



MAJLIS PERUBATAN MALAYSIA
 (MALAYSIAN MEDICAL COUNCIL (MMC))
 Kementerian Kesihatan Malaysia
 (Ministry of Health Malaysia)
 JALAN CENDERASARI
 50590 KUALA LUMPUR

Tel : 03-9078 2171
 Email : admin.mmc@moh.gov.my
 Website : http://www.mmc.gov.my

REFEREE REPORT FOR SPECIALIST REGISTRATION APPLICATION (FOR THE PURPOSE OF EMPLOYMENT IN SARAWAK)

SECTION I

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

SECTION II (To be completed by the Referee)

Name of Referee :
 I/C No./ Passport No. :
 Specialist Reg. No
 (if applicable) :

Criteria as Referee: Please ensure compliance with the following before writing a report for this applicant

1. Referee must be a peer or senior professionally
2. Referee must have been practicing as a specialist in the specialty for a minimum of 5 years
3. Referee must have worked with/had the opportunity to observe the applicant professionally after applicant completes the training programme, for a minimum of 6 months
4. Referee must be registered as a specialist (where applicable)
5. Referee must be from the same specialty/subspecialty

Your relationship to the applicant <i>(please tick where applicable)</i>	<input type="checkbox"/> Head of Department	<input type="checkbox"/> Supervisor <small>(After completion of training programme)</small>	<input type="checkbox"/> Other (please specify) _____	
In what capacity does/did the applicant work for you or is known to you?				
The number of years you have observed the applicant in a clinical setting. <i>(please tick where applicable)</i>	<input type="checkbox"/> <5 years	<input type="checkbox"/> 5 – 10 years	<input type="checkbox"/> >10 years	<input type="checkbox"/> Not observed
When did the observation occur? <small>(approximate date and length of time)</small>				
Institution and Units/ Departments where professional contact occurred?				
Which clinical unit, discipline or specialty area was the applicant working in?				

Please state your observations on the candidate's ability and suitability for registration as a specialist together with any other information, which might assist us in making decision. (Please use separate sheet, if necessary).

Your comments will be treated with strict confidence. This report will not be viewed by the applicant. It should not be given to the applicant directly.

1. Clinical Skills and Abilities

2. Medical/Surgical Knowledge

3. Personal Character

4. Other Comments

5. Recommendation

I recommend/ do not recommend _____
(Please tick where applicable) *(Applicant's Name)*

to be registered in _____ in MMC Specialist Register
(Specialty)

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

Yes No

I hereby declare I have no professional or financial interest or personal relationship, that would constitute a conflict of interest, in making this Referee Report.

Referee's Signature :

Date:

Full Name of Referee :

Designation :

Present Place of Practice :

Present Address of Practice :

Email Address :

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 smc@mmc.gov.my