



MALAYSIAN MEDICAL COUNCIL GUIDELINE & APPLICATION FORM FOR REGISTRATION OF MALAYSIAN CITIZENS COMPLETING INTERNSHIP ABROAD

1. Pursuant to the Medical Act 1971, you are required to register with the Malaysian Medical Council (MMC) to practice medicine in Malaysia.
2. To be eligible for Full Registration, you need to be either:
 - 2.1. Provisionally registered with the MMC, complete your internship training to the satisfaction of the Medical Qualifying Committee.
 - 2.2. Registered with a foreign medical council and has completed internship in recognized country or has a postgraduate qualification in a clinical discipline registrable with the Specialist Register.
3. If you do not fulfill any of the criteria in paragraph 2(a), you are only eligible to apply for Provisional Registration.
4. Under the Medical Act 1971, all medical practitioners wishing to practice as specialists are also required to obtain registration with the National Specialist Register (NSR).
5. All 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.
6. 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>).
7. If your printed names in any of the submitted documents differ, you are required to submit a Statutory Declaration;
8. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions (original and not copy) 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 such as Institut Terjemahan dan Buku Malaysia (ITBM) or Officers of appropriate Embassy.
9. Pursuant to Section 19 of the Act, you are required to submit a copy of your recent medical report if you have any physical or mental health condition which may affect your professional duties. The medical report must be:
 - 9.1. By a Specialist registered under National Specialist Register (NSR) of Malaysia.
 - 9.2. Latest medical report valid for 3 months from date of issue
10. A fee of one hundred and fifty ringgit (RM150.00) via online banking/credit or debit card to:

<p style="text-align: center;">Bank: CIMB Name: Kumpulan Wang Majlis Perubatan Malaysia Account No: 8600098716 Swiftcode: CTBBMYKL</p>
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11. Applications to be submitted to:

Malaysian Medical Council
Block B, Ground Floor
Jalan Cenderasari
50590 Kuala Lumpur

- 11.1. All applications will only be processed once the documents/payment are complete; or
- 11.2. Applications will be screened by the MMC Evaluation Committee. (Note: The Committee meets every third Thursday of the month.)
12. You will be notified in writing of the outcome of the Committee Meeting:
 - 12.1. If your application is approved for Provisional Registration, you need to fill up the Provisional Registration application form and undergo the internship training in certain disciplines;
 - 12.2. If your application is approved for Full Registration, you are required to inform your employer to submit a letter stating the exact date you reported for duty. This letter is necessary to affect the issuance of your Full Registration Certificate and should be submitted within ONE month of commencing your practice.
 - 12.3. If you are advised of any shortcomings, please respond immediately. Your application will only be processed once the documents are complete.
13. Please allow us **4 (four) weeks** to process your Full Registration Certificate (Form11).
14. Your certificate will be sent directly to you by post and your employer will be appropriately acknowledged. 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/she needs to produce a Letter of Authorization from you during collection.

Your cooperation is greatly appreciated.

Thank you.
Chief Executive Officer,
Malaysian Medical Council.

Revised:

First: **18 December 2008**

Second: **11 June 2009.**

Third: **1 December 2016**

Fourth: **29 June 2017**

Fifth: **7 September 2017**

Sixth: **27 September 2019**



MALAYSIAN MEDICAL COUNCIL
Form 7
 (Section 14, Medical Act 1971)
 (Regulation 26, Medical Regulations 2017)
APPLICATION FOR FULL REGISTRATION

Recent
 Passport Sized
 Photograph

Note - *for Malaysians who have undergone internship locally, please fill up Sections 1 and 2.
 *for Malaysian and Non-Malaysian who have undergone internship abroad, please fill up Sections 1 to 8.

1. PERSONAL INFORMATION			
Full Name of Applicant : (as per I/C)			
Provisional Registration No:			
Religion:	Gender :	Age:	Ethnic:
Tel (<i>office</i>):	Tel (<i>mobile</i>):	Email:	
Citizenship	Malaysian	NRIC No.:	
	Malaysian PR	NRIC No.:	
	Non-Malaysian	Country:	
		Passport No.:	
Resident Address			
Postal Address			
Marital Status: Single / Married / Divorced (please select one)			
If married, Name of spouse:			
Citizenship:		Occupation:	

2. BASIC MEDICAL DEGREE	
Name of the awarding University	
Name of the Degree	
Date awarded	

3. APPLICABLE TO INDIAN MEDICAL GRADUATES ONLY	
Date of Passing the Final Examination	
Bonafide Student of College	

4. INTERNSHIP EXPERIENCE SINCE GRADUATION		
<i>(Note – The Compulsory Rotating Internship prior to graduation is NOT considered as Internship Training)</i>		
Discipline	Place	Date/Period
4.1. General Medicine		Date: ___ / ___ / ___ To: ___ / ___ / ___
		Period: ___ Years ___ Months.
4.2. General Surgery		Date: ___ / ___ / ___ To: ___ / ___ / ___
		Period: ___ Years ___ Months.
4.3. Obstetrics & Gynaecology		Date: ___ / ___ / ___ To: ___ / ___ / ___
		Period: ___ Years ___ Months.
4.4.		Date: ___ / ___ / ___ To: ___ / ___ / ___
		Period: ___ Years ___ Months.
4.5.		Date: ___ / ___ / ___ To: ___ / ___ / ___
		Period: ___ Years ___ Months.

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

5. POST-GRADUATE QUALIFICATION		
Awarding Body	Date of Award	Description of Degree
5.1.	/ /	
5.2.	/ /	

6. LICENSING AUTHORITY
Date of Full Registration:
Name of the Full Registration Licensing Authority:
Date of Specialist Registration:
Name of the Specialist Registration Licensing Authority:

7. LETTER OF GOOD STANDING	
Name of Licensing Authority:	
Date Issued:	Expiry Date:

8. WORKING EXPERIENCE AFTER GRADUATION			
NO.	APPOINTMENT	PLACE	DATE / PERIOD
8.1.			Date: ___ / ___ / ___ To: ___ / ___ / ___.
			Period: ___ Years ___ Months.
8.2.			Date: ___ / ___ / ___ To: ___ / ___ / ___.
			Period: ___ Years ___ Months.
8.3.			Date: ___ / ___ / ___ To: ___ / ___ / ___.
			Period: ___ Years ___ Months.

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

I attach the following documents in proof of having satisfied the requirements as to experience under section 13 of the Medical Act.
* (a) Certificate under section 13(2) of the Medical Act.
* (b) Certificate of exemption issued under section 13(6) of the Medical Act.

9. Payment Details	
KUMPULAN WANG MAJLIS PERUBATAN MALAYSIA CIMB Islamic Bank Berhad Account Number: 8600098716	
Payment details (online banking /debit card/credit card)*:	
Documents to be sent by Registered Post or Poslaju – in Malaysia(RM20) : Yes/No	
Sum: RM	Date:
Proof of payment / Transaction ID (if applicable):	

Mode of certificate collection (please v one only)	By hand	By post	On behalf

Date*: ___ / ___ / ___

Signature of applicant*: _____

CHECKLIST:

1. Form 7 – Full Registration application form **(Original and 1 copy)**
2. A certified true copy of the basic medical degree **(1 copy)**
3. For **Indonesian university graduates** ONLY – certified true copies of:
 - i *Sarjana Kedokteran*
 - ii *Ijazah Kedokteran*
4. For **Indian university graduates** ONLY – certified true copies of the :
 - i Compulsory Rotating Houseman/Internship Certificate **(1 copy)**
 - ii Bonafide Student Certificate **(1 copy)**
5. Curriculum vitae of the applicant with regards to the work experience only (preferably type written) **(Original and 1 copy)**
6. A certified true copies of the testimonials of the last three years working experience **(1 copy)**
7. A certified true copy of the birth certificate **(1 copy)**
8. A certified true copy of the identity card **(1 copy)**
9. A certified true copy of the *Sijil Pelajaran Malaysia*/ A-level/ O-Level certificate **(1 copy)**
10. A certified true copy of postgraduate degree(s), where applicable **(1 copy)**
11. A certified true copy of Senior Houseman Certified with postings specified. **(1 copy)**
12. A certified true copy of Provisional Registration certificate with the Medical Council/ Licensing Authority in country of practice, if any **(1 copy)**
13. A certified true copy of the Full Registration certificate with the Medical Council/ Licensing Authority in country of practice, if any **(1copy)**
14. A **current and original** *Letter of Good Standing* from Medical Council / Licensing Authority in previous/last country of practice **(Original)**
15. A recent standard passport sized photo **(Original)**
16. A statutory declaration – If your name in the documents differs. **(Original)**

17. If the original documents are not in either Bahasa Malaysia or English :

i Certified copies of the translated documents **(1 copy)**

ii Certified copies of the document in its original language **(1 copy)**

18. Certified true copy of the medical report/sick leaves, if any **(1 copy)**

19. The MMC Fitness to Practice Declaration Form **(Original)**

20. A RM150.00 fee to '*Kumpulan Wang Majlis Perubatan Malaysia*'



**MALAYSIAN MEDICAL COUNCIL
FITNESS TO PRACTISE DECLARATION FORM**

Please Note:

- a. The Malaysian Medical Council (the 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.
- b. It is a criminal offence to make any false statements, to provide any false information and/or document(s) to the Council.
- c. The Council may make any enquiries or obtain any information and documents that it deems appropriate.
- d. 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.
- e. The information provided in this application will be governed by the Council's Guidelines on Confidentiality.

A. PERSONAL DETAILS

Name :

NRIC/Passport No. :

B. HEALTH STATUS

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

C. DISCIPLINARY RECORD

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 section. If the answer is "No", please go to Section D).	Yes / No
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)	Yes / No
4c. Have you ever been refused registration or a license to practice by any medical regulatory authority in Malaysia or another country?	Yes / No
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)	Yes / No
4e. Has an employer ever taken disciplinary action against you?	Yes / No
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)	Yes / No

D. CRIMINAL RECORD

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.)	Yes / No
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)	

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.	
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 decides to do so.	Yes / No
Signature :	Date:
Name :	

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 2017

