



MALAYSIAN MEDICAL COUNCIL

GUIDELINE & APPLICATION FORM FOR FULL REGISTRATION OF MALAYSIAN CITIZENS COMPLETING INTERNSHIP IN MALAYSIA

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:
 - 2.1. Provisionally registered under Section 12 of the Medical (Amendment) Act 2012
 - 2.2. Furnishes proof of having satisfied Section 13 of the Act.
3. Pursuant to Sections 39 through 44 of the Act, every practitioner is mandated to undergo compulsory service within the public sector upon given full registration.
4. For Malaysian citizens completing internship in Malaysia:

Your application should be submitted through the Medical Register Information and Technical System (MeRITS) at meritsmmc.moh.gov.my within the **first two weeks of the final posting**. If your application is delayed within the stipulated time, please include a detailed explanation of the delay together with your employer's comments. (Pursuant to the directive by the Director General of Health vide Surat Pekeliling KPK Bil. 2 Tahun 2006: Pendaftaran Pengamal Perubatan Selepas Tamat Menjalani Latihan Siswazah Di Bawah Akta Perubatan 1971).

 - 4.1. A fee of one hundred fifty ringgit (RM150.00) is to be paid online via MeRITS
5. Following the application, the respective employers (MOH) are to submit the Certificate of Experience in a Resident Medical Capacity (Form 8), Certification of Completion of Training (Form A) and other relevant supporting documents directly to MMC via email: applicationfull.mmc@gmail.com within the **first two weeks of the final posting**. If the employer fails to submit those documents within the stipulated time, approval of your application will be delayed.
6. All documents should be certified according to the MMC Guideline for Document Verification. <http://www.mmc.gov.my/images/contents/registration/Guideline-doc-verify.pdf>
7. Should your printed names in any of the submitted documents differ, you are required to submit a Statutory Declaration (stating the name as on the identity card is the same individual).
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 the relevant Embassy.
9. Pursuant to Section 19 of the Act, you are required to upload a copy of your recent medical report and medical certificate in the Fitness to Practise section in MeRITS if you:
 - 9.1. suffer from any illness or physical condition which may affect your professional duties; and/or
 - 9.2. have any psychiatric issues and/or have been admitted into a Psychiatry facility; and/or
 - 9.3. have been given sick leaves more than your entitlement (kindly enclose copies of the medical certificates).

10. The Full Registration Certificate can be self-printed from MeRITS once the application has been approved and is valid for use.
11. Kindly contact us if there are any queries.

Thank you.

Chief Executive Officer
Malaysian Medical Council
1st July 2020



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

Recent Passport Sized Photograph
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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 (office):	Tel (mobile):	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 (Note – The Compulsory Rotating Internship prior to graduation is NOT considered as Internship Training)		
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. CERTIFICATE 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.

<p>I attach the following documents in proof of having satisfied the requirements as to experience under section 13 of the Medical Act.</p> <ul style="list-style-type: none"> * (a) Certificate under section 13(2) of the Medical Act. * (b) Certificate of exemption issued under section 13(6) of the Medical Act.
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9. PAYMENT DETAILS
PAYMENT THROUGH MeRITS ONLY

Date*: _____/_____/_____

Signature of applicant*: _____

FORM 8
 (Section 14(1), Medical Act 1971)
 (Regulation 26, Medical Regulation 2017)

CERTIFICATE OF EXPERIENCE IN A RESIDENT MEDICAL CAPACITY

IT IS HEREBY CERTIFIED that.....

who holds Provisional Registration Certificate No.

* (a) Having been employed as a resident medical officer in the following hospital/hospitals during the periods and in the departments mentioned below and having performed satisfactory service during the said periods:

Name of Hospital	Whether in resident medical, surgical or midwifery post	Period		Signature of Medical Officer in-charge of Hospital and date
		From	To	

* (b) having obtained a certificate as endorsed hereunder under section 13 (2) of the Medical Act from the Medical Qualifying Committee:

CERTIFICATE OF THE MEDICAL QUALIFYING COMMITTEE

It is certified that the Medical Qualifying Committee are satisfied that the above named provisionally registered person has performed satisfactory service in a resident medical capacity in accordance with the provisions of section 13 (2) of the Medical Act.

Date :

.....

Signed
 Chairman
 Medical Qualifying Committee

Has satisfied the requirement as to experience in a resident medical capacity provided for under section 13 (2) of the Medical Act.

Date:

.....

Signed
 President
 Malaysian Medical Council

*Delete whichever is not applicable.

CHECKLIST:

The following mandatory documents need to be uploaded in MeRITS by Malaysian Citizens Completing Internship within Malaysia.

1. A certified true copy of basic medical degree
2. Form 7 (Application of Full Registration)
3. A certified true copy of the birth certificate
4. A certified true copy of the identity card
5. A certified true copy of Sijil Pelajaran Malaysia (SPM) certificate/ Higher School Certificate/ "O" Level/ "A" Level.

The following supporting documents need to be uploaded in MeRITS by Malaysian Citizens Completing Internship within Malaysia

1. Provisional Registration Certificate
2. Translation of Basic Medical Degree (if the original certificate is not in Bahasa Malaysia or English)
3. A statutory declaration – If your name in the documents differs from Identity Card
4. Copy of new identity card (if there is recent changes of names)

The following Mandatory documents need to be emailed by the Hospital directly to MMC via email at applicationfull.mmc@gmail.com

1. Form A (Certification of Completion of Training) of the Log Book of postings in 5 disciplines during Housemanship training
2. Form 8 (Certificate of Experience in a Resident Medical Capacity)

The following supporting documents need to be emailed by the Hospital directly to MMC via email at applicationfull.mmc@gmail.com (if applicable)

1. Letter of instruction for extension period
2. Medical Certificate and medical report
3. Letter of instruction for change in training facility
4. Explanation letter if leave taken exceeds more than the entitlement, absence from work without permission or any gap throughout training
5. Explanation letter for late submission of full application by the hospital or practitioner