



MALAYSIAN MEDICAL COUNCIL

Form 12

(Section 14C of the Medical Act 1971)
(Regulation 27 of the Medical Regulations 2017)

APPLICATION FOR SPECIALIST REGISTRATION **(For the Purpose of Employment in Sarawak)**

Recent
Passport Sized
Photograph

1. PERSONAL INFORMATION			
Full Name of Applicant: (as per National Registration Identity Card (NRIC) or Passport)			
MMC Full Registration No:			
Date of Full Registration:			
Age:	Date of Birth:	Gender:	Race:
Tel (<i>office</i>):	Tel (<i>mobile</i>):	Email:	
Citizenship	Malaysian	NRIC No.:	
	Permanent Resident of Malaysia	NRIC No.:	
	Non-Malaysian	Country:	
		Passport No.:	
Home Address			
Mailing Address			

2. CURRENT PLACE OF PRACTICE	
Name of the Establishment	
Designation	
Date of Appointment	
Address	
Telephone No. (Office/Hospital)	
Email (Office/Hospital)	

3. BASIC MEDICAL QUALIFICATION	
Name of the Degree	
Awarding Body/Institution	
Country	
Date awarded	

4. SPECIALTY AND SUBSPECIALTY APPLIED FOR	
(Please refer to the list of specialty/subspecialty that have been recognized by the Malaysian Medical Council, MMC)	
Specialty	
Subspecialty	

5. SPECIALIST QUALIFICATION(S) AND TRAINING

(Please make sure to associate your qualification with your chosen specialty): *If you need more space, please use a separate sheet of paper*

Name of the Qualification	
Name of the Awarding Body/Institution	
Country	
Date awarded	
Training Duration (years/months)	
Training Structure (and Curriculum if applicable)	Please list the details of your training in your Curriculum Vitae (CV) and attach relevant supporting documents describing the training in chronological order, including the following details: - Unit/ Department/ Name of Training Center - Country of the Training Center - Name of Supervisor - Supervisor's Email - Training Period (from ____ to ____)

6. SPECIALIST REGISTRATION/ PROOF OF EMPLOYMENT AS SPECIALIST

Specialist Registration in the Country of Training or any other Countries	☐ Yes ☐ No (If No, please fill in the section below on proof of employment as Specialist)
Date of Specialist Registration	
Name of the Specialist Registration Licensing Authority	
Country	
If you have no registration as a specialist	
Proof of Employment as a Specialist	Designation :
	Duration :
	Name of the Employer :
	Country :

7. CERTIFICATE/ LETTER OF GOOD STANDING

Name of Licensing Authority	
Country	
Date Issued	
Expiry Date	

8. PROFESSIONAL EXPERIENCES (Post-Training Specialist/ Consultant Experiences)		
Designation	Employer and Address	Date and Period of Appointment
		Date: ____/____/____ To: ____/____/____
		Period: Years Months.
		Date: ____/____/____ To: ____/____/____
		Period: Years Months.
		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.

9. INTERNATIONAL/ ACADEMIC RECOGNITION (if relevant) Please tick where applicable and attach the relevant supporting documents	
☐ Publications	
☐ International awards / honorary appointments	
☐ Others	

10. REFEREES		
	REFEREE 1	REFEREE 2
Name		
Specialist Registration No. (if applicable)		
Specialty/Subspecialty		
Designation		
Hospital/Institution		
Address		
Email		
Telephone No		

*Please take note that the referees must comply with the following:

- i. The referee must be a peer or a senior professionally.
- ii. The referee must have been practicing as a specialist for a minimum of 5 years and should be registered as a specialist, where applicable.
- iii. The referee must have worked with or had the opportunity to observe the applicant professionally after candidate has completed the training for a minimum of 6 months
- iv. The referee must be from the same specialty/subspecialty.

11. DETAILS OF EMPLOYMENT OFFER IN SARAWAK	
Employer/Institution	
Designation	
Date of Employment Offer	
Period of Employment Contract (from ____ to ____)	

12. DECLARATION OF LEAVE (Applicable to those who obtained postgraduate qualifications within the last 2 years)	
Please kindly declare any leave taken for more than 30 days following your postgraduate qualifications	
Duration of Leave	From _____ to _____
Reason for Leave	

13. SPECIALIST REGISTRATION FEE
Please remit RM1500 (Fee for Application for Specialist Registration) to the following account: KUMPULAN WANG MAJLIS PERUBATAN MALAYSIA Bank: CIMB Islamic Bank Berhad Account No: 86-0009871-6 *Please note that the application fee is non-refundable.

14. FITNESS TO PRACTICE DECLARATION
Please complete the declaration form .

15. DECLARATION BY APPLICANT	
I, _____ (full name), hereby declare that all the information provided in this application and the documents attached are true and correct to the best of my knowledge. I understand that Specialist registration granted under this process is valid for practice in Sarawak only with restrictions and conditions as may be determined and is subject to the terms of my employment contract. The registration shall be revoked if I practice outside Sarawak without fulfilling the requirements under Section 14B(2) of the Medical Act 1971.	
Signature	
Date	