

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

(Passport sized
photograph)

1. Full Name:
2. Passport No: 3. Citizenship:
4. Date of Birth:
5.
 - (a) Permanent Address:
.....
 - (b) Local Address:
..... Tel. No:
 - (c) Local Address:
..... Tel. No:
6. Details of Basic Dental Qualification:
 - (a) Degree Awarded (in full):
 - (b) Name of Institution conferring degree:
 - (c) Date awarded:

(c) Name of premises:

Address:

Telephone No.:

Signature of Dean/ Director

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

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

(c) Bank/ Post officer and date:

12. I attach the following documents as proof of my qualifications and in support of my application:

(All documents submitted must be either in English or Bahasa Malaysia)

(a) Certified copy of Basic Dental Degree

(b) Certified Copy of Certificate of Registration from country of origin

(c) Letter of Good Standing from Dental Regulatory Body in country of origin

(d) Certified copy of passport

(e) Two (2) recent photographs

(f) Payment of RM100 (for those applying with basic qualifications) or RM500 (for those applying to practise as specialists)

(g) Letter of Offer of Employment from local sponsor

(h) *Certified copy of post-graduate qualification(s)

- (i) *Certified copy of post-graduate academic transcript(s)
- (j) *Evidence of experience as a specialist
- (k) *Certified copy of other relevant degrees
- (l) *Letter of Undertaking from university/ healthcare facility covering any and all emergencies
- (m) *Copy of Work Permit

Note: * Denotes optional documents

DECLARATION

I (full name)
 the above named applicant, hereby declare that the particulars stated in this application are true and correct and the documents attached are true copies of original documents which relate to me.

I have not at any time been found guilty of an offence involving fraud, dishonesty or moral turpitude or any offence punishable with imprisonment (whether in itself only or in addition to or in lieu of a fine).

Signature of Applicant:

Date:



To be completed by the employer

(√ where applicable)

13. Application for:

Contract or exchange officers in the public sector	
Lecturers in Institutions of Higher Education	
Contract officers in Institutions of Higher Education	
External examiners invited by Institutions of Higher Education	
Dental practitioners who visit Malaysia for short hands-on courses	
Specialists employed in private hospitals	
Experts engaged for transfer of skills and knowledge	
Dental practitioners undertaking voluntary community service	
Foreign post-graduate students in clinical disciplines in dental faculties of Local Institutions of Higher Education or in Foreign Institutions of Higher Education with branch campuses in Malaysia practising at the assigned facilities other than the facility they are registered to practise as a student.	

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

(a) Name of university/ healthcare facility:

(b) Address of university/ healthcare facility:
.....

(c) Tel. No.:

Signature of Dean / Director: Date:

Name of Dean/ Director: