



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



**APPLICATION FORM FOR GRADUATE CERTIFICATE IN FAMILY
MEDICINE PROFESSIONAL EXAMINATION**

APPLICATION PROCEDURES:

1. Please use **CAPITAL LETTERS** and **BLACK INK** only.
2. All applications must reach the secretariat of the AFPM at the address provided below on or preferably **before** the closing date which is **TWO (2) months before the Examination date**.
3. There is no payment for the first attempt of the Examination.
4. For repeat candidates, the total fee of **RM500.00** (which incorporates the non-refundable processing fee of RM150 and examination fee of RM350) **shall be paid in full upon submission of this application form** by cheque, bank draft, online banking or telegraphic transfer and should be made payable to the “**Academy of Family Physicians of Malaysia**”; (**Bank: Am Bank; Account Number: 001-201- 0101820**). For online banking/telegraphic transfer, please forward the proof of payment by emailing the banking receipt to AFPM Accounts (accounts@afpm.org.my). Cash payment will not be accepted. This application shall not be processed if no payment is made. The fee is non-refundable.
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 forms or inadequate supportive documents shall not be processed by the Board of Censors.
6. Completed application form must be sent to:

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

TELEPHONE: 603-89939176/603-89939177/ FAX: 603-89939187
EMAIL: APFM : afpm@po.jaring.asia/mala@afpm.org.my;/nathan.m@afpm.org.my

CHECK LIST:

- A. I have checked and read the eligibility criteria for the GCFM Final Professional 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' and all the rules, information, policies and guidelines in AFPM's website.
- C. I have 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** and **past five** years of Annual Practising Certificate (APC 2019-2024) as needed to show past work experiences.
- F. Proofs of employment in general practice/primary care or its equivalent including locum logs in the prescribed format provided by AFPM and current/past employers' verification letters.

Proof of employment:

- Letter from the District Health Office (*Pejabat Kesihatan Daerah*) 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 application date.

- G. 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 FOR GRADUATE CERTIFICATE IN FAMILY MEDICINE (GCFM)
PROFESSIONAL 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 Practicing Certificate No: (Attach a copy)
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 (Basic & Post-Graduate)

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

C. WORKING EXPERIENCE AFTER BASIC QUALIFICATION

From			To			Hospital/Institute/Practice	Position
Day	Month	Year	Day	Month	Year		
Duration :							
Duration :							
Duration :							

Duration :							
Duration :							
Duration :							
Duration :							

Please provide full working experience (full time & part time) in Appendix A.

D. HISTORY OF GAPS IN FULL-TIME EMPLOYMENT. (Kindly provide information on unemployment period or extended leave such as maternity leave, unpaid leave, or extended medical leave you had taken in the last five (5) years.) Leave blank if not applicable.

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

REFUND POLICY:

Processing fees (RM150) paid are non-refundable.

A candidate may request for a refund of the examination fee according to the following schedule:

- 100% refund (RM350) if a candidate is found to be ineligible to sit the examination.
- 100% refund (RM 350) if a candidate has requested to defer the examination more than one (1) month before the examination date due for valid reasons.
- 50% refund (RM175) if a candidate has requested to defer the examination less than one (1) month before the examination date due for valid reasons.
- No refund if a candidate does not appear for the examination or decides to withdraw on the day of the examination.

This schedule will be effective starting June 2023.

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, and 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 the GCFM Final Professional Examination;
- 2) I shall adhere to all the terms, conditions, rules, regulation, information, policies and guidelines (collectively, “Guidelines and Policies”) pertaining to the GCFM Final Professional Examination including but not limited to (a) the ‘AFPM Postgraduate Courses Guidelines and Policy Handbook’ (“Handbook”), (b) the criteria to sit and pass the GCFM Final Professional Examination; (c) criteria for the successful award of completion of the GCFM Programme, (d) AFPM's policy on fees payments and fees refund, (e) any other requirement given by the Board of Censors, and (f) 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 Examinations do not award any candidate with the MAFP or FRACGP/icFRACGP qualifications;
- 4) the processing fee of RM100.00 is non-refundable, and the examination fee of RM350.00 may be refunded according to the mentioned refund schedule;
- 5) the Board of Censors will not process my application if the fee of RM500.00 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 admission or enrolment into the GCFM Programme, eligibility to sit the Final GCFM exam or the 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 GCFM Final Professional Examination schedule as may be necessary;
- 9) acceptance of my application shall be subjected to the approval of 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;
- 13) and the Handbook and Guidelines and Policies pertaining to the GCFM Final Professional 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 the all the Guidelines and Policies in the AFPM website from time to time and I shall adhere to any such updates, amendments, variations and/ supplementals.

I hereby apply to sit for the examination in the month of _____ year _____.

I enclose herewith the re-sit examination fee in full via:

Cheque No: _____ amounting to RM 500

_____ into Am Bank (Account Number: 001-201-0101820)

Online transaction dated _____
 amounting to RM 500 (Please attach proof of payment).

 Applicant's Signature

Date:

Name:

NRIC/Passport number:

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

<u>For BOC use</u>
GCFM Final Professional Examination Attempt number:
<i>Please document history of Special Deferment.</i>
Enrolled into GCFM in Month/Year :
Expiry of 5 year candidature Month/Year:
BOC check list:
<input type="checkbox"/> NRIC/Passport
<input type="checkbox"/> Current and past 2-5 years APC
<input type="checkbox"/> Evidence of general practice or primary care experience of minimum 2 years in the last 5 years
Verification of employment: <i>Letters must give details of scope of work, duration of practice and hours worked. Explanation must be given for any gaps in work experience.</i>
<input type="checkbox"/> Letter from HOD stating GP experiences and/or
<input type="checkbox"/> Letter from Owner of Private Clinic or employer if doing locum work
<input type="checkbox"/> Borang B or F
<input type="checkbox"/> Fully completed form
Censor's Comments:

Final decision: please circle Eligible Not eligible
Date: Censor's name and signature:

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.