



Ministry of Health
Malaysia

NATIONAL SPECIALIST REGISTER



Academy of Medicine
of Malaysia

ATTENTION

THE MEDICAL (AMENDMENT) ACT 2012 AND MEDICAL REGULATIONS 2017 HAS BEEN ENFORCED FROM 1ST JULY 2017, HENCE, THIS APPLICATION FORM IS STILL VALID UNTIL FURTHER NOTICE.

1. MMC/NSR Registration and Procedures Guidelines for NSR Registration and the Criteria for Registration can be obtained from NSR website.
2. To facilitate your application, please ensure you have submitted all relevant supporting documents such as logbooks, supervisor's reports, CV and CERTIFIED TRUE COPIES of your certificates.
3. Applications by expatriates should be accompanied by letter of offer from employer.
4. **ONLY COMPLETED APPLICATIONS INCLUSIVE OF PAYMENT FOR REGISTRATION FEE WILL BE PROCESS.**
5. **Kindly submit the completed form and relevant supporting documents to:**

Secretariat
National Specialist Register
1-4, Level 1, Enterprise 3B
Jalan Inovasi 1
Technology Park Malaysia
57000 Bukit Jalil, Kuala Lumpur

For further enquiries, please contact the Secretariat or visit our website at <https://www.nsr.org.my>
Tel.: 03-8996 5700/8700, Fax: 03-8994 6700

LIST OF SPECIALTIES AND FIELDS OF PRACTICE

1	ANAESTHESIOLOGY	10D	Developmental Paediatrics	14	OBSTETRICS & GYNAECOLOGY
1A	Anaesthesiology and Critical Care	10E	Neonatology	14A	Obstetrics & Gynaecology
1B	Intensive Care	10F	Paediatrics & Child Health	14B	Gynae-Oncology
2	EMERGENCY MEDICINE	10G	Paediatric Cardiology	14C	Maternal Fetal Medicine
2A	Emergency Medicine	10H	Paediatric Dermatology	14D	Reproductive Medicine
3	FAMILY MEDICINE	10I	Paediatric Endocrinology	14E	Uro-Gynaecology
3A	Family Medicine	10J	Paediatric Gastroenterology	15	SURGERY (SURGICAL BASED SPECIALTIES)
4	MEDICINE (MEDICAL BASED SPECIALTIES)	10K	Paediatric Haematology & Oncology	15A	General Surgery
4A	Internal Medicine	10L	Paediatric Infectious Diseases	15B	Breast / and Endocrine Surgery
4B	Cardiology (<i>Non-Invasive/Interventional</i>)	10M	Paediatric Intensive Care	15C	Colorectal Surgery
4C	Clinical Haematology	10N	Paediatric Nephrology	15D	Hepatobiliary Surgery
4D	Dermatology	10O	Paediatric Neurology	15E	Thoracic Surgery
4E	Endocrinology	10P	Paediatric Respiratory Medicine	15F	Upper GIT Surgery
4F	Gastroenterology & Hepatology	10Q	Paediatric Rheumatology	15G	Vascular Surgery
4G	Geriatric Medicine	11	PATHOLOGY		
4H	Infectious Diseases	11A	General Pathology	16	CARDIOTHORACIC SURGERY
4I	Intensive Care Medicine	11B	Anatomical Pathology		
4J	Nephrology	11C	Chemical Pathology / with Metabolic Medicine	17	NEUROSURGERY
4K	Neurology				
4L	Palliative Medicine	11D	Haematology	18	PAEDIATRIC SURGERY
4M	Respiratory Medicine	11E	Medical Microbiology		
4N	Rheumatology			19	PLASTIC SURGERY
		11F	Forensic Pathology		
5	NUCLEAR MEDICINE			20	OPHTHALMOLOGY
		11G	Transfusion Medicine		
6	REHABILITATION MEDICINE	12	PSYCHIATRY	21	OTORHINOLARYNGOLOGY
		12A	Psychiatry		
7	SPORTS MEDICINE	12B	Child & Adolescent Psychiatry	22	ORTHOPAEDIC SURGERY
8	ONCOLOGY	12C	Forensic Psychiatry	22A	Orthopaedic Surgery
8A	Clinical Oncology	13	PUBLIC HEALTH	22B	Spine Surgery
8B	Medical Oncology	13A	Public Health Medicine	22C	Arthroplasty
8C	<i>Radiation Oncology</i>	13B	Communicable Disease Epidemiology	22D	Upper Limb & Microsurgery
9	RADIOLOGY	13C	Non-Communicable Disease	22E	Arthroscopy and Sport Surgery
9A	Clinical Radiology	13D	Family Health	22F	Paediatric Orthopaedics
10	PAEDIATRICS	13E	Health Management	22G	Foot and Ankle
10A	General Paediatrics	13F	Occupational Health	22H	Orthopaedic Oncology
10B	Adolescent Medicine	13G	Environmental Health	22I	Musculoskeletal Trauma
10C	Clinical Genetics	13H	Military Medicine		
				23	UROLOGY

Application Form for Registration as a Specialist in the National Specialist Register of Malaysia		passport size photo required
Date: <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/> / <input style="width: 20px; height: 15px;" type="text"/>		
SECTION 1 : Registration with the Malaysian Medical Council		
1. Currently registered to practice medicine in Malaysia?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Sorry, you are not eligible to apply ↓ Please do not proceed.)	
	a) Date of Full Registration :	
	b) Malaysian Medical Council Full Registration No :	
	*Please attach a copy of your current APC	
SECTION 2 : Personal Data		
1. Name :	<input style="width: 95%; height: 20px;" type="text"/> (as in your National Registration Identity Card / Passport)	
	<input style="width: 95%; height: 20px;" type="text"/> (Name to appear in the Register if different from above)	
2. Date of Birth :	<input style="width: 15px; height: 15px;" type="text"/> d <input style="width: 15px; height: 15px;" type="text"/> d / <input style="width: 15px; height: 15px;" type="text"/> m <input style="width: 15px; height: 15px;" type="text"/> m / <input style="width: 15px; height: 15px;" type="text"/> y <input style="width: 15px; height: 15px;" type="text"/> y <input style="width: 15px; height: 15px;" type="text"/> y <input style="width: 15px; height: 15px;" type="text"/> y	
3. Nationality :	<input style="width: 95%; height: 20px;" type="text"/>	
4a. Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female	4b. Race : <input style="width: 80%; height: 20px;" type="text"/>
5a. NRIC (for Malaysian)	: <input style="width: 95%; height: 20px;" type="text"/>	
5b. Passport Number (for non-Malaysian)	: <input style="width: 95%; height: 20px;" type="text"/>	
6. Telephone No:	Office <input style="width: 60%; height: 20px;" type="text"/>	Residence <input style="width: 60%; height: 20px;" type="text"/> Mobile <input style="width: 60%; height: 20px;" type="text"/>
7. Email address:	<input style="width: 95%; height: 20px;" type="text"/> Allow your email for public viewing: Check if yes	
8. Home address:	<input style="width: 95%; height: 20px;" type="text"/>	
	Postcode <input style="width: 20%; height: 20px;" type="text"/>	City/Town <input style="width: 30%; height: 20px;" type="text"/> State <input style="width: 20%; height: 20px;" type="text"/>
9. Mailing address :	<input style="width: 95%; height: 20px;" type="text"/>	
	Postcode <input style="width: 20%; height: 20px;" type="text"/>	City/Town <input style="width: 30%; height: 20px;" type="text"/> State <input style="width: 20%; height: 20px;" type="text"/>
10a. Current position / appointment	<input style="width: 60%; height: 20px;" type="text"/>	Sector / Employer <input style="width: 20%; height: 20px;" type="text"/> Public <input type="checkbox"/> Private <input type="checkbox"/>
Name of establishment	Address : <input style="width: 70%; height: 20px;" type="text"/>	Tel. No. <input style="width: 20%; height: 20px;" type="text"/>
		Fax. No. <input style="width: 20%; height: 20px;" type="text"/>
Name of establishment	Address : <input style="width: 70%; height: 20px;" type="text"/>	Tel. No. <input style="width: 20%; height: 20px;" type="text"/>
		Fax. No. <input style="width: 20%; height: 20px;" type="text"/>
SECTION 3 : Fields of Practice		
1. Please specify which fields of practice you would like to be registered in. NSR allows for registration in a single or two fields of practices. (However, please note that dual registration is ONLY allowed in a base specialty and a related fields of practice e.g. Internal Medicine and Cardiology, General Surgery and Hepatobiliary Surgery.)	1) <input style="width: 95%; height: 40px;" type="text"/>	
	2) <input style="width: 95%; height: 40px;" type="text"/>	

SECTION 4 : Professional Qualifications

Degree / Membership / Fellowship	Name	Awarding body / Institution	Country	Year awarded
a) Basic degree				
b) Specialist degree (s)				

* Please attach certified true copies of qualifications listed above.

SECTION 5 : Gazetted/Endorsed as a Specialist by the Ministry of Health of Malaysia and/or by the Universities

1) Gazetted/Endorsed as a specialist by the Ministry of Health of Malaysia and/or by the Universities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	↓
	Year of gazettement/endorsement as a specialist (1) : <input type="text"/>
	Year of gazettement/endorsement as a specialist (2) : <input type="text"/>
* Please enclose a copy of the gazettement/endorsement letter.	

SECTION 6 : FORMAL TRAINING

SECTION 6a : FORMAL TRAINING IN SPECIALTY: List in chronological order the formal training you have received relating to your area of specialty. Please also attach supporting documents to verify the training in your specialty that you have undergone in the institutions as stated below:

Specialty Training	Training Centre & Supervisors	Date of Training & Duration
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	

* Please attach all relevant documents to support your application.

SECTION 6b : FORMAL TRAINING IN SUBSPECIALTY : List in chronological order the formal training you have received relating to your area of specialty. Please also attach supporting documents to verify the training in your specialty that you have undergone in the institutions as stated below:

Subspecialty Training	Training Centre & Supervisors	Date of Training & Duration
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	
	Name of Training Centre :	From :
	Address of Training Centre :	To :
	Name of Supervisors :	Duration :
	Email of Supervisors :	

* Please attach all relevant documents to support your application.

SECTION 7 : Relevant Working Experience (in chronological order)

From	:	<u> </u> m / <u> </u> y	To :	<u> </u> m / <u> </u> y
Duration	:	<u> </u> y / <u> </u> m		
Staff Position	:	_____		
Hospital / Institution	:	_____		
Address	:	_____		
Email of Supervisor	:	_____		
From	:	<u> </u> m / <u> </u> y	To :	<u> </u> m / <u> </u> y
Duration	:	<u> </u> y / <u> </u> m		
Staff Position	:	_____		
Hospital / Institution	:	_____		
Address	:	_____		
Email of Supervisor	:	_____		
From	:	<u> </u> m / <u> </u> y	To :	<u> </u> m / <u> </u> y
Duration	:	<u> </u> y / <u> </u> m		
Staff Position	:	_____		
Hospital / Institution	:	_____		
Address	:	_____		
Email of Supervisor	:	_____		
From	:	<u> </u> m / <u> </u> y	To :	<u> </u> m / <u> </u> y
Duration	:	<u> </u> y / <u> </u> m		
Staff Position	:	_____		
Hospital / Institution	:	_____		
Address	:	_____		
Email of Supervisor	:	_____		
From	:	<u> </u> m / <u> </u> y	To :	<u> </u> m / <u> </u> y
Duration	:	<u> </u> y / <u> </u> m		
Staff Position	:	_____		
Hospital / Institution	:	_____		
Address	:	_____		
Email of Supervisor	:	_____		

SECTION 8 : NAMES OF REFEREES

SECTION 8a : List the names of two referees for application in specialty.

Name of Referee	:	_____
NSR No.	:	_____
Position	:	_____ Specialty : _____
Hospital / Institution	:	_____
Address	:	_____
Email of Supervisor	:	_____ Tel. No. : _____
Name of Referee	:	_____
NSR No.	:	_____
Position	:	_____ Specialty : _____
Hospital / Institution	:	_____
Address	:	_____
Email of Supervisor	:	_____ Tel. No. : _____

SECTION 8b : List the names of two referees for application in subspecialty.

Name of Referee	:	_____
NSR No.	:	_____
Position	:	_____ Specialty : _____
Hospital / Institution	:	_____
Address	:	_____
Email of Supervisor	:	_____ Tel. No. : _____
Name of Referee	:	_____
NSR No.	:	_____
Position	:	_____ Specialty : _____
Hospital / Institution	:	_____
Address	:	_____
Email of Supervisor	:	_____ Tel. No. : _____

Please take note that the referee must comply to the following:

- 1. Referee must have a postgraduate qualification recognized in Malaysia*
- 2. Referee must be a peer or senior to the applicant*
- 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*
- 5. Referee must be NSR registered except overseas referees.*
- 6. Referee must be from the respective specialty / fields of practice.*

Please note NSR may request for other referee if the referee provided are not suitable.

SECTION 9 : Declaration

I hereby declare that all information given above is true to the best of my knowledge. I acknowledge that NSR is authorized to verify the information from whatever sources and means that are deemed appropriate.

Signature : _____
Name : _____
Designation : _____
Date : _____

**Kindly refer to the next page for the checklist for submission*

INFORMATION FOR APPLICANT

- 1 : The Secretariat will only process your application if **ALL THE DOCUMENTS BELOW** are submitted
- 2 : Incomplete Submission of the documents and/or payment will not be processed
- 3 : Please also ensure documents 2 to 7 below **CERTIFIED TRUE COPIES**. Kindly refer to the MMC Guideline for Document Verification as enclosed
- 4 : The use of correction tape / correction liquid is strictly prohibited
- 5 : Please make sure all documents are in standard A4 size
- 6 : Proof of posting is not a proof of receipt
- 7 : All documents sent will not be returned and will be the property of NSR
- 8 : Any document that is not in Bahasa Malaysia or English, must be translated by a relevant authority

CHECK LIST FOR SUBMISSION.

- | | |
|---|--------------------------|
| 1 : Application Form | <input type="checkbox"/> |
| 2 : Full Registration by Malaysian Medical Council (MMC) | <input type="checkbox"/> |
| 3 : Current Annual Practicing Certificate (APC) | <input type="checkbox"/> |
| 4 : Basic Degree | <input type="checkbox"/> |
| 5 : Postgraduate Qualifications | <input type="checkbox"/> |
| 6 : MOH Gazettement or University Endorsement Letter that you are a Specialist (<i>where applicable</i>) | <input type="checkbox"/> |
| 7 : Testimonial and Logbook from Supervisor or Employer on the training undergone in the specialty / field of practice | <input type="checkbox"/> |
| 8 : 2 Referee Reports (by Supervisors/HOD) to be send separately | <input type="checkbox"/> |
| 9 : Curriculum Vitae (CV) | <input type="checkbox"/> |
| 10 : Registration Fee: RM1500 | <input type="checkbox"/> |
| 11 : Recent Passport-size Photo (1) | <input type="checkbox"/> |

Note : For documents in no. 5, kindly refer to the respective Criteria for the related specialty/fields of practice in NSR website.

PAYMENT OPTIONS :

: Cheque

- payable to NATIONAL SPECIALIST REGISTER

Note: Issuance of receipt will be issued once the cheque has been cleared

: Cash

: Bank Draft

: Cash Deposit Machine*

: Funds Transfer / Online Banking *

Note: For others, receipt will be issued once the proof of payment has been received and verified.

NATIONAL SPECIALIST REGISTER account number

Bank : Standard Chartered Bank Berhad

Account No. : 873-1-9481231-4

*** Kindly attach the transaction slip as proof of payment to NSR.**

MALAYSIAN MEDICAL COUNCIL

GUIDELINE FOR DOCUMENT VERIFICATION

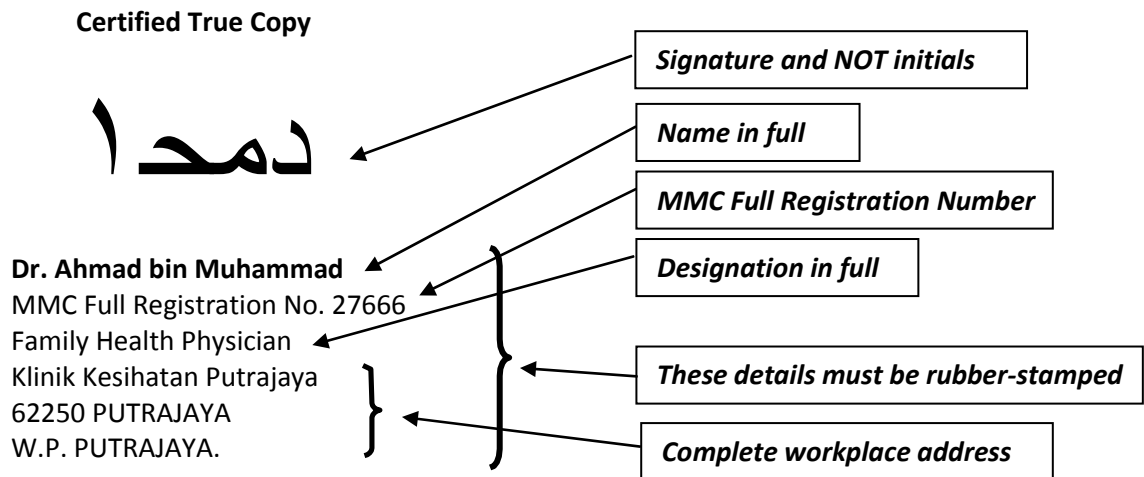
Please take note:

- a. The 305th MMC meeting held on 19 June 2012 agreed that this guideline is to be retained for the purposes of preventing fraud.
- b. The following information is provided to assist you.
- c. Please read these notes for guidance before submitting your application.
- d. You are expected to observe and comply with **ALL** the terms and conditions stipulated herein.
- e. Not adhering to any of the requirements may result in undue and unnecessary delay in the processing of your application.
- f. 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 is signed by designated or authorized signatories as follows:
 - a. 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 the Peace.

** For Malaysian graduates from foreign medical universities who wish to apply for registration with the MMC, documents should be certified by Malaysian government officers stationed in the respective foreign country.*
 - 2.2. **EVERY SINGLE PAGE** of the documents submitted should be certified.
 - 2.3. **Each** certified document **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. The details above (items a. to d.) must be **rubber-stamped**; and
 - f. The person certifying must put down his/her **signature** and **not** his/her initials.
 - 2.4. Documents certified by a 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 documents in its original language. Translated documents are only acceptable if the translation is carried out by:
 - a. Malaysian certified court translators;
 - b. Official Malaysian government agencies;
 - c. Malaysian officers in the language faculty of public universities;
 - d. Malaysian officers of the appropriate embassies.
6. Certifications which do 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. Thankyou.

Yours sincerely,

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

Dated: **14 September 2008**

Revised:	
First	: 18.12.2008
Second	: 11.6.2009
Third	: 13.10.2011
Fourth	: 27.6.2012
Fifth	: 22.11.2013



Ministry of Health
Malaysia

NATIONAL SPECIALIST REGISTER



Academy of Medicine
of Malaysia

REFEREE'S REPORT FOR APPLICATIONS TO NATIONAL SPECIALIST REGISTER

SECTION I

Name of Applicant :
I/C No. :
Hospital/Institution :
Name of Referee :
I/C No. :
NSR No. :

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 have a post-graduate qualification recognized in Malaysia
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
5. Referee must be NSR registered except overseas referees
6. Referee must be from the respective specialty / fields of practice

Please state your observations on the candidate's ability and suitability for registration as a specialist together with any other information which might assist us in making 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. Clinical Skills and Abilities

2. Medical/Surgical/Knowledge Skills and Abilities

3. Personal Character

4. Other Comments

5. Recommendation

I strongly recommend/not recommend _____
(Applicant's Name)
to be registered in _____ in NSR.
(Specialty/Field of Practice)

I am willing to be contacted by the NSR for further discussion regarding this report:

Yes No

Referee's Signature:..... Date:.....

Full Name of Referee :
Designation :
Hospital/Institution :
Contact Address :
Email Contact : Official Stamp :
Mobile Tel No :
Office Tel No :
Office Fax No :

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
1-4, Level 1, Enterprise 3B
Jalan Inovasi 1
Technology Park Malaysia
57000 Bukit Jalil, Kuala Lumpur
Tel: 03 8996 5700/8700, Fax: 03-8994 6700