



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



APPLICATION FORM FOR GRADUATE CERTIFICATE IN FAMILY MEDICINE PROFESSIONAL
EXAMINATION

APPLICATION PROCEDURES:

1. Please fill this form using **BLACK INK** only.
2. All applications must be submitted via the OneDrive link **before** the closing date which is on **the 22nd September 2026**. Late applications will **NOT** be accepted.
3. Total fee payable for first attempt of the Examination is RM500 (which incorporates the non refundable processing
Fee of RM150 and the examination fee of RM350 shall be paid in full upon submission of this application form)
4. For repeat candidates, the total fee of **RM600.00** (which incorporates the non-refundable processing fee of RM150 and examination fee of RM450) **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 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 personalized link with any other parties.
8. Applicants must request the secured link (OneDrive) from the GCFM Department
(a) Mr Thillainathan : nathan.m@afpm.org.my
9. For any IT-related issues, please email the IT Department
a) Mr Saufi Omar: saufiom@afpm.org.my

- b) Mr Afdal Diyauudin : afdal@afpm.org.my
 c) Ms Sharifah Hanim Ruslan: s_hanim@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 fully completed the application form (all sections) including appendix A and B
☐	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 Annual Practicing Certificate (APC 2022-2026) as relevant to show past work experiences.
☐	F. Proof of employment in general practice/primary care or its equivalent in the last 5 years. Proof of employment: - Letter from the District Health Office (<i>Pejabat Kesihatan Daerah</i>) 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: - Be provided using the official letterhead of the organization. - 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 AFPM Membership Card or proof of current membership.
☐	H. 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 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:	

B. PRACTICE DETAILS

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? (e.g. 8am to 5pm, 2pm to 8pm etc.)							
Practice name:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

C. EDUCATIONAL BACKGROUND (Basic & Post-Graduate)

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

D.WORKING EXPERIENCE AFTER BASIC QUALIFICATION

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

E. 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:						
Duration:						

Appendix A

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.

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:		Paed < 12 years		Adult		Total (digits)
		Male	Female	Male	Female	
*Fourteen (14) consecutive days within the last month						
From dd / mm / yyyy to dd / mm / yyyy						
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.					
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*	☐
Seventh attempt*	☐				

REFUND POLICY:

Processing fees (RM150) paid are non-refundable.

If a candidate defers or withdraws from the examination, the candidate may request a refund (minus the processing fee) of the examination fee. Section 3.0 Fees and Refund Policy of AFPM Postgraduates Course Guideline and Policy Handbook states:

Refund for the examination fee must be approved by the Board of Censors. The refund of the structure for the examination fee is as follows:

A 100% refund will be issued if a candidate withdraws from the examination before the Board of Censors (BOC) reviews their application

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

A 50% refund will be issued if a candidate withdraws from the examination less than one (1) month before the scheduled examination date due to valid reasons

0% refund for candidates who withdraw from the examination within 36 hours of the examination start time or who are unable to complete the examination for any reason.

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 RM150 is non-refundable, and the examination fee of RM450.00 may be refunded according to the mentioned refund schedule;
- 5) the Board of Censors will not process my application if the fee of RM600.00 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 **November 2026**.

I enclose herewith the examination fee in full via:

☐ Online transaction dated_____

Or

☐ Cheque number_____ amounting to RM500 into AmBank (Account Number: 001-201-0101820)

(Please attach proof of payment)

Applicant's Signature

Date:

Name:

NRIC/Passport number:

For office use

AFPM Membership in-benefit? Yes

☐

No

☐

Full fee payment received? Yes

☐

No

☐

Date Received:

Received By:

For BOC use	
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:	
The practice meets AFPM full-time GP definition: ☐ Yes ☐ No	
RFE is acceptable: ☐ Yes ☐ No	
BOC check list:	
	NRIC/Passport
	Current and past 2-5 years APC (2022-2026) as relevant
	Evidence of full-time primary care experience of minimum 2 years in the last 5 years (from November 2021 to November 2026) 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>
	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
	Letter from past employer(s) to verify previous five years employment history (if applicable)
	AFPM Membership 2026
	Proof of examination fee payment
	Fully completed form
Censor's Comments:	
Final decision: ☐ Eligible ☐ Not eligible	
Date:	Censor's name and signature: