



**Malaysia Medical Council
Continuing Professional Development Grading System
APPLICATION BY NON-MEMBER FOR PARTICIPATION**

Name of Applicant:	
NRIC/Passport No:	
Name and Address of Medical Practice:	
Type of Practice:	Private Practice Government Practice University Practice
Category of Practice:	Primary Care / General practice Specialist Please state Specialist
APC No:	Certificate No. Full Registration MMC /Year : _____

I hereby register to participate in the CPD Programme for Doctors in Malaysia

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Signature

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Date