# ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA

**(Akademi Kedoktoran Keluarga Malaysia)**

# APPLICATION FORM FOR

# PART I CONJOINT MAFP/icFRACGP EXAMINATION 2027

## APPLICATION PROCEDURES:

1. Please download this application form and **TYPE** in **BLACK FONT** only.
2. All applications must be submitted to the secretariat of the AFPM on or before the closing date which is on the **1st December 2026.**
3. Payment via online banking or telegraphic transfer should be made payable to the **"Academy of Family Physicians of Malaysia"; (Bank: Am Bank; Account Number: 001-201-010181-2).** Please forward the proof of payment via email to **accounts@afpm.org.my.** No cash payment will be accepted.
4. A non-refundable administrative fee of **RM1,000.00** is incorporated into the Part I Conjoint MAFP/icFRACGP Examination fee. **The Part I Conjoint MAFP/icFRACGP Examination fee shall be paid in full by the candidate upon submission of this application form**. This application shall not be processed if no payment is made.
5. All sections of this application form must be completed and the declaration at the end of this application form must be signed by the candidate. Incomplete application form or inadequate supportive documents will be rejected.
6. All documents must be submitted as ONE single pdf file.
7. Applicants are responsible for submitting the completed application form and all supportive documents using a link that will be provided to each applicant.
8. Applicants must not share their personalised link with any other parties.
9. Applicants must request the secured link from the AFPM IT team (please cc your email request to ATFM Coordinator Ms Nurul Ain Nadia: nurulain@afpm.org.my)
    a) Mr Afdal Diyaudin: afdal@afpm.org.my
    b) Ms Sharifah Hanim Ruslan: s_hanim@afpm.org.my

***APPLICANT CHECK LIST:***

| | |
|---|---|
| ☐ | A. I have checked and read the eligibility criteria for the Part I of the Conjoint MAFP/icFRACGP Examination and confirm that I meet all the criteria therein. |
| ☐ | B. I have read and understood all the information in the 'AFPM Postgraduate Courses Guidelines and Policy Handbook', the "Conjoint MAFP/icFRACGP Examination Handbook", and all the rules, information, policies, and guidelines in AFPM's website. |
| ☐ | C. I have fully completed the application form (all sections). |
| ☐ | D. One certified true copy of NRIC (for Malaysian) / certified true copy of the relevant pages of passport – i.e., identification pages (for non-Malaysian candidate). |
| ☐ | E. Certified true copies of the Annual Practicing Certificates (APC) from year 2023 – 2027 to show past work experiences. |
| ☐ | F. Proof of active employment in general practice/primary care or its equivalent in the past 5 years.<br>Proof of employment:<br>– Letter from the District Health Office (*Pejabat Kesihatan Daerah*) or Family Medicine Specialist (Head of Clinic) to verify current posting at Klinik Kesihatan.<br>– Borang B/F if owns a clinic or is the person-in-charge (PIC) of a clinic.<br>– Private general practitioner who does not own a clinic kindly provide a letter from the employer.<br>– Locum logs in the prescribed format provided by AFPM (if applicable).<br>Letters must:<br>– Be provided using the official letterhead of the organization.<br>– Include information on duration, days and hours worked and scope of job.<br>– Be dated within one month of application date.<br>– If you have changed practice within the last 5 years, you must submit verification letter from previous employer(s). |
| ☐ | G. One certified true copy of RACGP Membership Card or receipt of July 2026 – June 2027 membership payment as proof of current membership. |
| ☐ | H. One certified true copy of AFPM Membership Card or receipt of the 2027 membership payment as proof of current membership. |
| ☐ | I. Proof of examination fee payment. |
| ☐ | J. Active training status fee (repeat candidates only) |

*Note: Where certified true copies of the relevant documents and certificates are required, such documents and certificates must be Signed and Stamped "Certified True Copy" by a fully registered medical practitioner. For Non-Malaysians, all documents and certificates must be in English or translated into English by an official translator.*

# APPLICATION FORM FOR 2027 CONJOINT MAFP/icFRACGP PART I EXAMINATION

## A. *PERSONAL PARTICULARS* *(FILL USING BLACK INK)*

| | | | |
|---|---|---|---|
| **Full Name:** *(CAPITAL LETTERS)* | | | |
| **Date of Birth:** | **Age:** | **NRIC No / Passport No:** | |
| **Email address:** | | | |
| **Correspondence address:** | | | |
| **Postcode:** | **District:** | **State:** | |
| **Telephone No:** | **(Mobile)** | **(Home)** | |
| **Full Medical Registration No:** | | **Current Annual Practising Certificate No:** | |
| **AFPM Membership No:** | | **RACGP Membership No:** | |

## B. *PRACTICE DETAILS*

| | | |
|---|---|---|
| **Private Healthcare Facility Act Clinic Registration No. (Private Practitioners only):** | | **Current job position:** |
| **Name and address of current workplace:** | | |
| **Postcode:** | **District:** | **State:** |
| **Telephone No:** | **(Mobile)** | **(Landline)** |
| **Preferred Mailing Address (please circle):** | **Home** | **Workplace** |
| **Are you currently practicing in more than one practice?** **(Please circle):** **Yes** **No** | | **Number of practices:** |
| **Details on second practice (name and address):** | | |
| **Postcode:** | **District:** | **State:** |
| **Telephone No:** | **(Mobile)** | **(Landline)** |
| **Details on third practice (name and address):** | | |

| | | |
|---|---|---|
| **Postcode:** | **District:** | **State:** |
| **Telephone No:** | **(Mobile)** | **(Landline)** |

**Any Family Medicine Specialist(s) in your practice?:** ☐ **Yes** ☐ **No**

If yes, specify visiting or resident:

List their names & qualifications:

| **Name:** | **Qualifications:** | **Clinic Schedule:** |
|---|---|---|
| | | |
| | | |
| | | |

What hours do you work each day? (eg. 8am to 5pm, 2pm to 8pm etc.)

| **Practice name:** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## *C. EDUCATIONAL BACKGROUND INCLUSIVE OF POST GRADUATE QUALIFICATIONS*

| **Date Obtained** | | | **Qualification** | **Name of College / University / Academy** |
|---|---|---|---|---|
| **Day** | **Month** | **Year** | | |
| | | | | |
| | | | | |
| | | | | |

*D. WORK EXPERIENCES AFTER BASIC QUALIFICATIONS.*

*Please provide whole working experience (full time & part time)*

| Start date: | | | End date: | | | DETAILS ABOUT THE PRACTICE: |
|---|---|---|---|---|---|---|
| dd | mm | yyyy | dd | mm | yyyy | Practice name: |
| Duration: | | | | | | |
| Position held: House Officer<br>Department/Specialty: *Please list all internship rotations here.* | | | | | | |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |
| dd | mm | yyyy | dd | mm | yyyy | Position: |
| Duration:<br>Fulltime ☐ Part time ☐ | | | | | | Practice name:<br>Department/Specialty: |

| Number of years of experience in general practice/family medicine *(xxYears xxMonths)*: |
|---|
| |

***E. GAPS IN EMPLOYMENT HISTORY.*** *(Kindly provide information on unemployment period or extended leave such as maternity leave, unpaid leave, or extended medical leave you had taken or planning to take from 20 February 2022 – 20 February 2027). Leave blank if not applicable.*

| Start | | | To | | | Explanation |
|---|---|---|---|---|---|---|
| Day | Month | Year | Day | Month | Year | |
| | | | | | | |
| **Duration :** | | | | | | |
| | | | | | | |
| **Duration :** | | | | | | |
| | | | | | | |
| **Duration :** | | | | | | |
| | | | | | | |
| **Duration :** | | | | | | |
| | | | | | | |
| **Duration :** | | | | | | |

***F. PERSONAL WORKLOAD***

*The aim of this data collection is to provide a general view of your weekly caseload and case-mix.*

*Record the total number (in digits) of all the patients who consulted you within* ***fourteen (14) consecutive days within the last one month****, according to the following "Reasons for Encounter (RFE)" categories.*

*You must enter the data collection dates in the table below. Please ensure these dates do not exceed 14 days.*

*RFE may be in the form of symptoms, requests for services, or as diagnostic descriptions volunteered by the patients. Only one RFE per consultation is to be entered (you may categorise the case based of the main RFE).*

*Providing false or misleading information will lead to the rejection of a candidate's application or prohibition from the examinations. The Censor Board considers it a serious offense if a candidate submits false, incomplete, or misleading information to AFPM.*

| **Dates of encounter:**<br>*****Fourteen (14) consecutive days within the last month<br>**From** dd / mm / yyyy **to** dd / mm / yyyy | | **Paed < 12 years** | | **Adult** | | **Total** (digits) |
|---|---|---|---|---|---|---|
| | | **Male** | **Female** | **Male** | **Female** | |
| *1.* | Respiratory | | | | | |
| *2.* | Dermatological/Skin | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| *3.* | Cardiovascular/Circulatory | | | | | |
| *4.* | Gastrointestinal/Digestive | | | | | |
| *5.* | Musculoskeletal | | | | | |
| *6.* | Neurological | | | | | |
| *7.* | Urological | | | | | |
| *8.* | Endocrine, Metabolic, Nutritional | | | | | |
| *9.* | Haematological/Blood | | | | | |
| *10.* | Eye | | | | | |
| *11.* | ENT | | | | | |
| *12.* | Pregnancy, Childbirth, Family Planning | | | | | |
| *13.* | Gynaecological & Breast | | | | | |
| *14.* | Men's health | | | | | |
| *15.* | Psychological | | | | | |
| *16.* | Social Problems | | | | | |
| *17.* | General & unspecified – fever, pain, tiredness, weakness | | | | | |
| *18.* | Aesthetics | | | | | |
| *19.* | Request for medical check-up | | | | | |
| *20.* | Request for immunization | | | | | |
| *21.* | Request for test (X-ray, USS, Lab, etc) | | | | | |
| *22.* | Request for treatment and therapeutic procedure | | | | | |
| *23.* | Request for prescription/repeat medication/Over the counter prescription | | | | | |
| *24.* | Test results - request for explanation and/or report | | | | | |
| *25.* | Request for medical report (e.g., Insurance Medical, Medico-Legal) | | | | | |
| *26.* | Request for medical leave without consultation | | | | | |
| *27.* | Others: eg Request for referral, follow-up initiated by doctor etc | | | | | |
| **TOTAL** ***(digits)*** ***Please add up the totals for each column at the bottom.*** | | | | | | |

**Each patient visits to be entered once only.*

**E.g. Patients with DM and Hypertension who came for follow-up can be categorized as "3. (cardiovascular)" or "8. (Endocrine, Metabolic, Nutritional)"*

| **EXAMINATION ATTEMPT** (Indicate attempt with ✓ ) | | |
|---|---|---|
| First attempt ☐ | Second attempt ☐ | Third attempt ☐ |
| Fourth attempt ☐ | Fifth attempt* ☐ | Sixth attempt* ☐ |

**Only applicable to ATFM trainees intakes prior to 2021*

| **FEES PAYMENT:** | |
|---|---|
| ☐ Examination Fees (AKT) | RM 1,000.00 |
| ☐ Examination Fees (KFP) | RM 2,000.00 |
| Administrative Fees (non-refundable) | RM 1,000.00 |
| **Total Payable: AKT exam only:** | **RM 2,000.00** |
| **KFP exam only:** | **RM 3,000.00** |
| **AKT and KFP exams:** | **RM 4,000.00** |

**REFUND POLICY:**

Administrative fee (RM1000) paid are non-refundable.

If a candidate defers or withdraws from the examination, the candidate may request a refund (minus of the administrative fee) of the examination fee. The refund will be according to the following schedule:

- If a candidate withdraws from the examination before the Board of Censors (BOC) reviews their application, the amount of refund after deduction of the administrative cost incurred by AFPM
- A 75% refund will be issued if a candidate is deemed ineligible to sit for the exam or withdraws for valid reasons more than one (1) month before the scheduled examination date.
- A 50% refund will be issued if a candidate withdraws from the examination one (1) month or less before the scheduled examination date.
- Candidates who withdraw from the examination within 36 hours before the scheduled start time, or who are unable to complete the examination, must seek approval for a refund from the Censor-in-Chief. The Censor-in-Chief will determine the refund amount.

Please maintain a duplicate copy of this Application Form for your reference.

**DECLARATION BY THE CANDIDATE:**

I declare that the information, documents, and materials given above or attached to this application form are true, complete and not misleading in any form or manner and I shall abide by all the rules, regulations, policies, and guidelines as set by the AFPM including all updates, amendments, variations and additions thereto. I further acknowledge, understand and agree that: -

1) I have satisfied all the requirements to sit for Part I of the Conjoint MAFP/icFRACGP Examination;
2) I shall adhere to all the terms, conditions, rules, regulation, information, policies and guidelines (collectively, "Guidelines and Policies") pertaining to the Part I of the Conjoint MAFP/icFRACGP Examination including but not limited to (a) the 'AFPM Postgraduate Courses Guidelines and Policy Handbook' ("Handbook"), (b) the criteria to sit and pass the Part I Conjoint MAFP/icFRACGP Examinations; (c) examination rule and regulations, (d) any terms and requirement given by the Board of Censors, (e) the criteria for the award of MAFP and icFRACGP at the AFPM website, (f) AFPM's policy on fees payments and refunds, and (g) AFPM's privacy policy;
3) All outstanding fees owed to AFPM must be fully paid before being eligible to sit for the Part I and Part II Conjoint MAFP/icFRACGP Examination;
4) Successful completion of the GCFM Programme or the ATFM Programme or passing the GCFM Final Professional Examination and the Part I or II Conjoint MAFP/icFRACGP Examinations do not automatically award any candidate with the MAFP/icFRACGP qualifications;
5) The administrative fee of RM1,000.00 is non-refundable and that my application shall not be processed if the examination fee is not paid in full;

6) AFPM reserves the right to reject any incomplete, inaccurate or delayed application form;

7) AFPM reserves the right to update, amend, vary, supplement or reverse any decision regarding my Part I or II Conjoint MAFP/icFRACGP Examinations eligibility and examination result if my application is made on the basis of incorrect, incomplete and/or misleading information, documents or materials;

8) AFPM reserves the right to amend the Part I of the MAFP/icFRACGP Conjoint Examination schedule as may be necessary;

9) Acceptance of my application shall be subject to the approval of the Board of Censors;

10) I am responsible for notifying the Board of Censors of a change in my examination eligibility status and agreed that failure to report will be handled according to the Academic Misconduct Policy, and may include (at AFPM's discretion) examination results nullification.

11) AFPM reserves the right to inform authorities, regulators, bodies, associations, tertiary institutions, hospitals, clinics, or any medical or pharmaceutical institutions if any of the information, document or material presented to support my application is found to be false;

12) All documents submitted to AFPM shall become the property of AFPM and will not be returned;

13) AFPM may seek verification directly from the source of documentation that I have provided to support my application;

14) The Board of Censors may request additional information and documents or conduct an on-site visit to evaluate the application. Failure to respond to the requests within the specified time will result in the application being rejected; and

15) The Handbook and Guidelines and Policies pertaining to the Part I of the Conjoint MAFP/icFRACGP Examination may be updated or amended from time to time and I shall ensure that I am made aware of such updates or amendments by reviewing all the Guidelines and Policies in the AFPM website from time to time and I shall adhere to any such updates, amendments, variations and/ supplements.

I hereby apply to sit for the examination in the month of **February 2027.**

I enclose herewith the examination fee in full via: Online transaction dated_____ into Am Bank (Account Number: 001-201-010181-2) amounting RM_____(with attached proof of payment)

_____

Applicant's Signature

Date:

Name:

NRIC/Passport number:

**For BOC use**

Application for Part I Exam: Year 2027

ATFM Year Intake:

Completed ATFM in Year:

This is the candidate's exam attempt number:

*Please document any history of Special Deferment.*

The practice meets AFPM full-time GP definition: ☐ Yes ☐ No

RFE is acceptable: ☐ Yes ☐ No

BOC check list: (please tick)

| | |
|---|---|
| | NRIC/Passport |
| | APC 2023 - 2027 |
| | Evidence of full-time primary care work for 4 years (from Feb 2022 to Feb 2027). |
| | Letter from HOD/Health District Office stating GP experiences and/or,<br>Letter from Owner of Private Clinic or Employer / Borang B/ Borang F/ Verified locum logs if doing locum |
| | Letter from past employer(s) to verify previous five years employment history (if applicable) |
| | RACGP Membership July 2026- June 2027 |
| | AFPM Membership 2027 |
| | Proof of examination fee payment |
| | Fully completed form |
| | Active training fee (repeaters only) |

- *2017 intake onwards requires four (4) years of experience within the last five (5) years prior to the date of sitting for the Part I Examination. Intake prior to 2017 requires three (3) years of GP experience.*
- *ATFM Intake 10 onwards (Year 2021 onwards) are eligible for four (4) consecutive attempts at Part I examination.*

| | | |
|---|---|---|
| Is a practice visit required: | ☐ Yes | ☐ No |
| Final decision: | ☐ Eligible | ☐ Not eligible |
| Any special comments/notes: | | |
| Censor's Name and Signature: | | Date: |