



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



APPLICATION FORM FOR
CONJOINT MAFP/FRACGP/icFRACGP PART II 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 **19th JUNE 2024**. **Late applications strictly 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 II Conjoint MAFP/FRACGP/icFRACGP Examination fee. **The Part II 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 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 II 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/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 **current (2024)** Annual Practising Certificate (APC).
- F. Proofs of active employment in general practice/primary care or its equivalent in the past 6 months.

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.

Letters must:

- Include information on duration, days and hours worked and scope of job.
- Be dated within one month of the application date.

- G. One valid Basic Life Support (BLS) Certificate (Validity within 3 years) or Advanced Cardiac Life Support (ACLS) Certificate (Validity within 5 years). Online certification without physical CPR training on mannequin is not accepted.
- H. One certified true copy of RACGP Membership Card or proof of current membership.
- I. 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 II 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 28 March 2024 – 27 September 2024) Leave blank if not applicable.

Start			To			Explanation
Day	Month	Year	Day	Month	Year	
Duration :						

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: -

have satisfied all the requirements to sit for Part II 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 II 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 II 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 or practice diary;
- 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 II of the MAFP/FRACGP/icFRACGP Conjoint Examination schedule as may be necessary;
- 8) Acceptance of my application shall be subjected to satisfactory practice diary submission and the approval of the Board of Censors;
- 9) Resubmission of the practice diary will incur a penalty of RM250 for a second review by the Board of Censors;
- 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 II 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 **September 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:	

<u>For BOC use</u>	
Number of attempts: 1 st / 2 nd / 3 rd <i>Please document history of Special Deferment.</i>	
Passed Part I MAFP/FRACGP/icFRACGP Conjoint Examinations in year	
Application for Part II Exam: Year	2024
BOC check list:	
<input type="checkbox"/> NRIC/Passport <input type="checkbox"/> APC 2024 <input type="checkbox"/> Evidence of full-time primary care work 6 months prior to the exam <input type="checkbox"/> BLS (September 2021 onwards) or ACLS (September 2019 onwards) <input type="checkbox"/> RACGP Membership July 2024- June 2025 <input type="checkbox"/> AFPM Membership 2024 <input type="checkbox"/> Fully completed form	
Censor's Comments:	
Final decision: <input type="checkbox"/> Eligible <input type="checkbox"/> 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.