



MALAYSIAN MEDICAL COUNCIL GUIDELINE & APPLICATION FORM FOR ANNUAL PRACTISING CERTIFICATE

Please take note:

- a. The following information is provided to assist you.
- 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.

1. Pursuant to the Medical Act 1971 (the Act), practitioners are required to register with the Malaysian Medical Council (MMC) to practice medicine in Malaysia;
2. Apart from registration, the Act also mandates practitioners who want to practice in that particular year to apply for Annual Practising Certificate (APC);
3. To be eligible for an APC, you:
 - 3.1. need to be **Fully Registered** with the MMC;
 - 3.2. do not contravene any of the sections under the Act such as resigning from the public services before completing the compulsory services; and
 - 3.3. pay the fee (and the penalty), where applicable.
4. In accordance to **Regulation 28** of the Medical Regulations 2017 (the Regulations):
 - 4.1. The fee payable for APC is as prescribed in the Second Schedule of the Regulations.
 - 4.2. Applications shall be accompanied by a professional indemnity cover and evidence of sufficient continuing professional development points.
 - 4.3. Regulation 28(3) states explicitly that 'Except in the case of a first application for an annual practising certificate, where any fully registered medical practitioner desires to practise after the thirty-first day of December of any year but fails to apply for an annual practicing certificate before the first day of December of that year shall pay, in addition to the fee payable in respect of an annual practising certificate, an additional fee for late application as prescribed in the Second Schedule'.
5. You are required to submit a one hundred ringgit (RM100.00) fee (pursuant to Regulation 28(1) and 47 of the Medical Regulations 2017) in bank draft, money order, postal order or cheque in favour of '**Kumpulan Wang Majlis Perubatan Malaysia**' with your name and identity card number written behind the payment slip.
6. To avoid delays, please ensure:
 - 6.1. To submit your application before 1st day of December. (NOTE: Proof of postage is NOT proof of delivery or receipt).
 - 6.2. To complete ALL mandatory fields marked "*" in the specified Form 14 (preferably type-written in *block letters*).
 - 6.3. The principal place of practice and other places of practice(if any) have to be specified clearly and in detail in the application form (Form 14)
 - 6.4. Any medical practitioners, employed in the public services and wish to include a place of practice in a private sector, please refer to the APC- Amendment document.
7. Application from foreign medical practitioners, who are fully registered under Section 14(3), will not be approved if;
 - 7.1. The place of practice does not comply with any restrictions and/or conditions specified in the full registration certificate.
 - 7.2. The full registration has already expired.
8. Application should only be made by the **practitioner** himself and **NOT** by any third party.

9. If you are applying for the first time after retirement or resignation from public sector you need to enclose:
 - 9.1. A copy of resignation/retirement letter that stated the effective date of resignation/retirement and;
 - 9.2. A certified true copy of service book from your ex-employer (**for resignation only**)
10. Application can be submitted in person or sent via post.
11. Before submitting, please refer to the checklist provided.
12. Please notify us about a change of address in writing by completing a new Appendix A Form.
13. All documents should be certified according to the MMC Guideline for Document Verification. (Please visit the following link: <http://www.mmc.gov.my/images/contents/downloadable/Guideline-doc-verify.pdf>).
14. Should your printed names in any of the submitted documents differ, you are required to submit a Statutory Declaration (stating the name as on the identity card is the same individual)
15. If the original documents are not in either Bahasa Malaysia or English, you need to submit translated versions (original and not copy) 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 such as Institut Terjemahan dan Buku Malaysia (ITBM) or Officers of appropriate Embassy.
16. Please submit this application to:

***The Registrar of Medical Practitioners,
Malaysian Medical Council,
Block B, Ground Floor,
Jalan Cenderasari,
50590 KUALA LUMPUR.***
18. You are advised to keep a copy of this application for your reference.
19. If you are notified of any shortcomings in your application, you are strongly advised to respond **immediately** to prevent delays.
20. If you wish to update/amend any particulars in the APC or add new practice address(es), please refer to the **APC - Amendment** document.
21. Please allow us 4 (four) weeks to process your Annual Practising Certificate.
22. Your APC will be sent directly to you by post. If you want to collect it, please state it clearly in your application form. However, if you want someone to collect on your behalf, he/she needs to produce a Letter of Authorization from you during collection.
23. Please feel free to **contact us** if you:
 - a. Have not received any feedback from us regarding the application;
 - b. Do not hear from us after the processing period is over; and/or
 - c. Require assistance or if you have any questions.

Your cooperation is greatly appreciated.

Thank you.
Secretary,
Malaysian Medical Council.

<p>Revised: First: 18 December 2008. Second: 11 June 2009. Third: 20 September 2010 Fourth: 29 June 2017.</p>
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APPENDIX A FORM :

(To be filled only for purposed of APC Amendment)

- 1. Name*:
- 2. (a) Identity Card No.*: New :-.....-..... Old: (Color:)
- (b) Passport No. (for foreigner)*:
- 3. Citizenship: Malaysian/If Others* (Please state):
- 4. Date of Birth:/...../..... 5. Gender: Male/Female*
- 6. Race: Malay/Chinese/Indian/Others* 7. Religion:
- 8. Telephone No. (Res.)-..... (H/P)-.....
- 9. Email address:
- 10. Qualification of Medical Degree:
 - 10.1. Qualification:
 - 10.2. Institution granting the qualification:
 - 10.3. Year obtaining the qualification:
- 11. Type of practice: Sole-proprietor/Group/Government*
- 12. Total No. of Places of Practice (if more than one place of practice):places.
- 13. Practice Addresses and treatment times (please append attachment, if necessary):
 - 13.1. Address:
Day & Time:
Tel. No.:-..... Fax No.:-.....
 - 13.2. Address:
Day & Time:
Tel. No.:-..... Fax No.:-.....
 - 13.3. Address:
Day & Time:
Tel. No.:-..... Fax No.:-.....

Note: If you need more space, please use a separate sheet of paper. Please use the reference format illustrated above.

- 14. Mode of Certificate Delivery: Please choose one only.
 - a. Please Post
 - b. Collect In Person
 - c. Somebody on my Behalf

Date*:

.....
Signature of applicant*

* Delete whichever is not applicable