

MALAYSIAN MEDICAL COUNCIL

GUIDELINE AND APPLICATION FORM TO SIT FOR

THE **MEDICAL QUALIFYING EXAMINATION UNDER**

SECTION 12(1)(aa) OF THE MEDICAL ACT 1971

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. To be eligible for **REGISTRATION**, you need to possess a recognized basic medical degree as listed under the **Second Schedule** of the **Medical Act 1971**;
3. Pursuant to the **section 12(1)(aa)** of the **Medical Act 1971**, you need to sit and pass a Medical Qualifying Examination (MQE) if you hold a basic degree which is not recognized for registration.
4. The procedures for the MQE is prescribed in the **Medical (Setting of Examination for Provisional Registration) Regulations 1993** enacted under the **Medical Act 1971**. **You are strongly advised to read it carefully.**
5. To be eligible to sit for the MQE, you:
 - a. need to possess a basic medical degree listed in the **Unrecognized Schedule (List of Unrecognized Training Teaching Institutions)**;
 - b. must register with the MMC to sit for the MQE; and
 - c. are still allowed to sit the MQE by the examining body, if you are already registered.
6. **To sit for the MQE**, you need to submit the following documents in **TWO copies**:
 - 6.1. **Application form for MQE**;

The application **form** should be **completed** in **BLOCK LETTERS** (preferably type-written). **Please ensure that ALL mandatory fields (marked *) are completed.**
 - 6.2. Your Curriculum Vitae (preferably type written);
 - 6.3. Photocopy of basic medical degree;
 - 6.4. Photocopy of transcript covering the whole study duration;
 - 6.5. Photocopy of full registration certificate issued by foreign Medical Council or Professional Licensing Authority, if any;
 - 6.6. Photocopy of post graduate degree(s), if any;

- 6.7. Additional documents for Malaysians:
 - (i) photocopy of identity card (on an A4 size paper);
- 6.8. Additional documents for non-Malaysians:
 - (i) photocopy of passport;
 - (ii) photocopy of marriage certificate; and
 - (iii) photocopy of spouse identity card
- 6.9. Additional documents for Indian university graduates:
 - (i) photocopy of Rotating Internship
 - (ii) photocopy of Bona Fide Student Certificate
- 6.10. Additional documents for Indonesian university graduates:
 - (i) photocopy of *Sarjana Kedokteran*
 - (ii) photocopy of *Ijazah Kedokteran*
- 6.11. A processing fee of TWO HUNDRED ringgit payable in money order, postal order, bank draft or cheque in favor of '**The Registrar of Medical Practitioners**'. Please write your name and identity card number behind the money order, postal order, bank draft or cheque.
7. If you are a medical graduate from a training institutions which is **NOT** yet listed in the **Unrecognized Schedule (List of Unrecognized Medical Training Institutions)**, you are not eligible to sit for the examination. To qualify, you are required to submit the following documents with the number of copies stated in brackets for the approval of the MMC Evaluation Committee:
 - 6.12. Items 6.1. to 6.10 (**13 copies each**)
 - 6.13. The following information: (**13 copies each**)
 - a. Proofs and details that the university awarding the medical degree is a bonafide medical training institution specializing in Western medicine.
 - b. Confirmation from the Medical Council/Board that the medical graduates from that institution are registrable to practise in that country.

*(For further details, please refer to the '**Information Required for the Evaluation on the Qualification Conferred by an Unrecognized Medical Training Institutions**' document attached below)*
8. ALL documents attached should be certified according to the **Guideline for Document Verification**.
9. If your printed names in any of the documents submitted differ, please submit a Statutory Declaration;
10. 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.
11. Please keep a copy of the **form** you submitted for your future reference;

12. You are reminded to submit your application **BEFORE** the closing date. Application submitted **AFTER** the closing date will **NOT** be accepted.
13. Please submit your application to:

*The Registrar of Medical Practitioners,
Malaysian Medical Council,
Level 2, Block E1, Block E,
Federal Government Administrative Centre,
Federal Territory,
62518 PUTRAJAYA.*
14. Application can be submitted in person or via post.
15. Upon receipt, you will be promptly notified.
16. You are strongly advised to respond immediately to our notification for any shortcomings, if any.
17. Please allow us:
 - a. **1 (ONE) week** to process your MQE application;
 - b. **6 (SIX) weeks** to process your institution to be listed in the **Unrecognized Schedule (List of Unrecognized Medical Training Institutions)**;
18. If your application is approved, you will be notified to attend a ballot session to assign your examination centre.
19. Your MQE Certificate will be sent by post. You may collect the certificate personally from our office. However, if you want someone to collect it on your behalf, please state it clearly in your application form with a letter authorizing such person.
20. 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 Mohamed Woojdy,

Secretary.

Dated: **14 September 2008.**

Revised:

First: **18 December 2008.**

Second: **11 June 2009.**

APPLICATION FORM

Application to sit for the Medical Qualifying Examination Under Paragraph 12(1)(aa) of the Medical Act 1971

SCHEDULE

FORM 1

MEDICAL ACT 1971

MEDICAL (SETTING OF EXAMINATION FOR PROVISIONAL
REGISTRATION) REGULATIONS 1993

(Regulation 4)

Application*

New

Repeat

FOR REPEAT STUDENT ONLY*

Previous Examination Center

UM

UKM

USM

NO. OF ATTEMPTS:

1

2

3

Failed

Postponed

Note:

Note * - Please (√) the appropriate box

SCHEDULE

FORM 1

MEDICAL ACT 1971

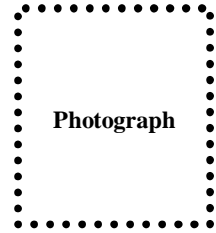
*MEDICAL (SETTING OF EXAMINATION
FOR PROVISIONAL REGISTRATION)*

REGULATIONS 1993

(Regulation 4)

Application to sit for the Examination

Under Paragraph 12(1)(aa) of the Medical Act 1971



To: **The President,**
Malaysian Medical Council.

I wish to sit for the examination under paragraph 12(1)(aa) of the Medical Act 1971.

2. My personal particulars are as follows:

(a) Name*:

(b) Identity Card No.*:

(c) Citizenship status*:

(d) Address*:

.....

(e) (i) Qualification*:

(ii) Institution which granted qualification*:

.....

(iii) Date of obtaining qualification*:

3. I also forward a cheque/money order/postal order* to the value of RM200.00 in payment of the application fee.

4. I declare that the particulars given in this application are true and correct and that the documents for forwarded are copies of original documents that relate to me.

Date*...../...../.....

*Signature of applicant**

* Delete whichever is inapplicable.

ADDITIONAL INFORMATION:

1. Applicant's Details:

- (a) Full Name (as in IC or Passport)
-
- (b) Other Name (if any)
-
- (c) IC No. : New :-.....-..... Old :
- Or passport no.:
- (d) Gender:
- (e) Marital Status:
- If married: (i) Name of Spouse:
- (ii) Occupation of Spouse:
- (iii) Citizenship of Spouse:
- (f) Telephone No. (Res.)-..... (H/P)-.....
- (g) Email address:

2. I hereby submit the following documents in **TWO copies:**

2.1. For ALL Applicants:

Documents	Tick if Attached
a. Application Form (Form 1)	
b. Recent passport-sized photograph	
c. Identity Card or Passport	
d. Marriage Registration Certificate (and a copy of Identity Card of the Malaysian Spouse)	
e. Curriculum Vitae	
f. Basic Medical Degree	
g. Transcript or Mark Sheet from 1 st Year to Final Year	
h. Statutory Declaration if name in the degree and identity card/passport different	
i. Full Registration Certificate (if any)	
j. Post Graduate Degree (if any)	

2.2. **Additional Documents for Malaysians:**

a. Certificate of Birth	
b. <i>Sijil Pelajaran Malaysia</i> Certificate	

2.3. **Additional Documents for Indian University graduates:**

a. Rotating Internship	
b. Bona Fide Student Certificate	

2.4. **Additional Documents for Indonesian University graduates:**

a. <i>Sarjana Kedokteran</i>	
b. <i>Ijazah Kedokteran</i>	

3. **MODE OF RESULT COLLECTION:** *Please ✓ one only*

a. Please Post b. Collect In Person c. Somebody on my Behalf

4. I declare that ALL particulars given above are true and ALL documents attached are true copies of the originals.

Date/...../.....

.....

Signature of applicant

**INFORMATION REQUIRED FOR THE EVALUATION ON THE QUALIFICATION
CONFERRED BY AN UNRECOGNISED MEDICAL TRAINING INSTITUTION**

1. The organization of the university/institution:
 - Brief history of the establishment.
 - Type of institution - whether public or private.
 - Affiliation to other university/ies and since when and how is the arrangement made in term of qualification.

2. Entry qualification:
 - Explain the system of education of the country on the whole before a student can enter the university which includes the qualification, duration of education pre-university, number and type of examinations one has to undergo and the level of qualification for university entrance.
 - If affiliated to other University, is the entrance to the medical college governed by the affiliate university?

3. Duration of the medical program and system of program conducted by the college or university e.g. semester, term, etc.

4. The course content of the medical program in detail outlining the subjects in each year, no of hours, credit points or other relevant details. Please comment on the authority that governs the curriculum of the medical college especially it is affiliated to other University.

5. Academic staff – the number according to the year of the program and qualifications. Please also indicate number of permanent academic staff and number of other form of employment e.g. Part-time, honorary lecturers etc.

6. Ratio of students to teaching academic staff.

7. Facilities in the college e.g. Library, laboratory etc. Please elaborate on each facility available with relevant details of the facility.

8. Language medium use in the college, language use in teaching and communication.

9. System of examination: This includes the system of examination conducted in the programs for all year of studies. Include the system of marking use for passing or failing the students in the year of study and in the final year. Please also include the number of students who pass and fail the final year examination.

MALAYSIAN MEDICAL COUNCIL

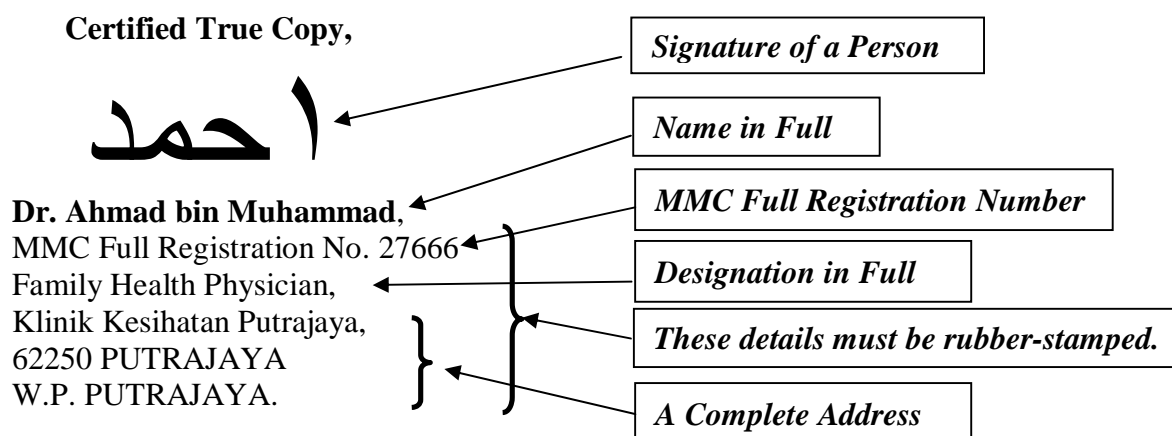
GUIDELINE FOR DOCUMENT VERIFICATION

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 documents submitted 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.