



MALAYSIAN MEDICAL COUNCIL GUIDELINE & APPLICATION FORM FOR TEMPORARY PRACTICING CERTIFICATE

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, 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. As applications are screened by the MMC Evaluation Committee, you are strongly advised to submit not less than 6 (six) weeks prior to commencement of intended practice where ample time will be available to address any shortcomings.
4. The application 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. To apply for the TPC, the following documents with the number of copies stated should be submitted:
 - 6.1. Official letter from Institution/employer to MMC (**Original + 1 copy**)
 - 6.2. Temporary Registration Application Form (**Original + 1 copy**)
 - 6.2.1. The application form should be completed in BLOCK LETTERS & preferably type-written.
 - 6.2.2. All relevant fields are completely filled.
 - 6.2.3. For resident and postal addresses, please provide addresses in Malaysia.
 - 6.3. Resume of the foreign applicant, including work experience (preferably type-written) (**1 copy**)
 - 6.4. The working experiences stated in the Application Form must be supported with certified true copies of testimonials from relevant department heads/supervisors *at least for the last THREE years (1 copy each)*
 - 6.5. Certified true copy of a basic medical degree (**1 copy**)
 - 6.6. Certified true copy of a post graduate degree(s) if applicable (**1 copy**)
 - 6.7. Certified true copy of full registration certificate issued by the Medical Council or Professional Licensing Authority in the *last country of practice* (**1 copy**)
 - 6.8. Current and original Letter of Good Standing issued by a foreign Medical Council or Professional Licensing Authority in the *last country of practice* (**1 Copy**)
 - 6.9. Certified true copy of a Passport (*on an A4 size paper*) (**1 copy**)
 - 6.10. MMC Fitness to Practice Declaration Form (**1 copy**)

- 6.11. For those applying for registration for *teaching/demonstration*, complete information of the event (Event itineraries, list of participants, etc.) must be submitted **(1 copy)**
- 6.12. For application *fellowship training / clinical attachment*, please provide these details **(1 copy)**:
 - 6.12.1. The objectives of the program.
 - 6.12.2. Areas of expertise.
 - 6.12.3. Number of places available.
 - 6.12.4. Criteria for eligibility in the program.
 - 6.12.5. The selection process.
 - 6.12.6. Description of the tasks to be carried out.
 - 6.12.7. Duration of program.
 - 6.12.8. Method of assessment/Certificate.
 - 6.12.9. Emoluments paid, if any.
- 6.13. Certified true copy of a valid and current Medical Indemnity which covers the foreign practitioner's practice in Malaysia **(1 copy)**
7. *Separate application forms* should be submitted by supervising local practitioner(s) for *each place of practice* the foreign practitioner is going to practice.
8. Every local practitioner is advised to keep a copy of the application documents submitted for their own references.
9. 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>).
10. 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).
11. 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.
12. Where applicable, only ONE copy should be certified.
13. Application can be submitted in person or sent via post.
14. Before submitting, please refer to the *checklist* provided.
15. Please submit this application to:

***The Registrar of Medical Practitioners,
Malaysian Medical Council,
Block B, Ground Floor, Jalan
Cenderasari,
50590 KUALA LUMPUR.***
16. Upon receipt, you will be promptly notified in writing:
 - a. Of any shortcomings and to respond immediately. Your application will only be processed once the documents are complete; or
 - b. That your application will be screened by the MMC Evaluation Committee. (Note: The Committee meets every third Thursday of the month.) At this juncture, the practitioner is NOT yet registered. Hence, you are strongly advised NOT to appoint/employ him yet;
17. You will be notified in writing of the outcome of the Committee Meeting:
 - a. of any shortcomings and to respond to it immediately. Your application will only be processed once the documents are complete; or
 - b. If the Committee approves your application, you will be duly acknowledged to:
 - i. Inform the practitioner to report for duty and practice within ONE MONTH;
 - ii. Submit a letter stating the exact date the practitioner reported for duty. This letter is necessary to effect the issuance of his Temporary Registration Certificate and should be submitted within ONE month he commences practice; and
 - iii. Submit a five hundred ringgit (RM500) fee (pursuant to Regulation 30 and 47 of the Medical Regulations 2017) in bank draft, money order, postal order or banker's cheque in favour of

'Kumpulan Wang Majlis Perubatan Malaysia' with the practitioner's name and identity card/passport number written behind the payment slip.

18. Please allow us 4 (FOUR) weeks to process the Temporary Practicing Certificate (Form 17).
19. The certificate will be sent directly to you by post. If you want to collect it, please indicate clearly in the 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.
20. Each 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 correctly *when* you need the TPC and to submit your application accordingly.
21. *Renewal applications* should be submitted *not less than a month prior* to the expiry date of the previous TPC.
22. Pursuant to Regulation 30 and 47 of the Medical Regulations 2017, a five hundred ringgit (RM500) fee is imposed *for renewal of each TPC*. Please effect payment in bank draft, money order, postal order or banker's cheque in favor of **'Kumpulan Wang Majlis Perubatan Malaysia'** with the practitioner's name and identity card/passport number behind the payment slip.
23. Please feel free to contact us if you;
 - a. Were not notified in writing upon submitting your application;
 - b. Do not hear from us two weeks after the MMC Evaluation Committee Meeting;
 - c. Do not hear from us after the one-month processing period is over; and/or
 - d. Require any assistance or have any questions.

Your cooperation is greatly appreciated.

Thank you.

Secretary,

Malaysian Medical Council.

Revised:

First: **18 December 2008.**

Second: **11 June 2009.**

Third: **30 November 2016**

Fourth: **29 June 2017**



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
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: _____

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

* If you need more space, please use a separate sheet of paper. Please use the reference format illustrated above.

** Delete whichever not applicable.

CHECKLIST:

Documents to be submitted for Temporary Practising Registration Applications

- | | | | |
|-----|---|---------------------|--------------------------|
| 1. | Official letter from institution/employer to MMC | (Original + 1 copy) | <input type="checkbox"/> |
| 2. | Form 16 - Temporary Registration Application Form.
<i>Separate application forms should be submitted by supervising local practitioner(s) for each place of practice the foreign practitioner is going to practice.</i> | (1 copy) | <input type="checkbox"/> |
| 3. | Resume of the foreign applicant, including work experience.
<i>(preferably type-written)</i> | (1 copy) | <input type="checkbox"/> |
| 4. | Certified true copy of passport. <i>(on an A4 sized paper)</i> | (1 copy) | <input type="checkbox"/> |
| 5. | Recent passport sized photo. | (2 no.) | <input type="checkbox"/> |
| 6. | 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"/> |
| 7. | Certified true copy(ies) of postgraduate degree(s), if applicable. | (1 copy each) | <input type="checkbox"/> |
| 8. | Certified true copy(ies) of the testimonial(s) of the last three years' working experience | (1 copy each) | <input type="checkbox"/> |
| 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) | <input type="checkbox"/> |
| 10. | A current original Letter of Good Standing from the Medical Council/Licensing Authority of the last country of practice. | (1 copy) | <input type="checkbox"/> |
| 11. | MMC Fitness to Practice Declaration Form. | (1 copy) | <input type="checkbox"/> |
| 12. | For those applying for registration for teaching/demonstration:
- Complete information of the event (event itineraries, list of participants, etc.) | (1 copy) | |
| 13. | For application Fellowship training / clinical attachment, please provide these details: | (1 copy) | <input type="checkbox"/> |
| | 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 - <i>If your name in the documents differs with that in your passport.</i> | (1 copy) | <input type="checkbox"/> |
| 15. | Translated documents - <i>If the original documents are not in either Bahasa Malaysia or English.</i>
<i>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.</i> | (Original + 1 copy) | <input type="checkbox"/> |
| 16. | Certified true copy of a valid and current Medical Indemnity which covers the foreign practitioner's practice in Malaysia. | (1 copy) | <input type="checkbox"/> |
| 17. | A RM500.00 fee in bank draft, money order, postal order or banker's cheque form in favour of ' <i>Kumpulan Wang Majlis Perubatan Malaysia</i> '. | | <input type="checkbox"/> |