

**APPLICATION FORM FOR MOH SUPERVISED POST QUALIFICATION  
WORK EXPERIENCE POSTING (FAMILY MEDICINE)**

**SECTION 1 : Registration with the Malaysian Medical Council**

1. Date of Full Registration with Malaysian Medical Council (MMC) : \_\_\_\_\_  
 2. Annual Practising Certificate (APC) : Current Year : \_\_\_\_\_ APC No. : \_\_\_\_\_  
 3. AFPM Membership No: \_\_\_\_\_ (Life member Yes  No)

**SECTION 2 : Personal Data**

1. Name :										
	(as in your National Registration Identity Card / Passport)									
2. Date of Birth :	d	d	/	m	m	/	y	y	y	y
3. Nationality :										
4a. Gender :	Male <input type="checkbox"/>		Female <input type="checkbox"/>		4b. Race :					
5a. NRIC (for Malaysian)	:									
5b. Passport Number (for non-Malaysian)	:									
6. Telephone No:	Office		Residence		Mobile					
7. Email address:										
8. Home address:										
	Postcode		City/Town		State					
9. Mailing address :										
	Postcode		City/Town		State					
10a. Current position / appointment					Sector / Employer	Public	Private			
Name of establishment	Address :				Tel. No.					
					Fax. No.					
Name of establishment	Address :				Tel. No.					
					Fax. No.					

**SECTION 3 : Family Medicine Specialisation**

Degree	Awarding Body	Year

**SECTION 4 : List of Potential Supervisors**

No.	Name	Klinik Kesihatan	Contact No	Supervisor agreed (tick)
				1. Preferred supervisor <input type="checkbox"/> 2. Alternative supervisor <input type="checkbox"/>
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*\*Candidate to obtain supervisor's agreement FIRST to ensure availability*

**SECTION 5 :**

1. Proposed date of posting \_\_\_\_\_ to \_\_\_\_\_ (12 months or 18 months)  
 2. I have paid RM 300.00 processing fee and attached the payment slip  (Please tick). I am a life member of AFPM, processing fee waived  (Please tick).

Academy of Family Physicians of Malaysia: **Ambank Account Number 001-201-010181-2**

Signature : \_\_\_\_\_ Stamp : \_\_\_\_\_  
 Name : \_\_\_\_\_ Date : \_\_\_\_\_

**CHECKLIST – MOH SUPERVISED POST QUALIFICATION WORK EXPERIENCE POSTING**

		(√)
1.	Application form	
2.	Membership status for processing fee payment (Check membership status with the office) Life Member : Free Non Life Member : RM 300.00	
3.	Certified true copy of Annual Practicing Certificate	
4.	Certified true copy of Identity Card	
5.	Certified true copy of award certificate or result letters	
6.	Proof of payment (if not life member of AFPM)	
7.	Signed supervisor agreement form	