

**APPLICATION FOR RENEWAL OF TEMPORARY PRACTISING CERTIFICATE
OF A DENTAL SURGEON**

1. Full Name:

2. Passport No.: 3. Date of Expiry:

4. CPD Points for [Year]:

5. Local Address:

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.....

Tel. No.:

6. Duration of TPC: From to.....

7. Principal Practising Address:

(a) Name of premises:

Address:

.....

.....

Telephone No.:

.....
Signature of Dean/ Director

Other Practising Addresses:

(b) Name of premises:

Address:

.....

.....

Telephone No.:

.....
Signature of Dean/ Director

8. Particulars of Bank draft/ Money order/ Postal order which is attached:

(a) No.: (b) Amount (RM):

(c) Bank/ Post officer and date:

.....
Signature of Applicant

Date:

Note: CPD – Continuing Professional Development

To be completed by the employer

(√ where applicable)

9. Application for:

A. Contract or exchange dental practitioner in the public sector	
B. Contract dental lecturer in an Institution of Higher Education	
a. as a dental lecturer	
b. as a dental practitioner	
C. External examiner invited by an Institution of Higher Education	
D. Dental practitioner who is visiting Malaysia to attend a short clinical hands-on course	
E. Dental specialist employed in a private hospital	
F. Dental expert engaged in transfer of skills and knowledge	
G. Contract and collaborating dental practitioner in the public sector or an Institution of Higher Education to conduct dental clinical research	
H. Dental practitioner undertaking voluntary community service	
I. Foreign post-graduate dental student in a dental faculty of a Malaysian Institution of Higher Education or in a Foreign Institution of Higher Education with a branch campus in Malaysia	

10. Details of university/ healthcare facility where clinical procedures will be carried out:

(a) Name of university/ healthcare facility:

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(b) Address of university/ healthcare facility:

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(c) Tel. No.:

Signature of Dean/ Director:

Date:

Name of Dean/ Director: