

MALAYSIAN MEDICAL COUNCIL

GUIDELINE & APPLICATION FORM

FOR FULL REGISTRATION FOR *NON-MALAYSIAN* CITIZENS COMPLETING INTERNSHIP IN MALAYSIA

Please take note:

- a. The following information is provided to assist **prospective employers** who want to employ foreign practitioners.
 - b. Please read these notes for guidance before completing the Application Form.
 - c. You are expected to observe and comply with **ALL** the terms and conditions stipulated herein.
 - d. Not adhering to any of the requirements may result in undue and unnecessary delay in processing your application.
 - e. The Malaysian Medical Council will **NOT** be held responsible for any delay due to your non-compliance with the terms and conditions set herewith.
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1. Pursuant to the **Medical Act 1971**, practitioners are required to register with the Malaysian Medical Council (MMC) to practice medicine in Malaysia. Hence, application should be submitted **PRIOR** to appointment and practice;
 2. To be eligible for FULL REGISTRATION, practitioners need to be either:
 - a. provisionally registered with the MMC, complete their internship posting to the satisfaction of the Medical Qualifying Board **and** employed by the public authorities (unless they are given a relaxation of the compulsory services or allowed to practise in private sector); or
 - b. registered with a foreign medical council.
 3. Pursuant to **sections 39** through **44** of the **Act**, which mandates every practitioner to undergo a continuous three-year compulsory service within the public sector upon fully registration, the Council will not process their application if they are unable to comply with such requirements (unless they are given a relaxation of the compulsory services or allowed to practise in private sector).
 4. For those completing internship **LOCALLY**:
 - 4.1. Application should be submitted only through **prospective employers** within **ONE MONTH** of finishing the internship. 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**, if the submission is more than ONE month, please include a detailed explanation of the delay **together** with your comments;
 - 4.2. Foreign practitioners completing internship locally are **exempted** from any processing fee.
 - 4.3. The application will be screened by the MMC Evaluation Committee which meets every **second Thursday** of the month.
 - 4.4. The following documents with the number of copies stated should be submitted:
 - a. **Application Form for Full Registration (FORM 9)**

- b. **Appendix A Form (13 copies):**
- NOTE: For application forms mentioned in paragraphs 4.4.(a) and (b) above:
- i. To be **completed** in **BLOCK LETTERS** (preferably type-written).
 - ii. **ALL mandatory fields (marked *) are completely filled.**
 - iii. For resident and postal addresses, please provide **addresses in Malaysia.**
- c. **Original Form A** of the Log books for three major disciplines (if you commence your internship **before 31st December 2007**) or six disciplines (if you commence your internship **on or after 1st January 2008**) (**A copy of each discipline**);
- d. An **original Form 6** entitled ‘Certificate of Experience in a Resident Medical Capacity’; **(13 copies)**; and
- e. A copy of the recognized basic medical degree;
- (For **Indonesian** graduates, please submit a copy of both the *Sarjana Kedokteran* (S. Ked.) and *Ijazah Kedokteran* degrees)
- f. A copy of the passport;
- g. A copy of the employment contract; **(13 copies)**
5. **ALL** documents should be certified according to the **Guideline for Document Verification.**
6. If their printed names in any of the documents submitted differ, the practitioner need to submit a Statutory Declaration to the effect;
7. If the original documents are not in either Bahasa Malaysia or English, translated versions in either Bahasa Malaysia or English along with certified copies of the document in its original language need to be submitted. Translated documents are only acceptable if carried out by qualified translators or officers of appropriate embassy.
8. Pursuant to **section 19** of the **Medical Act 1971**, a copy of their recent medical report and sick leaves if they:
- a. suffer from any illness or physical condition which may affect their professional duties;
 - b. have any mental problem and/or have been admitted into a hospital for any mental problem; and/or
 - c. took sick leaves more than your entitlement (please enclose photocopies of the sick certificates).
9. You are advised to keep a copy of all the **documents** submitted for your future reference.
10. Please submit this application to:
- The Registrar of Medical Practitioners,
Malaysian Medical Council,
Level 2, Block E1, Block E,
Federal Government Administrative Centre,
Federal Territory,
62518 PUTRAJAYA.***
11. Please allow us **4 (FOUR)** weeks to process your application once accepted.
12. Before submitting, please refer to the **CHECKLIST** provided.

13. Upon receipt, you will be promptly notified in writing:
 - a. of any shortcomings and to respond immediately. Your application will only be processed once the documents are complete;
 - b. That your application is complete and will be screened by the MMC Evaluation Committee. (Note: The Committee meets every second Thursday of the month.)
14. You will be notified in writing of the outcome of the Committee Meeting:
 - a. of any shortcomings and to respond to it immediately. Your application will only be processed once the documents are complete;
 - b. If the Committee approved your application, the employer will be informed of the outcome. At this juncture, the practitioner is deemed to be fully registered and is allowed to practice as one.
15. If the practitioner does not wish to be fully registered and practise yet:
 - a. you should inform us in writing within ONE month of the approval date; or
 - b. If the gap is more than SIX months AFTER the approval date, besides informing us within ONE month, the practitioner is required to submit a current Letter of Good Standing NOT LESS than one month before reporting (if he has been practicing. Otherwise, a Statutory Declaration to that effect is sufficient).
16. Please allow us 4 (FOUR) weeks to process the Full Registration Certificate (Form 10). (NOTE – The letter issued under paragraphs 14(b) is sufficient for you to appoint him and to commence practice. You need NOT wait for the Certificate).
17. The certificate will be send directly to the practitioner by post and you will be appropriately acknowledged. If the practitioner or you want to collect it personally, either party need to state it clearly in the application form. However, if either party wants someone to collect on their behalf, they need to produce a Letter of Authorization during collection.
18. Please notify us about a change of address in writing by completing a new Appendix A Form.
19. Please feel free to **contact us** if you;
 - a. Were not notified in writing upon submitting your application;
 - b. Do not hear from us two weeks after the MMC Evaluation Committee Meeting;
 - c. Do not hear from us after the one-month processing period is over; and/or
 - d. Require any assistance or have any questions.

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,



Dr. Hj. Wan Mazlan bin Hj. Mohamed Woojdy,

Secretary.

Updated : 14 September 2008.

Revised:

First: **18 December 2008.**

Second: **11 June 2009.**

FORM 9
(Regulation 22)

MEDICAL ACT 1971
(Section 14(1))

MEDICAL REGULATIONS 1974

APPLICATION FOR FULL REGISTRATION

1. Full name of applicant:*

2. Provisional Registration Certificate No.:

3. (a) Residential address:*

(b) Address for postal communication
(if different):

4. I attach the following documents in proof of having satisfied the requirements as to experience under section 13 of the Medical Act.

* (a) Certificate under section 13(2) of the Medical Act.

* (b) Certificate under section 13(3) of the Medical Act.

* (c) Certificate of exemption issued under section 13(6) of the Medical Act.

Date *: ____/____/____

Signature of applicant :* _____

** Delete whichever is inapplicable.*

APPENDIX A FORM

**APPLICATION FOR
FULL REGISTRATION**

Please affix your
recent passport size
photo here
(35mm x 45mm)

1. **NAME***: Dr.
(In Block Capital as Printed in the NRIC or Passport)

2. **OTHER NAME**:
(If any, including maiden name)

3. **CITIZENSHIP***:

4. **GENDER***: Male/Female *(Please select one)*

5. **MARITAL STATUS**: Single/Married/Divorced *(Please select one)*
If married: Name of Spouse:
Occupation: **Citizenship**:

6. **ADDRESS: Residence**:
.....
Postal :
.....

7. **COMMUNICATION***: **Telephone - Office**: ...-..... **Fax**: ...-.....
Mobile:-.....
Email: Official:.....@.....
Personal:.....@.....

8. **BASIC MEDICAL DEGREE**:
Name of the Awarding University:
Name of the Degree:
Date Awarded:

9. **MODE OF CERTIFICATE DELIVERY**: *Please ✓ one only.*
a. Please Post b. Collect In Person c. Somebody on my Behalf

Signature of applicant: _____ **Date**: ____/____/____

FORM 6

(Regulation 21)

MEDICAL ACT 1971

(Section 13 (2))

MEDICAL REGULATIONS 1974

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 Board:

CERTIFICATE OF THE MEDICAL QUALIFYING BOARD

It is certified that the Medical Qualifying Board 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 :

.....

*Signature of the Chairman
of the Medical Qualifying Board*

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

Date:

.....

*President,
Malaysian Medical Council*

* Delete whichever is inapplicable.

CHECKLIST:

The following documents need to be submitted by **Non-Malaysian Citizens**
Completing Internship **WITHIN** Malaysia

1. **Form 9** – Full Registration application form
2. Appendix A Form **(13 copies)**
3. An original Form A of the Log book for all posting in the three/six disciplines:
 - a. Medicine;
 - b. Surgery;
 - c. Paediatrics
 - d. Obstetrics and Gynaecology;
 - e. Orthopaedics; and
 - f. Accident and Emergency.
4. Form 6 – *Certificate of Experience in a Resident Medical Capacity* **(13 copies)**
5. A certified true copy of the basic medical degree.
(For Indonesian graduates ONLY – Please submit certified true copies of both the *Sarjana Kedokteran* and *Ijazah Kedokteran*)
6. **For Indian graduates ONLY** - Certified true copies of the:
 - a. *Compulsory Rotating Houseman/Internship Certificate*.
 - b. *Bonafide Student Certificate*.
7. A certified true copy of the offer letter and employment contract. **(13 copies)**
8. Certified true copy of the medical report/sick leaves, if any.

MALAYSIAN MEDICAL COUNCIL

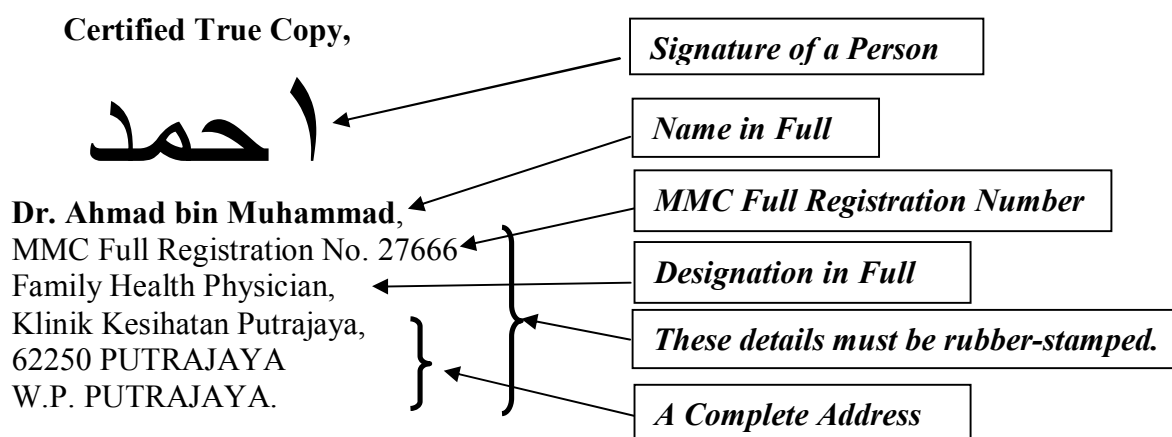
GUIDELINE FOR DOCUMENT VERIFICATION

Please take note:

- a. The following information is provided to assist you.
- b. Please read these notes for guidance before submitting your application.
- c. You are expected to observe and comply with ALL the terms and conditions stipulated herein.
- d. Not adhering to any of the requirements may result in undue and unnecessary delay in processing your application.
- e. The Malaysian Medical Council will NOT be held responsible for any delay due to your non-compliance with the terms and conditions set herewith.

1. This Guideline for Document Verification is to ensure that documents presented by prospective practitioners are genuine and that the holder is the rightful owner.
2. A certified photocopy is considered **valid and acceptable** by the Malaysian Medical Council **only** if it bears the following criteria:
 - 2.1. The document/s is signed by designated or authorized signatories as follows:
 - a. Any public officials holding administrative and professional posts;
 - b. Advocates and solicitors;
 - c. Commissioner for Oaths;
 - d. Notary Public;
 - e. Embassy or Consulate officials holding administrative and professional posts; and
 - f. Justice of Peace.
 - 2.2. **Every** single page of the documents submitted should be certified.
 - 2.3. **Each** certified documents **shall** bear **ALL** of the following details:
 - a. The name of the person certifying in full;
 - b. In case of a medical practitioner registered with the Malaysian Medical Council (MMC), the Full Registration number should be stated clearly;
 - c. The designation of the person certifying in full;
 - d. The complete address of the person certifying;
 - e. These details must be rubber-stamped; and
 - f. A signature and not an initial.
 - 2.4. Documents certified by Commissioner for Oaths must bear a seal prescribed under Rule 19 of the Commissioner for Oaths Rules, 1993 enacted under the Courts of Judicature Act, 1964.

3. An **example** of a **proper and valid** certification is as follows:



4. If your printed names in any of the submitted documents differ, please submit a Statutory Declaration.
5. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions 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 or officers of appropriate embassy.
6. Any certification which does not conform to this Guideline will be considered **invalid and NOT accepted**.
7. Similarly, any document will be considered **invalid and NOT accepted** if:
- It is certified by an individual on behalf of another person **without** his own details printed;
 - The signatures of the same individual are not similar or different.
8. For further details or enquiries, please [contact us](#).

Your cooperation is greatly appreciated. Thank you.

Yours sincerely,

Dr. Hj. Wan Mazlan bin Hj. Mohamed Woojdy,
Secretary.

Dated: 14 September 2008.

Revised:

First: 18 December 2008.

Second: 11 June 2009.