

FORM 4

(Regulation 20)

MEDICAL ACT 1971

(Section 12)

MEDICAL REGULATIONS 1974

APPLICATION FOR PROVISIONAL REGISTRATION

1. Full name of applicant*:
2. Identity Card No. *
3. Citizenship status*
4. Date of Birth*:/...../.....
5. (a) Residential address*:
.....
.....
(b) Address for postal communication (if different).....
.....
6. Particulars of Qualification*:
 - (a) Description of Qualification (in full).....
 - (b) Institution which granted qualification.....
 - (c) Date of qualification.....
7. I attach the following documents in proof of my qualification and in support of this application*:
 - (a) Citizenship Certificate (if any) No.....
 - (b) The following original diplomas, certificates etc:
.....
.....
8. I attach:
 - (a) document in proof of having been *selected for (subject to my being provisionally registered/exempted from) employment in a resident medical capacity under section 13 (2) of the Medical Act; and
 - (b) document of proof of having been selected for service in a medical capacity under section 13 (3) of the Medical Act, subject to my being provisionally registered and having satisfied the provisions of section 13 (2) of the Medical Act.

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

Signature of applicant*

* Delete whichever is inapplicable.

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)**
Fully Registered Medical Practitioner or
Advocate and Solicitor or
an Officer in the Managerial and
Professional Group of the Public Service

APPENDIX A FORM

**APPLICATION FOR
PROVISIONAL REGISTRATION**

Please affix your recent passport size photo here (35mm x 45mm)

1. **NAME***: Dr.
(In Block Capital as Printed in the NRIC or Passport)

2. **OTHER NAME**:
.....
(If any, including maiden name)

3. **CITIZENSHIP***: 4. **RELIGION**:

5. **GENDER***: Male/Female *(Please select one)* 6. **ETHNIC**:

7. **MARITAL STATUS**: Single/Married/Divorced *(Please select one)*

If married: Name of Spouse:

Occupation: **Citizenship**:

8. **ADDRESS: Residence**:

Postal:

9. **COMMUNICATION***: **Telephone - Office**: ...-..... **Fax**: ...-.....

Mobile:-.....

Email: Official:@.....

Personal:@.....

10. **BASIC MEDICAL DEGREE**:

Name of the Awarding University:

Name of the Degree:

Date Awarded:

11. **MODE OF CERTIFICATE DELIVERY**: *Please ✓ one only.*

a. Please Post b. Collect In Person c. **Somebody on my Behalf**

Signature of applicant: _____ **Date**: ____/____/____

CHECKLIST:

1. The following documents need to be submitted by **ALL** applicants :

- 1.1. A completed **Provisional Registration Application Form (Form 4)**
- 1.2. A completed **Appendix A Form**
- 1.3. An **original** Dean's Letter **OR** a certified true copy of basic medical degree
(Please specify date of graduate if not indicated in any of the document).
- 1.4. A result transcripts covering the **WHOLE** course/study duration
(Local public university graduates are exempted).
- 1.5. A recent passport-sized photograph.
- 1.6. A RM20 registration fees in bank draft/money order/postal order in favour of
'The Registrar of Medical Practitioners'.
- 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. Certified true copy of the medical report/sick leaves, if any.
- 1.9. Fitness to practice declaration form.

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

- 2.1. A certified true copy of an identity card.
- 2.2. A certified true copy of a birth certificate.
- 2.3. A certified true copy of a *Sijil Pelajaran Malaysia* or offer letter from SPA,
whichever applicable.

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 an offer letter from SPA.
- 3.3. A certified true copy of your marriage certificate for foreign spouse of
Malaysian, if applicable.

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

- 4.1. A certified true copy of a *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)*.



THE MALAYSIAN MEDICAL COUNCIL

FITNESS TO PRACTISE DECLARATION FORM

FITNESS TO PRACTISE DECLARATION

The Malaysian Medical Council (“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.

It is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Council.

The Council may make any enquiries or obtain any information and documents that it deems appropriate.

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.

The information provided in this application will be governed by the Council’s Guidelines on Confidentiality.

A. PERSONAL DETAILS

NAME :

I/C or PASSPORT NO :

FILE / MPM NO :

B. HEALTH

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 if necessary)	
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 if necessary)	
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 if necessary)	
d. Details of all the doctors who have treated you (Name, Qualifications, Address, Telephone number and Email) (Please provide details in a separate sheet if necessary)	
e. Please state if your condition has resulted in any of the following:	
e. (i) Interruption or restriction of practice (Please provide details in a separate sheet if necessary)	Yes / No
e. (ii) Referral to occupational health and/or health assessments (Please provide details in a separate sheet if necessary)	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 if necessary)	

**C. DISCIPLINARY
RECORD**

<p>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</p>	<p style="text-align: center;">Yes / NO</p>
<p>section. If the answer is “No”, please go to section D.)</p>	
<p>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 if necessary)</p>	
<p>4c. Have you ever been refused registration or a licence to practise by any medical regulatory authority in Malaysia or another country?</p>	<p style="text-align: center;">Yes / No</p>
<p>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 if necessary)</p>	
<p>4e. Has an employer ever taken disciplinary action against you?</p>	<p style="text-align: center;">Yes / No</p>
<p>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 if necessary)</p>	

D. CRIMINAL RECORD

<p>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.)</p>	Yes / No
<p>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 if necessary)</p>	

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.

<p>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 decide to do so.</p>	Yes / No
Signature	
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 312th meeting on 15
January 2013**