

# **MMA CPD PROVIDER REGISTRATION (VIA MMA CPD SYSTEM)**

## CREATE CPD PROVIDER ACCOUNT

### **IMPORTANT**

1. All providers applications shall be applied through the MMA CPD Provider system via [https://cpd.mma.org.my/jw/web/userview/mma\\_cpd/uv/\\_welcome](https://cpd.mma.org.my/jw/web/userview/mma_cpd/uv/_welcome)
2. Kindly **fill in all the asterisk (\*) columns** before submitting the application.
3. All applications must be **submitted via the MMA CPD System not less than 30 days** before the CPD event date for verification and accreditation of CPD points. Incomplete/ inadequate information may delay the process.

## CREATE CPD PROVIDER ACCOUNT *cont.*

🏠 Welcome

Register CPD Provider

🏠 Home > Register CPD Provider

### Create CPD Provider Account

Username \*  1

Password \*  2

Confirm Password \*  3

Name of Organisation \*  4

Category of Provider \* -- Please Select -- 5

[Guidelines on how to register as a MMA CPD Provider](#)

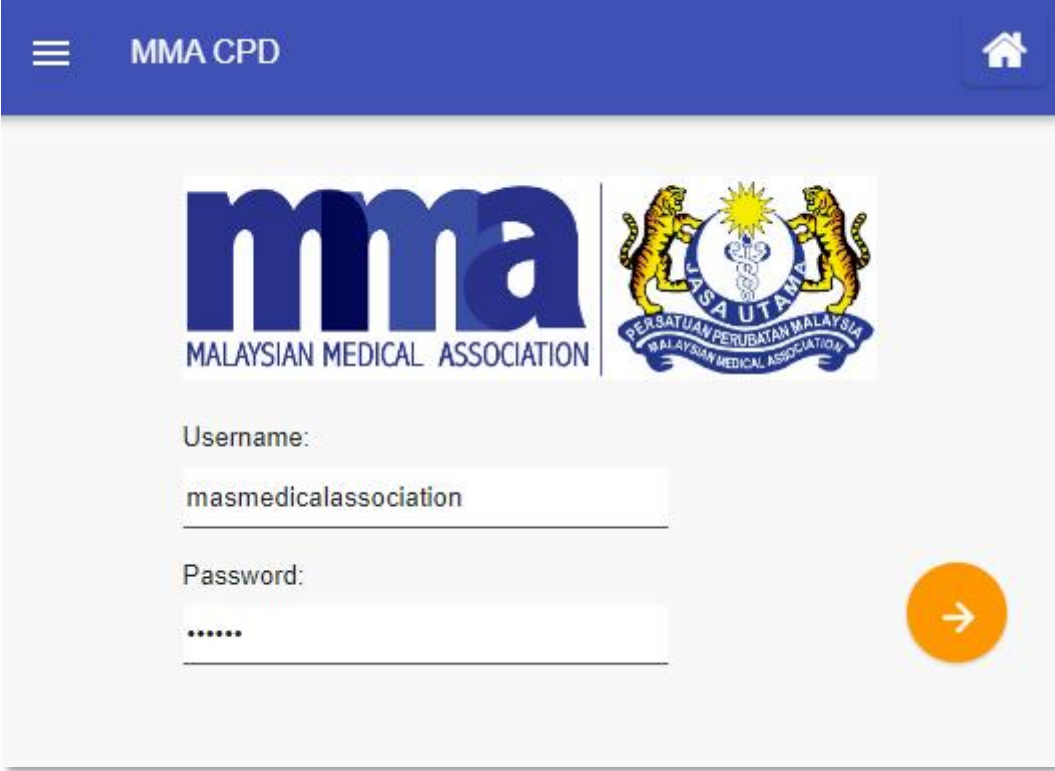
Submit → 6

- Click **“Register CPD Provider”** to start with the registration.

### Create CPD Provider Account


1. **“Username”**; The username shall not include spacing. *E.g., malaysianmedical*
2. **“Password”**; Password created shall not include spacing. It can include characters/ numbers/ symbols. *E.g., MMA1234#*
3. **“Confirm Password”**; Re-type the created password.
4. **“Name of organization”**; Organisation name shall be put in full ONLY. Please do not use any short forms or abbreviations for the organisation name.
5. **“Category of Provider”**; Please refer to the following link for the selection of the category of provider <https://mma.org.my/guidelines-on-how-to-register-as-a-mma-cpd-provider-2/>
6. Click Submit to create CPD provider profile.

## LOGIN PAGE



☰ MMA CPD 🏠

**mma**  
MALAYSIAN MEDICAL ASSOCIATION



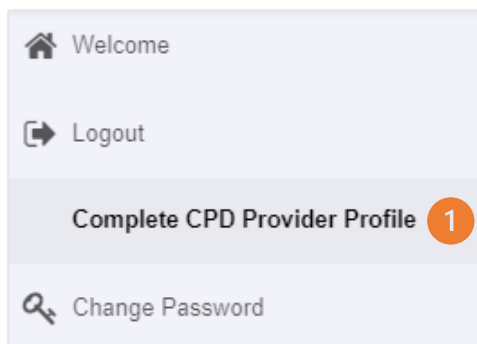
Username:

Password:

➔

- Please proceed to log in to the MMA CPD system using the “**Username**” and “**Password**” created previously.
- Click ➔ to begin with the registration.

## COMPLETE CPD PROVIDER PROFILE



**CPD Provider Profile**

Organization Name \*  2

Organization Email \*  3

Category of Provider \* -- Please Select --  4

1. Once logged in, click **“Complete CPD Provider Profile”**.
2. **“Organization name”**; Shall be registered under the organization’s full name only. Please **DO NOT** use any short forms or abbreviations for the organization name.
3. **“Organization Email”**; Please note that any update/ announcement/ auto-generated email will be sent to the registered organization email only. Please create an active email and **DO NOT** use a personal email.
4. **“Category of Provider”**; Please refer to the following link for the selection of the category of provide: <https://mma.org.my/guidelines-on-how-to-register-as-a-mma-cpd-provider-2/>

**\*IMPORTANT NOTE:**

1. An automated email will be sent to the organization email for the account verification purpose once the CPD Provider Profile is completed and submitted for review.
2. Please verify your CPD Provider account to proceed with the application.

## COMPLETE CPD PROVIDER PROFILE *cont.*

Registration License (ROS/SSM)	<p>Drop files here or click to upload. <b>1</b></p>
	Allowed File Types .pdf, .doc, .docs, .docx
Organization Background History *	<p>Drop files here or click to upload. <b>2</b></p>
	Allowed File Types .pdf, .doc, .docs, .docx
Additional Documents	<p>Drop files here or click to upload. <b>3</b></p>
	Allowed File Types .pdf, .doc, .docs, .docx
Please specify how does the organisation intend to disseminate regarding the proposed CPD activity to participants: *	<p><b>4</b></p>

1. **“Registration License (ROS/SSM)”**; Please attach company license/ ROS/ SSM documents based on the category of provider registered. For an application under hospitals/ medical centres, please upload together an operating license. *E.g., Borang 9, 4, 7.*
2. **“Organization Background Profile”**; Brief history of the company’s background. *E.g., organization chart, introduction, history, etc.*
3. **“Additional Documents”**: Any additional documents.
4. **“Please specify how does the organisation intend to disseminate regarding the proposed CPD activity to participants”**; Briefly explain on how the organization plans to coordinate CPD activities and include previous organized events and upcoming events or planned list.


**\*IMPORTANT NOTE:**

*File type is .pdf/ .doc/ .docs/ .docx/. Do not upload .xlsx/ .jpeg/ .png format.*

## COMPLETE CPD PROVIDER PROFILE *cont.*

**Staff In Charge In The Organization**

Staff In Charge Detail \*

Name	Designation	Phone No	Email
			

1

**Staff In Charge**

Name \* | \_\_\_\_\_

Designation \* \_\_\_\_\_

Phone No. \* \_\_\_\_\_



Email \* \_\_\_\_\_

2

Submit

3


### Staff In Charge In The Organization

1. **“Details of Staff In Charge Detail”**; Details of person in charge for the provider account. Click on  button to add staff in charge details. Can add more than one (1) person in charge. *E.g., each department representative, “unit latihan” person in charge, etc.*
2. Add staff’s name, designation, phone no., and email.
3. Click  once done.

## COMPLETE CPD PROVIDER PROFILE *cont.*

**Doctor In Charge Of The Organization**

Doctor In Charge Detail \*

Name	Designation	Email
 1		

**Doctor In Charge**

Name \* | \_\_\_\_\_


Designation \* \_\_\_\_\_

Email \* \_\_\_\_\_

2

**Submit** 3

### Doctor In Charge Of The Organization

1. “**Details of Doctor In Charge**”; Details of person in charge for the organization. Click on  button to add the details of doctor in charge. Can add more than one (1) doctor in charge. *E.g., Chairman, Executive Director, “Ketua Pengarah Hospital”, “Ketua Jabatan”, etc.*
2. Add the doctor’s name, designation, and email.
3. Click **Submit** once done.



## COMPLETE CPD PROVIDER PROFILE *cont.*

**Organization Contact Info**

Address Line 1 \*

Address Line 2

Address Line 3

State \* -- Please Select --  2

Organization Phone No \*

Organization Fax No

1

3

**Other Details**

Resident Doctors in the organisation (Numeric) \*  4

Date Created  5

Based on the CPD points Scoring Grading Schedule from category A1 to A9, indicate the type of CPD Activity the organisation intend to organize \*  6

### Organization Contact Info

1. Provide the full organization's address.
2. The state of the organization's location. Choose one from the drop-down. *E.g., Selangor.*
3. Provide the organization's phone no. and fax no.

### Other Details

4. Add the number of resident doctors in the organization. Please note that the number of Resident Doctors shall be above 10.
5. An automated date will be generated by the MMA-CPD system based on the date that the profile was created.
6. Provide a list of CPD activity categories organized and planned by the organization. Please refer to the following link for the guidelines of the CPD activity category [MMC-CPD-Grading-system.pdf](#) .



## COMPLETE CPD PROVIDER PROFILE *cont.*

**S.O.P. Agreement**

Rules and Regulation \*  Yes, I agree.

I UNDERSTAND AND WILL ABIDE BY THE [PROVIDER TERMS AND CONDITIONS](#)

PROVIDER TERMS AND CONDITIONS

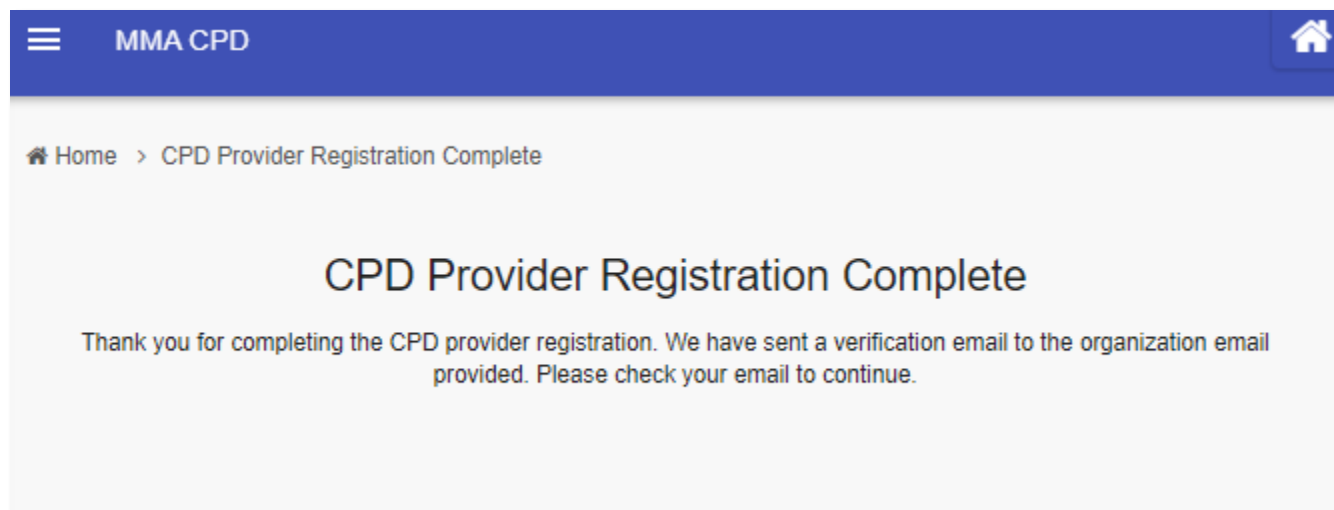
 

**MALAYSIAN MEDICAL ASSOCIATION (MMA) CPD SYSTEM STANDARD OPERATING PROCEDURE**

1. All applications shall be submitted 30 days before the event date via the online MMA CPD System for accreditation of CPD points by the MMA CPD. Process would take within 30 days. Submit earlier to avoid delay as the review would not be guaranteed on time as we are receiving high volume of applications on a daily basis.
2. Late applications or postdated applications submitted after the event date will not be accepted.
3. All approved CPD events is mandatory to be advertised on the MMA CPD Mobile application.
4. Doctors that request to attend the CPD events held in Malaysia, must RSVP to the Organiser directly.
5. Please DO NOT indicate the "number of CPD Points" OR "CPD points will be awarded" on documents/ flyers/ agenda before the CPD review.

1. Tick on Yes, I agree box under **"Rules and Regulations"** and please read the SOP.
2. Once read, close (x) the window and make sure the box is ticked  .
3. Click  to submit the application and receive the verification email.

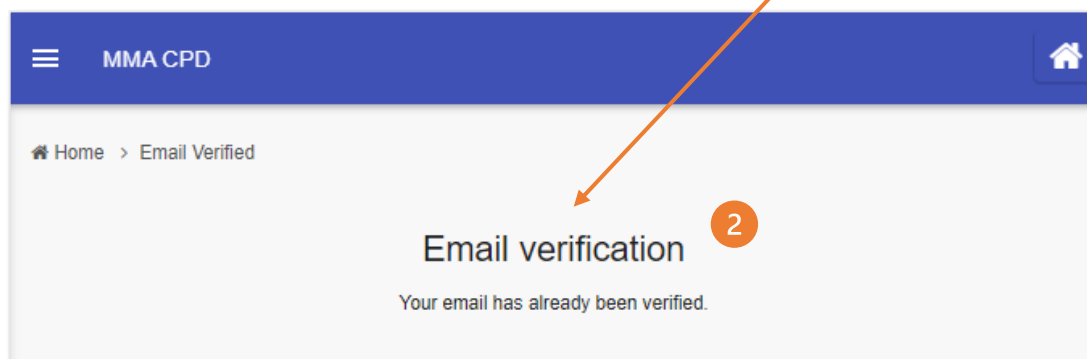
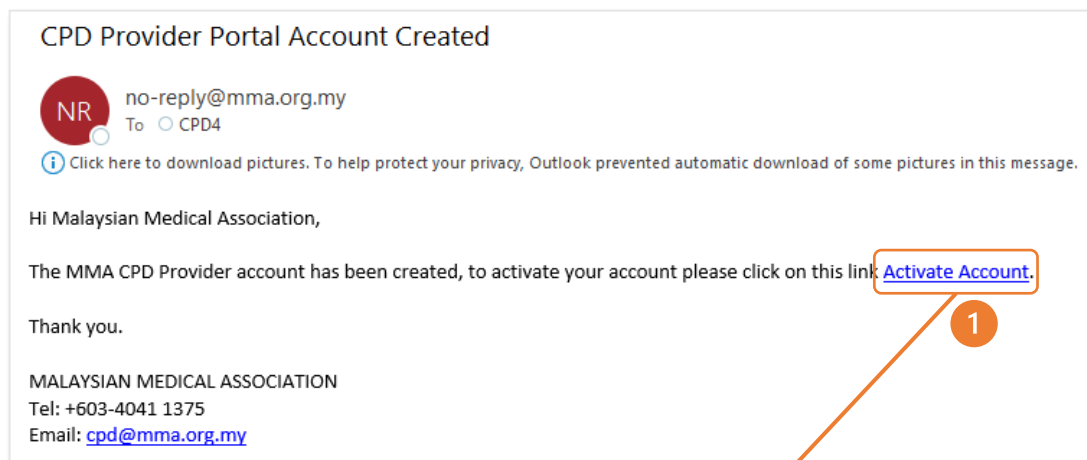
## COMPLETE CPD PROVIDER PROFILE *cont.*



Once **CPD Provider Registration Complete** is shown, an automated email will be sent to the registered organization email for account activation purpose. Please proceed to check the registered email address.

*\*IMPORTANT NOTE: Please verify your CPD Provider account to proceed with the application.*

## VERIFY CPD PROVIDER PORTAL ACCOUNT



1. Upon receiving the **CPD Provider Portal Account Created** email, click on [Activate Account](#).
2. The CPD Provider application has been verified when the pop-up shows **Email verification - Your email has already been verified**.

## VERIFY CPD PROVIDER PORTAL ACCOUNT *cont.*

Home > Registration Status

### Registration Status

Organization Name	
Organization Email	
Category of Provider	Speciality Bodies & Societies
Profile Completion Date	01/12/2022
Email Verified	Yes <span style="color: red; border: 1px solid red; border-radius: 50%; padding: 2px 5px;">1</span>
Email Verification Date	01/12/2022
Application Stage	Pending Verification <span style="color: red; border: 1px solid red; border-radius: 50%; padding: 2px 5px;">2</span>

Provider may proceed to re-login to the MMA CPD system to view the application status.

1. **“Email Verified”**; Once the account is activated through the email, the status will be updated to **Yes**.
2. **“Application Stage”**; Status of application will be shown as **Pending for Verification**.

*\*IMPORTANT NOTE: The reviewing process will take up from 14 to 30 days.*

## APPROVED MMA CPD PROVIDER

1. An **automated email** will be sent to the registered organization's email to notify that the MMA CPD Provider application has been **Approved**.
2. Please note on the **CAN** and **CAN'T** edit after the approval has been obtained;

### CAN

- ✓ Staff In Charge In The Organization.
- ✓ Doctor In Charge Of The Organization.

*Please notify the MMA CPD Department via email.*

### CAN'T

- × Organization Name. \*
- × Organization Email.\*
- × Category of Provider.
- × Registration License (ROS/SSM).
- × Organization Background History.
- × Additional Documents.
- × CPD Activity.
- × Organization Contact Info.
- × Other Details

*\* If there are any changes on the company's name or email, this request shall be submitted via email to the MMA CPD Department for further assistance.*