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 Practicing 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: https://mmc.gov.my/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
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

<table>
<thead>
<tr>
<th>APPOINTMENT</th>
<th>PLACE</th>
<th>DATE / PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date: / / To: / /</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Period: Years Months.</td>
</tr>
</tbody>
</table>
   a.          |       | Date: / / To: / / |
   |             |       | Period: Years Months. |
   b.          |       | Date: / / To: / / |
   |             |       | Period: Years Months. |
**5. MEDICAL INSURANCE COVERAGE**

<table>
<thead>
<tr>
<th>Name of Medical Insurance Provider</th>
<th>Certificate No:</th>
<th>Date of expiry:</th>
</tr>
</thead>
</table>

Covers Practice in Malaysia: Yes / No**

**6. PURPOSE, PLACE AND PERIOD OF TPC**

<table>
<thead>
<tr>
<th>Purpose for applying TPC (please √ one)</th>
<th>Place of Practice</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical / Patient Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct Training/Teaching:</td>
<td></td>
<td></td>
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<tr>
<td>Research</td>
<td></td>
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<tr>
<td>Attachment Training/Post postgraduate Program</td>
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<tr>
<td>Others:</td>
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</tbody>
</table>

**7. INTENDED PLACE AND PERIOD OF PRACTICE**

<table>
<thead>
<tr>
<th>Place of Practice</th>
<th>Period</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>/</strong>/ to <strong>/</strong>/</td>
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</table>

**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:
      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:
   - 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)
   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