    - 6.3.1. For graduates from Indonesia – Certified true copies of both the *Sarjana Kedokteran* and *Ijazah Kedokteran* degrees.
    - 6.3.2. For graduates from India – A copy of both the *Compulsory Rotating Houseman/Internship Certificate* and *Bonafide Student Certificate*.
  - 6.4. A copy of your result transcripts covering the whole course/study duration.
  - 6.5. Other documents will be detailed out in the CHECKLIST.

7. 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:
  - 7.1. Suffer from any medical illness or physical condition which may affect your professional duties; and
  - 7.2. Have any mental problem and/or have been admitted into a hospital for any mental problem.
8. 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>)
9. 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)
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. A RM100 fee (pursuant to Regulation 25 of the Medical Regulations 2017) in the form of bank draft, money order or postal order to be issued in the name of '***Kumpulan Wang Majlis Perubatan Malaysia***' with your name and identity card number written behind the payment slip (cash and personal cheques are not accepted).
12. This application must be submitted in person. However, for bundle applications, the applications may be submitted by the university.
13. You are advised to keep a copy of the documents submitted for your reference.
14. Please submit this application to:

*The Registrar of Medical Practitioners,  
Malaysian Medical Council,  
Block B, Ground Floor,  
Jalan Cenderasari,  
50590 KUALA LUMPUR*
15. Before submitting, please refer to the CHECKLIST provided.
16. For single (personal) application, please allow us at least 3 working days to process complete application.
17. For bundle applications from any particular institutions with more than 20 graduating applicants, please allow us at least 10 working days to process complete applications.
18. A "Qualifiable for Registration" letter will then be issued to those with COMPLETE APPLICATIONS and with this letter, the applicant can proceed to Suruhanjaya Perkhidmatan Awam (SPA) for further instructions (interview, test etc).
19. For applicants with medical problem which need to be referred to the MMC's Medical Review Panel (MRP) or Fitness to Practice (FTP) Committee, the Qualifiable for Registration letter will only be issued after clearance from either of these committees.
20. Once the *Employment Offer Letter* is issued by SPA to you, submit a certified true copy of the letter to MMC in person, either by you or a representative so that your Provisional Registration Certificate can be given to you.
21. The Employment Offer Letter issued by SPA should not be sent through postal services to MMC.

22. If you want to collect your Provisional Registration Certificate 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. (Ask for a template of such letter from the attending staff when you submit your application). Applicants must affix their signature on the Letter of Authorization. If the signature is found to be different from that in the Application Form, it will be deemed forged and action will be taken.
23. This new guideline will take effect from 1<sup>st</sup> July 2017.
24. Please be reminded that MMC will not be responsible if applications are delayed due to applicants not reading the guideline on official MMC website ([www.mmc.gov.my](http://www.mmc.gov.my)) - [http://mmc.gov.my/v1/index.php?option=com\\_content&task=view&id=54&Itemid=89](http://mmc.gov.my/v1/index.php?option=com_content&task=view&id=54&Itemid=89)

Your cooperation is greatly appreciated.

Thank you.

Secretary,  
Malaysian Medical Council.  
29 June 2017

**CHECKLIST:**

**1. The following documents need 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. An *Original Dean's Letter* **OR** 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 result transcripts covering the whole course/study duration.
- 1.5. A recent passport-sized photograph.
- 1.6. A RM100 fees in bank draft/money order/postal order addressed to '*Kumpulan Wang Majlis Perubatan Malaysia*'.
- 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

## FLOW CHART FOR PROVISIONAL REGISTRATION





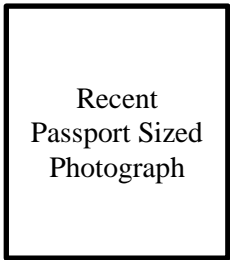
**MALAYSIAN MEDICAL COUNCIL**

**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. Citizenship status: Malaysian: NRIC No: .....  
Malaysian PR: NRIC No: .....  
Non-Malaysian: Country: ..... Passport No: .....
3. Date of Birth: ...../...../..... Gender : M/F Race: ..... Religion : .....
4. (a) Residential Address: .....  
.....  
(b) Postal Address: .....  
.....
5. Particulars of Qualification:  
(a) Description of Qualification (in full) .....  
(b) Institution which granted qualification .....  
(c) Date of qualification .....
6. Marital Status: Single/Married/Divorced\*  
If married: Name of Spouse: .....  
Occupation: ..... Citizenship: .....
7. Contact Information:  
Telephone - Office: ....-..... Fax: ....-.....  
Mobile: ....-.....  
E-mail Address: .....
8. Payment Details:  
I include the following Bank Draft/Money Order/Postal Order\* payable to '***Kumpulan Wang  
Majlis Perubatan Malaysia***' :  
(a) Bank Draft/Money Order/Postal Order\* No.: .....  
(b) Sum: RM.....  
(c) Name/Location of Post Office/Bank: .....  
(d) Date: .....

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

.....  
*Signature of applicant*

**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 :	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**