



MALAYSIAN MEDICAL COUNCIL GUIDELINES & APPLICATION FORM FOR TEMPORARY PRACTICING CERTIFICATE

1. Pursuant to the Medical Act 1971, practitioners are required to register with the Malaysian Medical Council (MMC) to practice medicine in Malaysia. Hence, their application should be submitted *prior* to practice.
2. Pursuant to section 16 of the Act, a Temporary Practising Certificate (TPC) is issued to enable a foreign registered medical practitioner to practice in Malaysia for the duration of *not more than three months* for the purpose of teaching, conduct research, and attend post-graduate courses, fellowship training or clinical attachment.
3. Kindly submit applications not less than 6 (six) weeks prior to commencement of intended practice.
4. All applications should be submitted by a practitioner registered with the MMC (referred to as a registered local practitioner, who will be supervising the foreign practitioner) and not the foreign practitioner whose registration is being applied for.
5. To be eligible for the TPC:
 - 5.1. The foreign practitioner should be fully registered with a foreign *Medical Council or Professional Licensing Authority* in the LAST country of practice.
 - 5.2. The *local registered* practitioner who will be supervising the applicant/foreign practitioner should be:
 - a. Fully registered with the MMC;
 - b. Possess a valid and current Annual Practising Certificate; and
 - c. The address(es) where the foreign practitioner will be supervised is/are listed in his APC.
6. *Separate application forms* should be submitted by supervising local practitioner(s) for *each place of practice* the foreign practitioner is going to practice.
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. 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).
9. If the original documents are not in either Bahasa Malaysia or English, translated versions in either Bahasa Malaysia or English along with certified copies of the document in its original language need to be submitted. 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.
10. Please submit this application to:

***The Registrar of Medical Practitioners,
Malaysian Medical Council,
Block B, Ground Floor, Jalan
Cenderasari,
50590 KUALA LUMPUR.***
11. On approval of the applications, the employer is required to inform the Malaysian Medical Council, within one month, in writing, the date the practitioner reported for duty.
12. The Full 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 Full Registration Certificate is collected by a third party.
13. The TPC is only valid for a period of not more than THREE MONTHS from the date printed in the certificate. You are strongly advised to indicate the date the TPC to take effect before submission.
14. Renewal applications should be submitted not less than a month prior to the expiry date of the previous TPC.

15. A fee of five hundred ringgit (RM500.00) via online banking as follows

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

16. Please contact us if you have any queries.

Thank you.

Chief Executive Officer

Malaysian Medical Council.

Revised:

First: 18 December 2008.

Second: 11 June 2009.

Third: 30 November 2016

Fourth: 29 June 2017

Fifth: 19 January 2018

Sixth: 5 July 2019



MALAYSIAN MEDICAL COUNCIL
Form 16
(Section 16(1), Medical Act 1971)
(Regulation 30, Medical Regulations 2017)
APPLICATION FOR TEMPORARY PRACTISING CERTIFICATE

Recent Passport
Sized
Photograph

1. Details of Local Registered Practitioner Responsible for Supervising the Applicant Whilst Practising in Malaysia		
a. Full name of applicant: (as per I/C)		
b. I/C Number (Old):	c. NRIC:	
d. Current Annual Practice Certificate No:		

2. Details of Supervisor's Institution		
a. Name of Institution:		
b. Address:		
c. Section/Department/Discipline:		
d. Tel. No.: Office:	HP:	e. Email:

3. Curriculum Vitae of Foreign Practitioner		
a. Full name of applicant: (as per passport)		
b. Passport Number:	c. Citizenship:	

3.1. Basic Medical Degree		
a. Name of Awarding University		
b. Name of the Degree		
c. Date Awarded		

3.2. Post-Graduate Qualification/s*		
Name of Awarding University	Name of Degree	Date Awarded
a.		
b.		

3.3. Licensing Authority		
Date of Full Registration:		
Name of the Full Registration Licensing Authority:		
Date of Specialist Registration:		
Name of the Specialist Registration Licensing Authority:		

4. Applicant's Working Experience Since Graduation*		
Please detail out the applicant's working experience since graduation		
APPOINTMENT	PLACE	DATE / PERIOD
a.		Date: ___/___/___ To: ___/___/___
		Period: ___ Years ___ Months.
b.		Date: ___/___/___ To: ___/___/___
		Period: ___ Years ___ Months.

APPOINTMENT	PLACE	DATE / PERIOD
c.		Date: ___/___/___ To: ___/___/___
		Period: _____ Years _____ Months.
d.		Date: ___/___/___ To: ___/___/___
		Period: _____ Years _____ Months.

5. MEDICAL INSURANCE COVERAGE	
Name of Medical Insurance Provider	
Certificate No:	Date of expiry:
Covers Practice in Malaysia: Yes / No**	

6. PURPOSE, PLACE AND PERIOD OF TPC	
Purpose for applying TPC (please <input checked="" type="checkbox"/> one)	
Clinical / Patient Care	Conduct Training/Teaching:
Research	Attachment Training/Post postgraduate Program
Others:	

7. INTENDED PLACE AND PERIOD OF PRACTICE	
Place of Practice	Period
	___/___/___ to ___/___/___

8. PAYMENT DETAILS	
Bank	: CIMB
Name	: Kumpulan Wang Majlis Perubatan Malaysia
Account No	: 8600098716
Swiftcode	: CTBBMYKL

9. DECLARATION: (To be signed by the Local Registered Medical Practitioner)	
I hereby agree to assume responsibility for the management of patients treated by the above named Dr. during his/her period of practice applied for.	
Signature:	Date:/...../.....
Official stamp:	

CHECKLIST:

Documents to be submitted for Temporary Practicing Registration Applications

1. Official letter from institution/employer to MMC (Original + 1 copy)
2. Form 16 - Temporary Registration Application Form. (1 copy)
Separate application forms should be submitted by supervising local practitioner(s) for each place of practice the foreign practitioner is going to practice.
3. Resume of the foreign applicant, including work experience. (1 copy)
(preferably type-written)
4. Certified true copy of passport. *(on an A4 sized paper)* (1 copy)
5. Recent passport sized photo. (2 no.)
6. A certified true copy of the basic medical degree. (1 copy)
 - a. For Indonesian university graduates only – certified true copies of both: (1 copy each)
 - i. Sarjana Kedokteran; and
 - ii. Ijazah Kedokteran.
7. Certified true copy(ies) of postgraduate degree(s), if applicable. (1 copy each)
8. Certified true copy(ies) of the testimonial(s) of the last three years' working experience (1 copy each)
9. Certified true copy of full registration certificate issued by the Medical Council or Professional Licensing Authority of the last country of practice (1 copy)
10. A current original Certificate of Good Standing from the Medical Council/Licensing Authority of the last country of practice. (1 copy)
11. MMC Fitness to Practice Declaration Form. (1 copy)
12. For those applying for registration for teaching/demonstration: (1 copy)
- Complete information of the event (event itineraries, list of participants, etc.)
13. For application Fellowship training / clinical attachment, please provide these details: (1 copy)
 - a. The objectives of the program;
 - b. Areas of expertise;
 - c. Number of places available;
 - d. Criteria for eligibility in the program;
 - e. The selection process;
 - f. Description of the tasks to be carried out;
 - g. Duration of program;
 - h. Method of assessment / Certificate;
 - i. Emoluments paid, if any.
14. A statutory declaration - *If your name in the documents differs with that in your passport.* (1 copy)
15. Translated documents - *If the original documents are not in either Bahasa Malaysia or English.* (Original + 1 copy)
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. Valid and current Medical Indemnity which covers the foreign practitioner's practice in Malaysia. (1 copy)
17. Bank :CIMB
Name : Kumpulan Wang Majlis Perubatan Malaysia
Account No : 8600098716
Swiftcode : CTBBMYKL