



MAJLIS PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL COUNCIL)
Kementerian Kesihatan Malaysia
(Ministry of Health Malaysia)
BLOK B, ARAS BAWAH
JALAN CENDERASARI
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HEAD OF DEPARTMENT'S REPORT FOR APPLICATION IN ANATOMICAL PATHOLOGY

Name of Applicant :
I/C or Passport No. :
Hospital/Institution :

Name of Head of Department:
I/C or Passport No. :
MMC Specialist Reg. No :

Your comments will be treated with strict confidence. This report shall under no circumstances be viewed or sent in by applicants.

INFORMATION REQUIRED ABOUT APPLICANT:

1. Professional Conduct

2. Work Ethics

3. Clinical Competency

4. Any adverse events related to applicant (feedback from professional colleagues, disciplinary action, complaints, malpractice issues etc)

5. Whether the applicant has left active practice in the applied discipline for more than one year at the time of application.

6. Recommendation

I recommend/do not recommend _____

(Applicant's Name)

to be registered in **Anatomical Pathology** in MMC Specialist Register.

I am willing to be contacted by the MMC for further discussion regarding this report:

☐ Yes

☐ No

Head of Department's Signature:.....

Date:.....

Full Name of Head of Department:

Designation :

Hospital/Institution :

Contact Address :

Email Contact :

Official Stamp :

Mobile Tel No :

Office Tel No :

Office Fax No :

Please ensure that ALL of the above details are completed.
Please return your completed report to referee@mmc.gov.my