



**ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA**  
(Akademi Kedokteran Keluarga Malaysia)



**APPLICATION FORM FOR**  
**PART I CONJOINT MAFP/FRACGP/icFRACGP EXAMINATION 2025**

**APPLICATION PROCEDURES:**

1. Please download this application form and fill in using **BLACK INK** pen only.
2. All applications must be submitted to the secretariat of the AFPM on or before the closing date which is on the **31<sup>st</sup> December 2024** (for all Part I repeat candidates and those who passed Eligibility Examination in 2024) and **24<sup>th</sup> January 2025** (ONLY for Part I first attempt candidates who passed the Eligibility Examination in January 2025). Late applicants will NOT be accepted.
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](mailto:accounts@afpm.org.my). No cash payment will be accepted.
4. A non-refundable processing fee of **RM1,000.00** is incorporated into the Part I Conjoint MAFP/FRACGP/icFRACGP Examination fee. **The Part I Conjoint MAFP/FRACGP/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. Applicants are responsible for submitting the completed application form and all supportive documents using a link that will be provided to each applicant.
7. Applicants must not share their personalised link with any other parties.
8. Applicants must request the secured link from the AFPM IT team (please cc your email request to ATFM Coordinator Mr Mohd Aminuddin Sukor: [amin@afpm.org.my](mailto:amin@afpm.org.my))
  - a) Mr Saufi Omar: [saufiom@afpm.org.my](mailto:saufiom@afpm.org.my)
  - b) Mr Afdal Diyaudin: [afdal@afpm.org.my](mailto:afdal@afpm.org.my)
  - c) Ms Sharifah Hanim Ruslan: [s\\_hanim@afpm.org.my](mailto:s_hanim@afpm.org.my)

***\*PLEASE TAKE NOTE THAT FOR ATFM INTAKE 2019 ONWARDS, THE CONJOINT EXAMINATIONS HAVE BEEN RENAMED TO THE CONJOINT MAFP/ICFRACGP\*\* EXAMINATIONS as ATFM intake 2019 onwards, the FRACGP award has been replaced with the icFRACGP award.***

***\*\* ICFRACGP = INTERNATIONAL CONJOINT FRACGP***

**APPLICANT CHECK LIST:**

<input type="checkbox"/>	A. I have checked and read the eligibility criteria for the Part I of the Conjoint MAFP/FRACGP/icFRACGP Examination and confirm that I meet all the criteria therein.
<input type="checkbox"/>	B. I have read and understood all the information in the 'AFPM Postgraduate Courses Guidelines and Policy Handbook', the "Conjoint MAFP/FRACGP/icFRACGP Examination Handbook", and all the rules, information, policies, and guidelines in AFPM's website.
<input type="checkbox"/>	C. I have fully completed the application form (all sections) including Appendix A and B.
<input type="checkbox"/>	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).
<input type="checkbox"/>	E. Certified true copies of the Annual Practising Certificates (APC) from year 2020 – 2025 to show past work experiences.
<input type="checkbox"/>	<p>F. Proof of active employment in general practice/primary care or its equivalent in the past 5 years.</p> <p>Proof of employment:</p> <ul style="list-style-type: none"> <li>– Letter from the District Health Office (<i>Pejabat Kesihatan Daerah</i>) or Family Medicine Specialist (Head of Clinic) to verify current posting at Klinik Kesihatan.</li> <li>– Borang B/F if owns a clinic or is the person-in-charge (PIC) of a clinic.</li> <li>– Private general practitioner who does not own a clinic kindly provide a letter from the employer.</li> <li>– Locum logs in the prescribed format provided by AFPM (if applicable).</li> </ul> <p>Letters must:</p> <ul style="list-style-type: none"> <li>– Be provided using the official letterhead of the organization.</li> <li>– Include information on duration, days and hours worked and scope of job.</li> <li>– Be dated within one month of application date.</li> <li>– If you have changed practice within the last 5 years, you must submit verification letter from previous employer(s).</li> </ul>
<input type="checkbox"/>	G. One certified true copy of RACGP Membership Card or receipt of July 2024 – June 2025 membership payment as proof of current membership.
<input type="checkbox"/>	H. One certified true copy of AFPM Membership Card or receipt of year 2025 membership payment as proof of current membership.
<input type="checkbox"/>	I. Proof of examination fee payment.

*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 2025 CONJOINT MAFP/ FRACGP/icFRACGP PART I EXAMINATION****A. PERSONAL PARTICULARS (FILL USING BLACK INK)**

Full Name: <i>(CAPITAL LETTERS)</i>			
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 Practicing 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?: <input type="checkbox"/> Yes <input type="checkbox"/> 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. WORKING EXPERIENCE:** Please provide full working experience (full time & part time) in Appendix A.

**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 1 March 2020 – 1 March 2025). Leave blank if not applicable.

Start			To			Explanation
Day	Month	Year	Day	Month	Year	
Duration :						
Duration :						
Duration :						
Duration :						
Duration :						

**EXAMINATION ATTEMPT** (Indicate attempt with ✓ )

First attempt	<input type="checkbox"/>	Second attempt	<input type="checkbox"/>	Third attempt	<input type="checkbox"/>
Fourth attempt	<input type="checkbox"/>	Fifth attempt*	<input type="checkbox"/>	Sixth attempt*	<input type="checkbox"/>

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

**FEES PAYMENT:**

Examination Fees	RM 2,700.00	
Processing Fees (non-refundable)	RM 1,000.00	
<b>Total Payable</b>	<b>RM 3,700.00</b>	

**REFUND POLICY:**

Processing fees (RM1000) paid are non-refundable.

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

- 100% refund if a candidate withdraws from the examination before BOC vets the application or found to be ineligible to sit the exam.
- 75% refund if a candidate withdraws from the examination for valid reasons more than one (1) month before the examination date or after BOC has conducted the practice visit.
- 50% refund if a candidate withdraws from the examination less than one (1) month before the examination date for valid reason.
- 0% refund if a candidate withdraws from the examination on the day of the examination or is unable to complete any segment of the examination for any reason.

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/FRACGP/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/FRACGP/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/FRACGP/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/or FRACGP/icFRACGP at the AFPM website, (f) AFPM's policy on fees payments and refunds, and (g) AFPM's privacy policy;
- 3) 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/FRACGP/icFRACGP Examinations do not automatically award any candidate with the MAFP/ FRACGP/icFRACGP qualifications;
- 4) The processing 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;

- 5) AFPM reserves the right to reject any incomplete, inaccurate or delayed application form;
- 6) AFPM reserves the right to update, amend, vary, supplement or reverse any decision regarding my Part I or II Conjoint MAFP/FRACGP/icFRACGP Examinations eligibility and examination result if my application is made on the basis of incorrect, incomplete and/or misleading information, documents or materials;
- 7) AFPM reserves the right to amend the Part I of the MAFP/FRACGP/icFRACGP Conjoint Examination schedule as may be necessary;
- 8) Acceptance of my application shall be subject to the approval of the Board of Censors;
- 9) 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.
- 10) 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;
- 11) All documents submitted to AFPM shall become the property of AFPM and will not be returned;
- 12) AFPM may seek verification directly from the source of documentation that I have provided to support my application; and
- 13) The Handbook and Guidelines and Policies pertaining to the Part I of the Conjoint MAFP/FRACGP/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 **March 2025**.

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)

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Applicant's Signature

Date:

Name:

NRIC/Passport number:



<b>For BOC use</b>	
Application for Part I Exam: Year	2025
ATFM Year Intake:	
Completed ATFM in Year (when passed EE):	
This is candidate's exam attempt number: <i>Please document any history of Special Deferment.</i>	
The practice meets AFPM full-time GP definition: <input type="checkbox"/> Yes <input type="checkbox"/> No	
RFE is acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
BOC check list: (please tick)	
<input type="checkbox"/>	NRIC/Passport
<input type="checkbox"/>	APC 2020 - 2025
<input type="checkbox"/>	Evidence of full-time primary care work for 4 years (from March 2020 to March 2025).
<input type="checkbox"/>	Letter from HOD/Health District Office stating GP experiences and/or, Letter from Owner of Private Clinic or Employer / Borang B/ Borang F/ Verified locum logs if doing locum
<input type="checkbox"/>	Letter from past employer(s) to verify previous five years employment history (if applicable)
<input type="checkbox"/>	RACGP Membership July 2024- June 2025
<input type="checkbox"/>	AFPM Membership 2025
<input type="checkbox"/>	Proof of examination fee payment
<input type="checkbox"/>	Fully completed form
<p>– 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.</p> <p>– ATFM Intake 10 onwards (Year 2021 onwards) are eligible for four (4) consecutive attempts at Part I examination.</p>	
Is a practice visit required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Final decision:	<input type="checkbox"/> Eligible <input type="checkbox"/> Not eligible
Any special comments/notes:	
Censor's Name and Signature:	Date:

Appendix A

WORK EXPERIENCE				
INCLUSIVE OF FAMILY PRACTICE / GENERAL PRACTICE IN LAST 10 YEARS				
EXACT DATES DD/MM/YY – DD/MM/YY	FULL-TIME	DURATION YEARS, MONTH	PART-TIME	DURATION YEARS, MONTH
CANDIDATE'S NAME:			DATE:	
CURRENT PLACE OF PRACTICE:			OFFICE TEL NO:	

To use a separate sheet and specify all places of practice and work hours if practicing in more than one place of practice.

## Appendix B – DATA COLLECTION: REASON FOR ENCOUNTER (RFE)

The aim of this data collection is to provide a general view of the patients seen and managed in your Practice.

Record the total number of all the patients who consulted you in a given one (1) week (seven (7) consecutive days) in the following categories according to the Reasons for Encounter (RFE). RFE may be in the form of symptoms, requests for services, or as diagnostic descriptions volunteered by the patients. Only one or the main RFE per consultation is to be entered. If you are unclear about this system of classification [ICPC-modified], please consult your mentor. You must enter the dates of the given week for which the patients have consulted you.

Any false or misleading information will result in a candidate's application being rejected or a candidate being barred from the examinations and/or from being awarded the respective award of recognition. The Censor Board finds it a serious offence when a candidate has provided, or is discovered to have provided, AFPM with false, incomplete or misleading information (including giving false information with regards to the place of practice and nature of practice) or to have omitted any relevant or material information.

Name of Applicant:

Place of practice:

Dates of encounter: From _____ to _____		Paed < 12 years		Adult		Total (numbers)
		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: e.g., Request for referral, follow-up initiated by doctor, etc.					
<b>TOTAL</b>						
<i>(please total up each column)</i>						

*\*each patient visits to be entered once only. E.g. Patients with DM and Hypertension who came for follow-up can be categorized either as "3. (cardiovascular)" or "8. (Endocrine, Metabolic, Nutritional)"*