

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 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:
 - a. Possess a degree recognized by the MMC as listed in the **Second Schedule** or pass the *Medical Qualifying Examination* under **section 12(1)(aa)** of the **Act**; and
 - b. Are appointed/employed by the public authorities.
4. A provisionally registered practitioner is only entitled to practice as a house officer in hospitals approved by the **Medical Qualifying Board** under **section 13** of the **Act**.
5. To apply for **Provisional Registration**, the following documents should be submitted:
 - 5.1. Application form for Provisional Registration **FORM 4**;
The application **form** should be **completed** in **Block Capital** as printed in the NRIC or Passport preferably type-written. **Please fill all mandatory fields marked * completely and legibly.**
***For resident and postal addresses, please provide addresses in Malaysia.**
 - 5.2. The **Appendix A Form**;
 - 5.3. An **original** Dean's Letter or certified true copy of a recognized basic medical degree. (For **Indonesian graduates** – Certified true copies of **both** the *Sarjana Kedokteran* **and** *Ijazah Kedokteran* degrees.)
 - 5.4. A copy of both the *Compulsory Rotating Houseman/Internship Certificate* **and** *Bonafide Student Certificate* (for **Indian graduates only**).
 - 5.5. A copy of your result transcripts covering the **WHOLE** course/study duration and
 - 5.6. Other documents will be detailed out in the **CHECKLIST** below.

6. Pursuant to **section 19** of the **Act**, you are required to submit a copy of your recent medical report and sick leaves if you:
 - 6.1. suffer from any medical illness or physical condition which may affect your professional duties; and
 - 6.2. have any mental problem and/or have been admitted into a hospital for any mental problem.
7. **ALL** documents should be certified according to the **Guideline for Document Verification**;
8. If your printed names in any of the submitted documents differ, you are required to submit a Statutory Declaration;
9. 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 qualified translators or officers of appropriate embassy.
10. A twenty 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 your name and identity card number written behind the payment slip;
11. The application can be submitted in person or sent via post.
12. You are advised to keep a copy of the **documents** submitted for your reference.
13. Please submit this application to:

***The Registrar of Medical Practitioners,
Malaysian Medical Council,
Level 2, Block E1, Block E,
Federal Government Administrative Centre,
Federal Territory,
62518 PUTRAJAYA.***
14. Before submitting, please refer to the **CHECKLIST** provided.
15. Upon receipt, you will be promptly notified in writing:
 - a. If you are eligible to practice, you may report for duty and practice with immediate effect; or
 - b. Of any shortcomings and to respond immediately. Your application will be processed and approved once the documents are complete.
16. Please allow us **4 (FOUR)** weeks to process the **Provisional Registration Certificate (Form 5)**. (**NOTE – The letter issued under paragraph 15(a) is sufficient for you to commence practice. You need NOT wait for the Certificate.**)
17. Your certificate will be send by post. If you want to collect it personally, please state it clearly in your application form. However, if you want someone to collect on your behalf, he needs to produce a Letter of Authorization during collection.
18. Please notify us about a change of address in writing by completing a new **Appendix A Form**.
19. Please feel free to **contact us** if you:
 - a. were not promptly acknowledged after submitting your application;

- b. do not hear from us after the processing period is over; and/or
- c. require any assistance or have any questions.

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.

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

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

If married: Name of Spouse:

Occupation: **Citizenship:**

6. **ADDRESS: Residence:**
.....

Postal:
.....

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

Mobile:-.....

Email: Official:.....@.....

Personal:.....@.....

8. **BASIC MEDICAL DEGREE:**

Name of the Awarding University:

Name of the Degree:

Date Awarded:

9. **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.

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)*.

MALAYSIAN MEDICAL COUNCIL

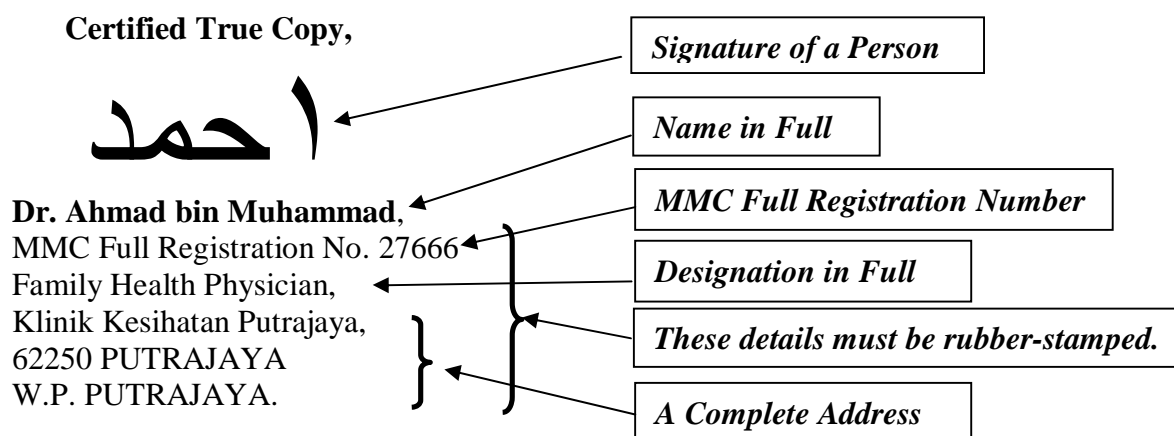
GUIDELINE FOR DOCUMENT VERIFICATION

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.
 - 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:



4. If your printed names in any of the submitted documents 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 qualified translators or officers of appropriate embassy.
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:
- It is certified by an individual on behalf of another person **without** his own details printed;
 - 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:
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