

MALAYSIAN MEDICAL COUNCIL

GUIDELINES & APPLICATION FORM FOR

TEMPORARY PRACTISING REGISTRATION

Please take note:

- a. The following information is provided to assist **local registered practitioner** who wants to register foreign practitioner.
- 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 studying, teaching/demonstration, research or practicing-cum-employment.
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. **Temporary Registration Application Form** in **13 copies**
 - a. The application form should be **completed** in **BLOCK LETTERS** (preferably type-written).
 - b. **ALL mandatory fields (marked *) are completely filled.**

- c. For resident and postal addresses, please provide **addresses in Malaysia.**
- 6.2. 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**
- 6.3. Certified true copy of a basic medical degree (**1 copy**)
- 6.4. Certified true copy of a post graduate degree(s) if applicable (**1 copy**)
- 6.5. Certified true copy of full registration certificate issued by the Medical Council or Professional Licensing Authority in the **LAST** country of practice (**1 copy**)
- 6.6. **Current and original** Letter of Good Standing **issued by a foreign Medical Council or Professional Licensing Authority** in the **LAST** country of practice in **1 Copy**
- 6.7. Certified true copy of a Passport (**in an A4 size paper**) (**1 copy**)
- 6.8. For those applying for registration for **teaching/demonstration or research**, complete information of the event must be submitted in **13 copies**
(No further information needed when applying for registration to pursue postgraduate studies or clinical attachment).
- 6.9. For those applying for registration to **practice-cum-employment**, you need to submit:
 - a. proof that application has been made to the Medical Practise Division, Ministry of Health with regards to employing a practitioner to work in private sector (**1 copy**);
 - b. proof that the said post has been advertised NOT LESS than 3 times in three national newspapers (**1 copy**).
- 6.10. Certified true copy of a valid and current Medical Indemnity which covers the foreign practitioner's practise in Malaysia. (**1 copy**)
7. Pursuant to section 19 of the Medical Act 1971, a copy of their recent medical report and sick leaves if they:
 - a. suffer from any illness or physical condition which may affect their professional duties; or
 - b. have any mental problem and/or have been admitted into a hospital for any mental problem.
8. **Separate** Application Form should be submitted by local practitioner(s) supervising for each place of practice(s) the foreign practitioner is/are going to practice.
9. Every local practitioner is advised to keep a copy of the application documents submitted for their own references.
10. ALL documents should be certified according to the **Guideline for Document Verification**.
11. If the practitioners' printed names in any of the documents submitted differ, they are required to submit a Statutory Declaration to the effect;
12. 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 or officers of appropriate embassy.
13. Where applicable, only ONE copy should be certified.
14. Application can be submitted in person or sent via post.

15. Before submitting, please refer to the **checklist** provided.
16. Please submit this application to:

***The Registrar of Medical Practitioners,
Malaysian Medical Council,
Block B, Ground Floor,
Jalan Cenderasari,
50590 KUALA LUMPUR.***
17. 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 second Thursday of the month.) At this juncture, the practitioner is NOT yet registered. Hence, you are strongly advised NOT to appoint/employ him yet;
18. 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. to 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. A fifty ringgit processing fee (pursuant to **Regulation 25** of the **Medical Regulations 1974**) in bank draft, money order, postal order or cheque in favor of **'The Registrar of Medical Practitioners'** with the practitioner's name and identity card number written behind the payment slip.
19. Please allow us 4 (FOUR) weeks to process the Full Registration Certificate (Form 10). (**NOTE – The letter issued under paragraph 18 is sufficient for you to appoint him and commence practice. You need NOT wait for the Certificate.**)
20. The certificate will be send 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 needs to produce a Letter of Authorization during collection.
21. 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.
22. The issuance of TPC for clinical attachment or a Master Programme is up to 1 (ONE) year in advance. However, no refund will be entertained for any cancellation.
23. Renewals should be submitted **NOT LESS** than a month prior to expiry date.
24. Pursuant to **Regulation 25** of the **Medical Regulations 1974**, a fifty ringgit fee is imposed **for EACH PLACE of practice issued**. Please effect payment in bank draft, money order, postal order or cheque in favor of **'The Registrar of Medical Practitioners'** with the practitioner's name and identity card number behind the payment slip.
25. Please notify us about a change of address in writing by completing a new Appendix A Form.

26. 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.

Yours sincerely,



DR. HJ. WAN MAZLAN BIN HJ. MOHAMED WOJDY

Secretary.

Dated: **14 September 2008.**

Revised:

First: **18 December 2008.**

Second: **11 June 2009.**

TEMPORARY REGISTRATION
APPLICATION FORM

Please affix a
recent passport size
photo of foreign
practitioner here
(35mm x 45mm)

A. DETAILS OF LOCAL REGISTERED PRACTITIONER RESPONSIBLE FOR SUPERVISING THE APPLICANT WHILST PRACTISING IN MALAYSIA:

1. Name (in Full and Capital Letters)*:
2. NRIC Number*: Old: New:
3. Current Annual Practising Certificate No.*:

B. DETAILS OF INSTITUTION:

4. Name of Institution*:
5. Address*:
6. Section/Department/Discipline*:
7. Tel. No.*: Fax No.*:

C. CURRICULUM VITAE OF FOREIGN PRACTITIONER:

8. Name (in Full and Capital Letters)*:
9. Citizenship*:
10. Passport Number*:
11. Basic Medical Qualification*:
 - a. University awarding the Basic Medical Degree:
 - b. Year degree awarded:
12. Post Graduate qualification/s:
 - a. University awarding the Postgraduate Medical Degree:
 - b. Year degree awarded:

13. Licensing Authority*:

- a. Name of Registering Medical Council or Licensing Authority in the Last Country of Practice:

- b. Full Registration No.: Date issued:/...../.....
- c. Letter of Good Standing*: • Number:
 • Date issued:/...../.....
 • Date expired:/...../.....

D. APPLICANT'S WORKING EXPERIENCE SINCE GRADUATION:

14. Please detail out the applicant's working experience since graduation*:

NO.	APPOINTMENT	PLACE	DATE / PERIOD
14.1.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
14.2.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
14.3.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
14.4.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
14.5.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
14.6.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
14.7.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.
14.8.			Date: From: ___ / ___ / ___ To: ___ / ___ / ___
			Period: ___ Years ___ Months.

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

E. MEDICAL INSURANCE COVERAGE:

15. Medical Insurance Coverage*:
- a. Name of Medical Insurance Body*:
- b. Certificate No.* :/...../.....
- c. Date expired* :/...../.....
- d. Covers Practise in Malaysia*: Yes/No. (please select one)

F. PURPOSE, PLACE AND PERIOD OF TPC:

16. Purpose for applying TPC*: (please √ one)

- a. Clinical / Patient Care c. Conduct Training / Teaching
 b. Research d. Attachment Training/Post Graduate Programme
 e. Others:

17. Place and Period of Practice*:

	Place Of Practice	Period
a.		/ / - / /
b.		/ / - / /
c.		/ / - / /

G. 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 abovenamed applicant, Dr. during his period of practice applied for.

Signature*:

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

CHECKLIST:

Documents to be submitted for Temporary Practising Registration

1. Temporary Registration Application Form. **(13 copies)**
Note: Local practitioner(s) supervising each place of practice(s) the foreign practitioner is/are going to practice need to submit separate Application Form in 13 copies each
2. Certified true copy of a Passport (in an A4 size paper) **(1 copy)**
3. A recent standard passport size photo. **(2 copies)**
4. A certified true copy of the basic medical degree. **(1 copy)**
(For Indonesian graduates – Please submit certified true copies of both the *Sarjana Kedokteran* and *Ijazah Kedokteran* degrees)
5. A certified true copies of postgraduate degree(s), where applicable. **(1 copy)**
6. A certified true copies of the testimonials of the last three years working experience. **(1 copy)**
7. **A current and original Letter of Good Standing** from Medical Council/ Licensing Authority in **previous/last** country of practice. **(1 copy)**
8. For those applying for registration for **teaching/demonstration or research:** complete information of the event **(13 copies)**
9. For those applying for registration to **practice-cum-employment:**
 - a. A certified true copy of the application to the Medical Practise Division, Ministry of Health **(1 copy);**
 - b. A certified true copy of advertisements made in three national newspapers **(1copy).**
10. A certified true copy of a valid and current Medical Indemnity covering the foreign practitioner's practise in Malaysia. **(1 copy)**
11. A statutory declaration - If your name in the documents differs. **(1 copy)**
12. If the original documents are not in either Bahasa Malaysia or English:
 - a. Translated documents **(13 copies)**
 - b. Certified copies of the document in its original language. **(1 copy)**
13. Certified true copy of recent medical report/sick leaves, if any. **(13 copies)**

MALAYSIAN MEDICAL COUNCIL

GUIDELINE FOR DOCUMENT VERIFICATION

Please take note:

- a. The following information is provided to assist you.
- b. Please read these notes for guidance before submitting your application.
- 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. This Guideline for Document Verification is to ensure that documents presented by prospective practitioners are genuine and that the holder is the rightful owner.
2. A certified photocopy is considered **valid and acceptable** by the Malaysian Medical Council **only** if it bears the following criteria:
 - 2.1. The document/s is signed by designated or authorized signatories as follows:
 - a. Any public officials holding administrative and professional posts;
 - b. Advocates and solicitors;
 - c. Commissioner for Oaths;
 - d. Notary Public;
 - e. Embassy or Consulate officials holding administrative and professional posts; and
 - f. Justice of Peace.

**For Malaysian graduates from foreign medical universities that wish to apply for registration with the MMC, documentations should be certified by Malaysian government officers stationed in the respective foreign countries.*
 - 2.2. **Every** single page of the documents submitted should be certified.
 - 2.3. **Each** certified documents **shall** bear **ALL** of the following details:
 - a. The name of the person certifying in full;
 - b. In case of a medical practitioner registered with the Malaysian Medical Council (MMC), the Full Registration number should be stated clearly;
 - c. The designation of the person certifying in full;
 - d. The complete address of the person certifying;
 - e. These details must be rubber-stamped; and
 - f. A signature and not an initial.

2.4. Documents certified by Commissioner for Oaths must bear a seal prescribed under Rule 19 of the Commissioner for Oaths Rules, 1993 enacted under the Courts of Judicature Act, 1964

3. An **example** of a **proper and valid** certification is as follows:

Certified True Copy,

احمد

Dr. Ahmad bin Muhammad,
MMC Full Registration No. 27666
Family Health Physician,
Klinik Kesihatan Putrajaya,
62250 PUTRAJAYA
W.P. PUTRAJAYA.

Signature of a Person

Name in Full

MMC Full Registration Number

Designation in Full

These details must be rubber-stamped.

A Complete Address

The diagram illustrates a certified true copy of a signature and its corresponding printed details. The signature 'احمد' is shown in black ink. Below it, the printed details are: 'Dr. Ahmad bin Muhammad,' followed by 'MMC Full Registration No. 27666', 'Family Health Physician,', 'Klinik Kesihatan Putrajaya,', '62250 PUTRAJAYA', and 'W.P. PUTRAJAYA.'. To the right of the signature and details are several callout boxes with arrows pointing to specific parts: 'Signature of a Person' points to the signature; 'Name in Full' points to the name; 'MMC Full Registration Number' points to the registration number; 'Designation in Full' points to the profession; 'These details must be rubber-stamped.' points to the address; and 'A Complete Address' points to the entire address block.

4. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration.

5. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions 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 :

- a. Malaysian certified court translators;
- b. Official Malaysian government agencies;
- c. Malaysian officers in the language faculty of public universities;
- d. Malaysian officers of the appropriate embassies

6. Any certification which does not conform to this Guideline will be considered **invalid and NOT accepted**.

7. Similarly, any document will be considered **invalid and NOT accepted** if:

- a. It is certified by an individual on behalf of another person **without** his own details printed;
- b. The signatures of the same individual are not similar or different.

8. For further details or enquiries, please [contact us](#).

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,

Dr. Hj. Wan Mazlan bin Hj. Mohamed Wooljdy,
Secretary.

Dated: 14 September 2008

Revised:
First: 18 December 2008.
Second: 11 June 2009.
Third : 13 Okt 2011