



NATIONAL SPECIALIST REGISTER



REFEREE'S REPORT FOR APPLICATIONS TO NATIONAL SPECIALIST REGISTER IN THE SPECIALTY OF ORTHODONTICS

SECTION I

Name of Applicant :

Hospital/Institution :

Name of Referee :

SECTION II (To be completed by the referee)

Note to Referee: Please ensure compliance with the following before writing a report for this applicant.

1. Referee must be a credentialed Orthodontist (Note: Overseas referees must be credentialed by their respective credentialing bodies)
2. Referee must be a peer or senior professionally
3. Referee must have qualified as a specialist in the specialty for a minimum of 5 years
4. Referee must have worked with/had the opportunity to observe the applicant professionally

Please state your observations on the candidate's ability and suitability for registration as an Orthodontic Specialist together with any other information which might assist us in making a decision. (Please use separate sheet, if necessary).

Your comments will be treated with strict confidence. This report will in no circumstances be viewed or sent in by applicants.

1. Knowledge and Diagnostic Skills

2. Clinical Orthodontic Skills and Abilities

3. Personality

4. Other Comments

Referee's Signature:

Date:.....

Full Name of Referee :

Designation :

Qualification:

Hospital/Institution :

Contact Address :

E Mail Contact :

Mobile Tel No :

Office Tel No :

Office Fax No :

Official Stamp:

Please ensure that ALL of the above details are completed.

Please return your completed report to the address below in an envelope marked CONFIDENTIAL:

Secretariat
NATIONAL SPECIALIST REGISTER
Academy of Medicine of Malaysia
Suite 2.4, 2nd Floor, Medical Academies of Malaysia
210, Jalan Tun Razak
50400 Kuala Lumpur
Tel: 03-40254700