



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



APPLICATION FORM FOR
CONJOINT MAFP/FACGP/icFACGP PART I EXAMINATION 2024

APPLICATION PROCEDURES:

1. Please use **CAPITAL LETTERS** with **BLACK INK** only.
2. All applications must reach the secretariat of the AFPM at the address provided below on or before the closing date which is on the **22nd December 2023** (for all Part I repeat candidates and those who passed July or October 2023 Eligibility Examination) and **2nd February 2024** (ONLY for Part I first attempt candidates who passed the January 2024 Eligibility Examination). Late applicants will **NOT** be accepted.
3. Payment by cheque, bank draft, 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). For online banking/telegraphic transfer, please forward the proof of payment via email to **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/FACGP/icFACGP Examination fee. **The Part I Conjoint MAFP/FACGP/icFACGP 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 shall not be processed by the Board of Censors.
6. The AFPM Secretariat will send an email to acknowledge receipt of the documents within ten (10) working days of its arrival. If you do not get any notification after the stated time kindly contact AFPM via email to check on the status.
7. Completed application form must be sent by POST to:

**THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA,
UNIT 1-5, LEVEL 1, HIVE 4 TAMAN TEKNOLOGI MRANTI,
JALAN INNOVASI 1 LEBUHRAYA PUCHONG-SUNGAI BESI
BUKIT JALIL, 57000 KUALA LUMPUR.**

PHONE: 603-89939176 / 9177

FAX: 603-8993 9187

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:

- 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.
- 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.
- C. I have fully completed the application form (all sections) including Appendix A.
- 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. One certified true copy of **the examination year (Year 2024)** and **past five years** Annual Practising Certificate (APC) as needed to show past work experiences.
- F. Proofs of active employment in general practice/primary care or its equivalent in the past 5 years.

Proof of employment:

- Letter from the District Health Office (*Pejabat Kesihatan Daerah*) or Family Medicine Specialist (Head of Clinic) to verify current posting at Klinik Kesihatan.
- Borang B/F if owns a clinic or is the person-in-charge (PIC) of a clinic.
- Private general practitioner who does not own a clinic kindly provide a letter from the employer.
- Locum logs in the prescribed format provided by AFPM (if applicable).

Letters must:

- Include information on duration, days and hours worked and scope of job.
- Be dated within one month of application date.
- 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 proof of current membership.
- H. One certified true copy of AFPM Membership Card or proof of current membership.

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 2024 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 Practising Certificate No: <i>(Attach a copy)</i>
AFPM Membership No:		RACGP Membership No:
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)

What hours do you work each day? (eg. 8am to 5pm, 2pm to 8pm etc.)							
Practice name:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

B. EDUCATIONAL BACKGROUND INCLUSIVE OF POST GRADUATE QUALIFICATIONS

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

C. WORKING EXPERIENCE: Please provide full working experience (full time & part time) in Appendix A.

D. 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 2019 – 1 March 2024). Leave blank if not applicable.

Start			To			Explanation
Day	Month	Year	Day	Month	Year	
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*

EXAMINATION FEES:		
Examination Fees	RM 2,500.00	
Processing Fees (non-refundable)	RM 1,000.00	
Total Payable	RM 3,500.00	

REFUND POLICY:

Processing fees (RM1000) paid are non-refundable.

If a candidate defers or withdraws from the examination, the candidate may request a refund of the examination fee. The examination fee will be refunded 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) 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;
- 10) All documents submitted to AFPM shall become the property of AFPM and will not be returned;

- 11) AFPM may seek verification directly from the source of documentation that I have provided to support my application; and
- 12) 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 2024**.

I enclose herewith the examination fee in full via:

Cheque No: _____ amounting to RM _____

Online transaction dated _____ into Am Bank (Account Number: 001-201-010181-2) amounting to RM _____ (Please attach proof of payment).

Applicant's Signature

Date:

Name:

NRIC/Passport number:

<u>For office use</u>			
AFPM Membership in-benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Full fee payment received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received:			
Received By:			

For BOC use

Application for Part I Exam: Year

2024

ATFM Year Intake:

Completed ATFM in Year (when passed EE):

Number of attempts:

*Please document any history of Special Deferment.**Intake prior to 2021 has a maximum of six (6) consecutive attempt. Intake 2021 onwards has a maximum of four (4) consecutive attempts.*

BOC check list: (please tick)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | NRIC/Passport |
| <input type="checkbox"/> | APC 2019 - 2024 |
| <input type="checkbox"/> | Evidence of full-time primary care work 4 years (from March 2019 to March 2024). |
| <input type="checkbox"/> | Letter from HOD/Health District Office stating GP experiences and/ or |
| <input type="checkbox"/> | 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 2023- June 2024 |
| <input type="checkbox"/> | AFPM Membership 2024 |
| <input type="checkbox"/> | Fully completed form |

**n.b: 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.*

Censor's Comments:

Final decision: Eligible Not eligible

Censor's Signature:

Date:

Censor's Name:

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.