MAJLIS PERUBATAN MALAYSIA
(MALAYSIAN MEDICAL COUNCIL)
Kementerian Kesihatan Malaysia
(Ministry of Health Malaysia)
BLOK B, ARAS BAWAH
JALAN CENDERASARI
50590 KUALA LUMPUR

Tel : 03-9078 2171
Emel : admin.mmc@moh.gov.my
Laman Web : 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 for a minimum of 5 years and should be registered as a specialist, where applicable.
3. Referee must have worked with or had the opportunity to observe the applicant professionally after the candidate has completed the training for a minimum of 6 months.
4. Referee must be from the same specialty/subspecialty.

Your relationship to the applicant *(please tick where applicable)*	☐ **Head of Department**	☐ **Supervisor** (After completion of training programme)	☐ **Other** (please specify) _____	
In what capacity does/did the applicant work for you or is known to you?				
The number of clinical encounters you observed while the applicant was working with/ for you. *(please tick where applicable)*	☐ <5 years	☐ 5 – 10 years	☐ >10 years	☐ Not observed
When did supervision occur? (approximate date and length of time)				
Which hospital was the applicant working in at the time?				

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 in no circumstances be viewed or sent in by applicants.

1. Clinical Skills and Abilities

2. Medical/Surgical/Knowledge Skills and Abilities

3. Personal Character

4. Other Comments

5. Recommendation

I ☐ recommend/ ☐ 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 that I have no actual, potential, or perceived conflict of interest in acting as a referee for the applicant.

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

(Ref: Mesyuarat Majlis Perubatan Malaysia kali ke 463, 24/02/2026)