

# **MALAYSIAN MEDICAL COUNCIL**

## **GUIDELINES & APPLICATION FORM FOR**

### **CERTIFICATE OF GOOD STANDING**

**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**, you are required to **register** with the Malaysian Medical Council (MMC) to practice medicine in Malaysia;
2. You will eligible for a Certificate or Letter of Good Standing (LOGS) **ONLY** if you fulfill **ALL** of the following conditions:
  - a. You are registered with the MMC;
  - b. Your name is still borne in the Malaysian Medical Register (section 11 of the Act);
  - c. There is **NO** disciplinary action pending against you under the **Act**;
  - d. There is **NO** disciplinary action taken against you under the **Act**; **AND**
  - e. You have **NOT** committed any offence against **the Act**;
3. The Council will **NOT** process any LOGS for its own use, i.e. for application to register with the MMC.
4. To apply for the LOGS, you should:
  - a. complete the **application form** enclosed herewith;
  - b. complete **all mandatory fields marked \***;
  - c. fill in the form with **BLOCK LETTERS** (preferably type-written); and
  - d. submit supporting documents, where applicable.
5. Completed **application** should be submitted to:

***The Secretary,  
Malaysian Medical Council,  
Level 2, Block E-1, Parcel E,  
Federal Government Administrative Complex,  
62590 PUTRAJAYA.***
6. Application can be submitted in person or via post, fax and/or e-mail.
7. Upon receipt, you will be promptly notified.
8. You are strongly advised to respond **immediately** to our notification for any shortcomings, if any.
9. You are advised to keep a copy of the **application** submitted for your own reference;
10. Please allow us **2 (TWO)** weeks to process your application;

11. The Council will **ONLY** send the LOGS(s) **directly** to foreign Medical Council(s) or Professional Licensing Authority (ies). Please state clearly the address (es) where it should be posted. You will be notified with relevant copy (ies) once it is sent.
12. We will send the LOGS by airmail. If you want it to be sent through email, express mail or courier service, you will have to bear the cost. Please liaise directly with the courier agency for collection.
13. Some foreign Medical Council(s) or Professional Licensing Authority (ies) forbid practitioners submitting their LOGS personally. However, if you insist to hand it personally, please **contact us**. If you want someone to collect on your behalf, he needs to produce a Letter of Authorization during collection.
14. Each LOGS is **only valid** for a period of **not more than THREE MONTHS** from the date of issuance. You are strongly advised to ensure **WHEN** you need the LOGS and to submit your application accordingly.
15. ALL documents attached should be certified according to the **Guideline for Document Verification**.
16. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration;
17. 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.
18. Please **contact us** if you;
  - a. Do not hear from us two weeks after the application was submitted ;
  - b. Do not hear from us after processing period is over; and/or
  - c. Require any assistance or have any questions.

Your cooperation is greatly appreciated.

Thank you.

Yours sincerely,



**(DR. HJ. WAN MAZLAN BIN HJ. MOHAMED WOJDY)**

Secretary.

Dated: **14 September 2008.**

**Revised:**

First: **18 December 2008.**

Second: **11 June 2009.**

# APPLICATION FORM FOR CERTIFICATE OF GOOD STANDING

## **1. My Particulars:**

- 1.1. Name in full (as in NRIC or passport)\*: .....
- 1.2. a. NRIC Number (for Malaysian) :Old\* : ..... New\* : .....  
 b. Passport No.(for Non-Malaysians)\* : .....
- 1.3. Contact Number\* : ..... 1.4. Email Address:.....
- 1.5. Home Address\* : .....  
 ..... Postal Code:.....
- 1.6. Current Principal Practice Name/Address\* : .....  
 ..... Postal Code:.....

## **2. My Professional Background:**

### 2.1. Qualifications\*:

Medical degree	Awarding Body/Institutions	Year
• Basic		
• Postgraduate	1.	
	2.	

### 2.2. My Experience in Malaysia Since Graduation\*:

Date	Place of Practice	Designation/Post

### 2.3. Details of Registration\*:

a. Provisional Registration: Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number: \_\_\_\_\_

b. Full Registration: Date of Issue: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number: \_\_\_\_\_

2.4. Last Annual Practising Certificate Number\* : \_\_\_\_/\_\_\_\_

### 2.5. Compulsory Service under Medical Act 1971\* : (Please tick ✓ whichever is appropriate)

<input type="checkbox"/>	I am still serving my three-year Compulsory Service and it is due to end on ...../...../.....
<input type="checkbox"/>	I completed my three-year Compulsory Service in .....(year)
<input type="checkbox"/>	I had not completed my 3-year Compulsory Service and was granted a postponement.
<input type="checkbox"/>	I had not completed my 3-year Compulsory Service and had not applied for a postponement.
<input type="checkbox"/>	(Others – Please Note): .....

### 2.6. Disciplinary Action\* : (Please tick ✓ whichever is appropriate)

<input type="checkbox"/>	There is no disciplinary action taken or pending against me by the Malaysian Medical Council.
<input type="checkbox"/>	I had a disciplinary action/s taken against me in ..... (state year) and the sentence was .....

**3. My Request:**

3.1. I wish to apply for a Certificate of Good Standing and I need it by this date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3.2. Please send the Certificate to the Medical Council at the following address:

Name: .....

Address:.....

.....

3.3. Reason for my application: ( Please tick ✓ where appropriate and submit supporting documents)

	Emigrating country- (Please Note):.....
	Return to own country (Please State The Country):.....
	Overseas Studies/Training: (Please attach documentary evidence & state country) : .....
	Overseas short term employment (Please attach employer's letter/state country): .....
	Others: .....

3.4. I will also need the following document(s): (Please tick ✓ where appropriate)

	English translation of the Provisional Registration Certificate x ..... set/s;
	English translation of the Full Registration Certificate x ..... set/s;
	English translation of the Annual Practising Certificate from ..... to ..... x ..... set/s;
	Houseman Training Experience Report x ..... set/s.

Signature of Applicant:.....

Date : ...../...../.....

**For Official Use:**

Data Verification and Comments by Disciplinary Unit: (Please tick ✓ where appropriate):

	There is NO disciplinary action pending or taken against the practitioner under the Act.
	There is a disciplinary action pending or taken against the practitioner under the Act. Remarks:

Name of Officer:.....

Signature :..... Date: ...../...../.....

**The officer in charge of the Certificate of Good Standing:**

Approved	
Not Approved	He has committed a offence against the Act.

Name of Officer:.....

Signature :..... Date: ...../...../.....

# MALAYSIAN MEDICAL COUNCIL

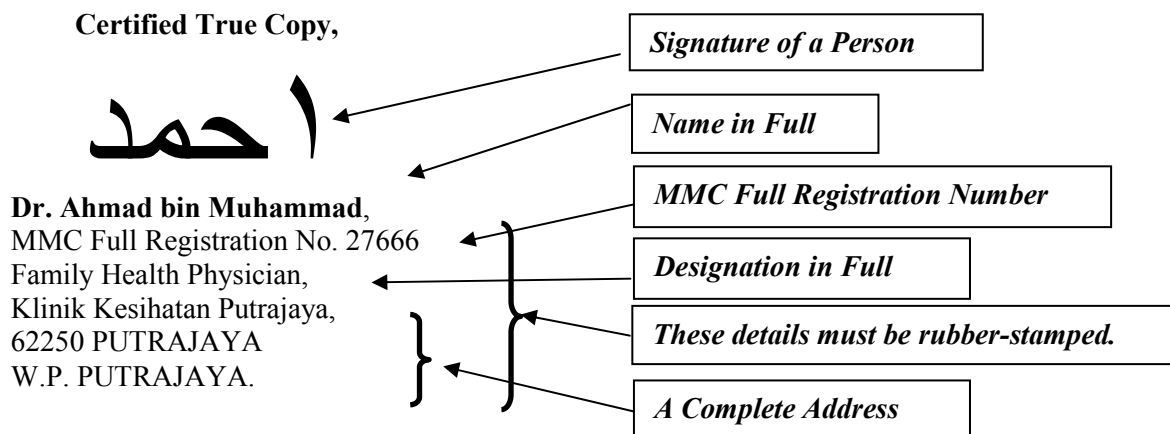
## GUIDELINE FOR DOCUMENT VERIFICATION

### 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:
  - a. It is certified by an individual on behalf of another person **without** his own details printed;
  - b. 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 Wooljdy,**  
Secretary.

Dated: 14 September 2008.

**Revised:**

First: 18 December 2008.

Second: 11 June 2009.