



MANUAL PENGGUNA MODUL PENDAFTARAN SISTEM

MyMedPCs (PEMOHON)



KEMENTERIAN KESIHATAN MALAYSIA
Kemaskini Oktober 2024

1.0 PENGENALAN

- 1.1 Sistem Medical Practice Control System (MedPCs) merupakan sistem atas talian bagi mengemukakan dan menyemak permohonan pendaftaran dan pelesenan kemudahan dan perkhidmatan jagaan kesihatan swasta bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 atau lebih dikenali sebagai Akta 586.
- 1.2 Manual ini disediakan bagi membantu pengguna menggunakan sistem ini bagi :
 - 1.2.1 Mengemukakan permohonan pendaftaran klinik perubatan dan klinik pergigian swasta; dan
 - 1.2.2 Menyemak status permohonan pendaftaran

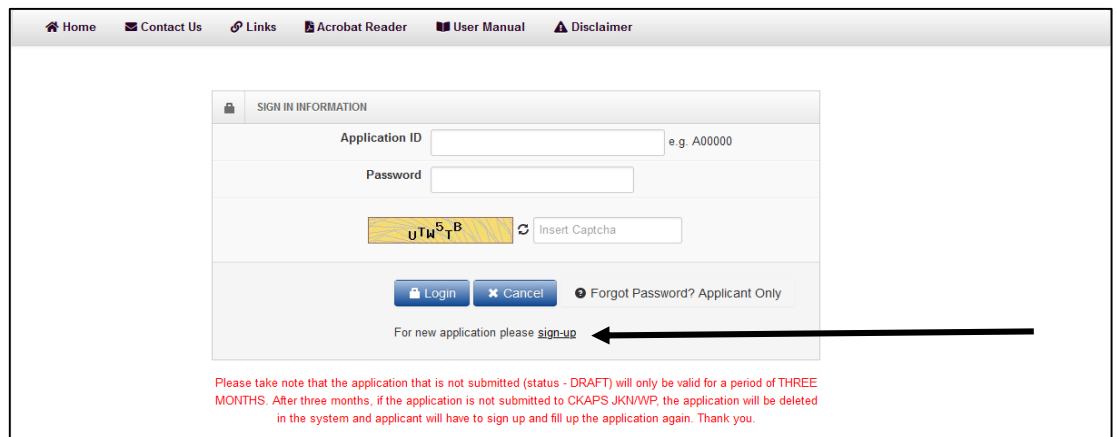
2.0 PERTANYAAN

- 2.1 CKAPS boleh dihubungi di no telefon 03-8883 1309 atau ckaps@moh.gov.my bagi sebarang pertanyaan atau penjelasan.



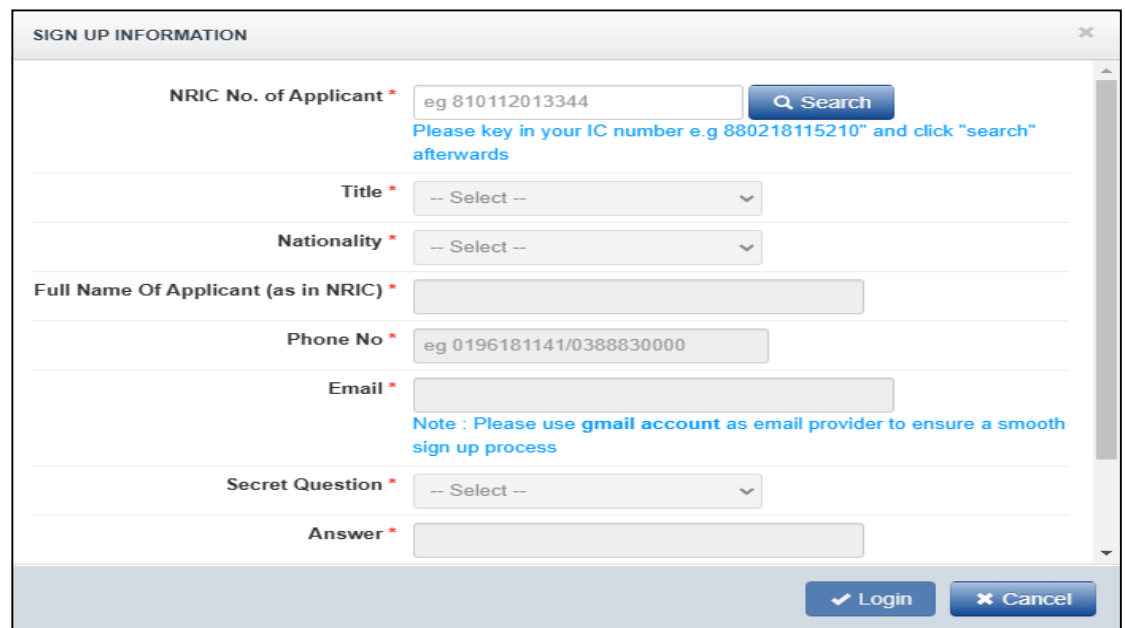
3.0 DAFTAR PENGGUNA BARU

- 3.1 Klik URL sistem <https://mymedpcs.moh.gov.my/> Klik pada modul “Registration”
- 3.2 Daftari ID Pengguna pertama kali, dengan klik pada link [sign-up](#)



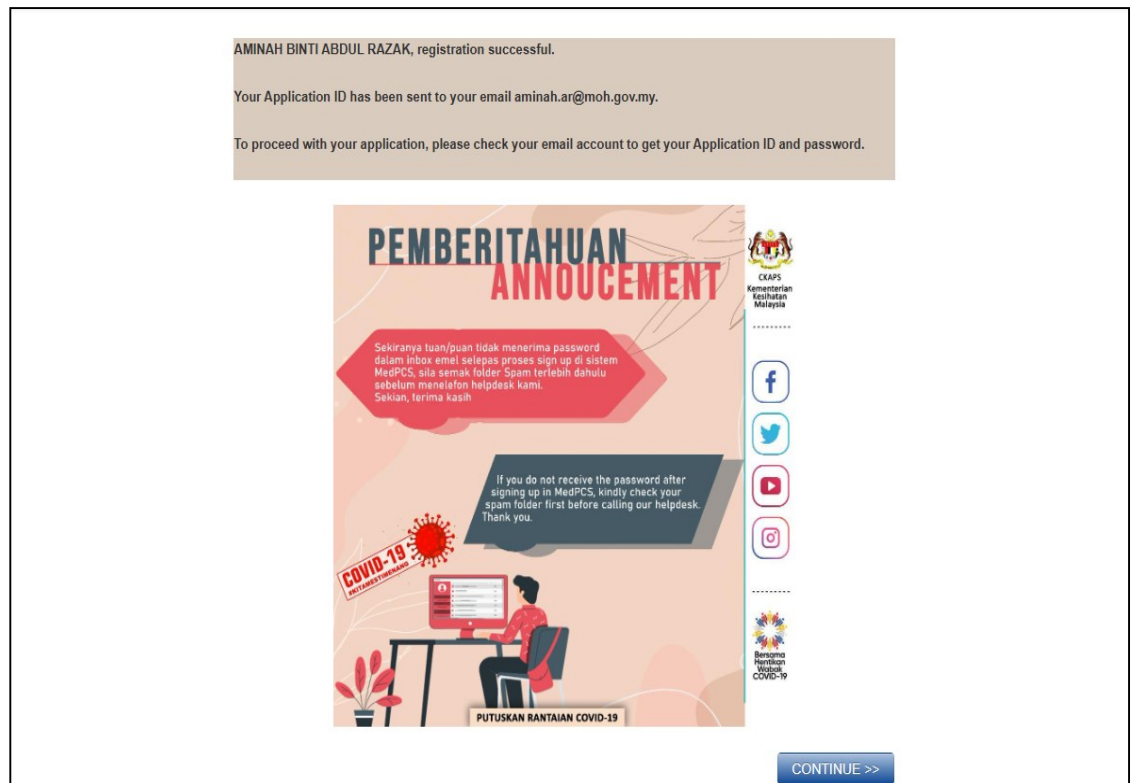
Skrin Sign Up Information

- 3.3 Pengguna perlu memasukkan maklumat *NRIC NO* dan Klik butang *Search*
- 3.4 Masukkan maklumat yang diperlukan dalam skrin di bawah. Ruangan yang bertanda * adalah wajib diisi. Seterusnya klik butang *login*



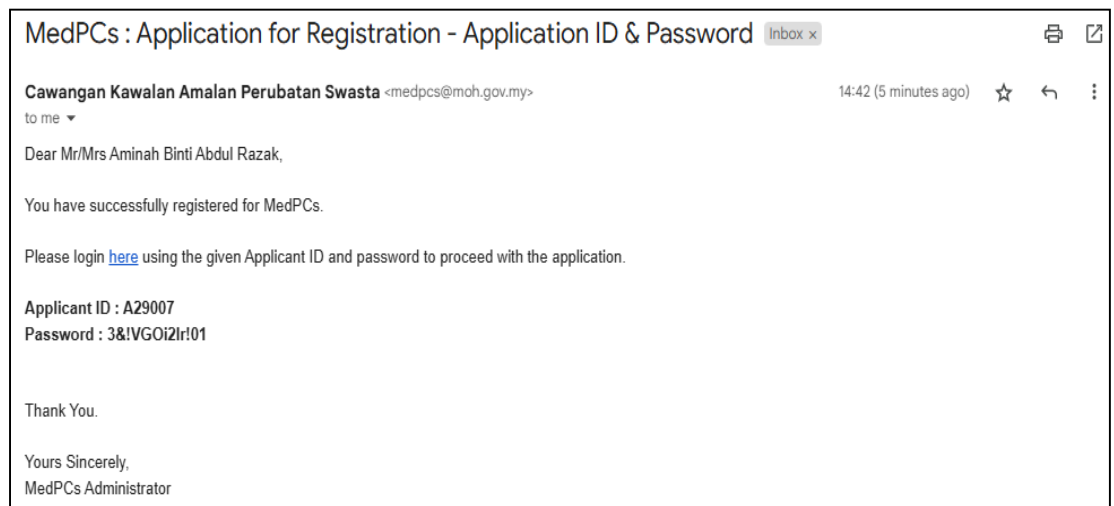
Skrin Login

3.5 Skrin *registration successful* akan terpapar dan klik butang *Continue*



Skrin *Registration Successful*

3.6 Semak *application id* dan *password* yang di emailkan



Skrin *Email Registration*

3.7 Masukan *Application Id* Dan *Password* seperti yang di emailkan, masukan *captcha* dan klik butang Login


sign-up'. A red warning message at the bottom of the page states: 'Please take note that the application that is not submitted (status - DRAFT) will only be valid for a period of THREE MONTHS. After three months, if the application is not submitted to CKAPS JKN/WP, the application will be deleted in the system and applicant will have to sign up and fill up the application again. Thank you.'" data-bbox="240 129 936 322"/>

Home Contact Us Links Acrobat Reader User Manual Disclaimer

SIGN IN INFORMATION

Application ID e.g. A00000

Password

 Insert Captcha

For new application please [sign-up](#)

Please take note that the application that is not submitted (status - DRAFT) will only be valid for a period of THREE MONTHS. After three months, if the application is not submitted to CKAPS JKN/WP, the application will be deleted in the system and applicant will have to sign up and fill up the application again. Thank you.

Skrin Login

4.0 LOGIN MASUK

4.1 Skrin *first time Login* akan terpapar seperti dibawah

Skrin *first time Login*

4.2 Masukan *current password* (*password* yang di emailkan) dan *New Password* (*password* baru) mengikut kombinasi seperti di skrin di atas dan klik butang *Submit*

4.3 Skrin utama sistem akan dipaparkan

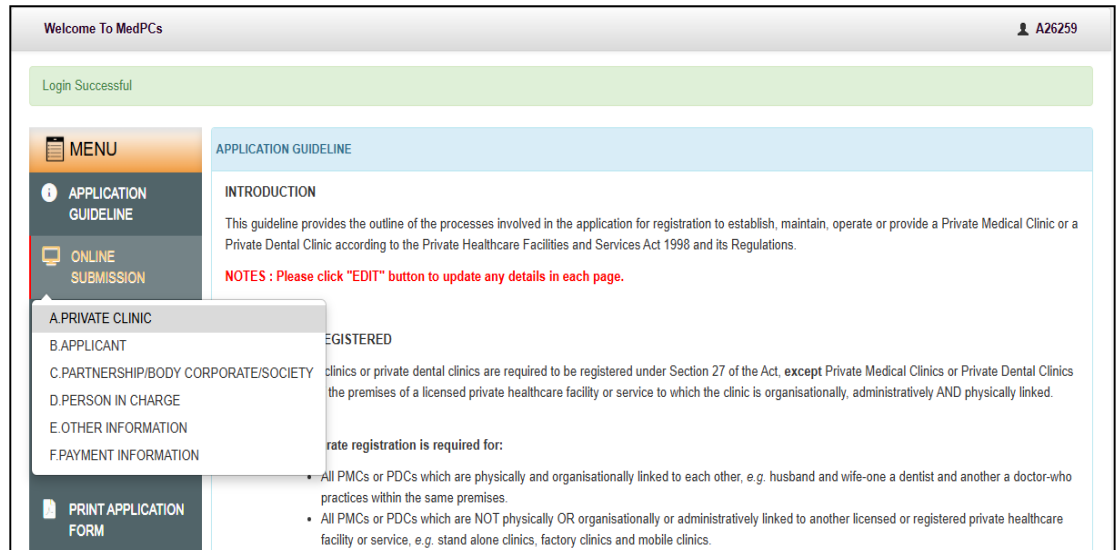
APPLICATION GUIDELINE

Application Guideline adalah garis panduan kepada pemohon bagi permohonan pendaftaran

Skrin *Application Guideline*

5.0 MENGISI PERMOHONAN

- 5.1 *Online Submission* adalah menu yang di mana pemohon perlu memasukkan butiran dalam permohonan. Terdapat 6 bahagian : A. *Private Clinic*, B. *Applicant*, C. *Partnership/ Body Corporate/ Society*, D. *Person In Charge*, E. *Other Information* dan F. *Payment Information*



Skrin *Online Submission*

- 5.2 Klik menu *Online Submission* dan Pilih A. *PRIVATE CLINIC*. Skrin A.1 *Information On Private Clinic* akan terpapar

A. PRIVATE CLINIC

The screenshot shows the 'A.1 INFORMATION ON PRIVATE CLINIC' form. The interface includes a 'MENU' sidebar on the left with options: APPLICATION GUIDELINE, ONLINE SUBMISSION, REVIEW/SUBMISSION, APPLICATION STATUS, PRINT SUBMISSION SLIP, and PRINT APPLICATION FORM. The main content area has three tabs: 'A.1 INFORMATION ON PRIVATE CLINIC' (active), 'A.2 SERVICES', and 'A.3 STIPULATED CLINIC HOURS'. Below the tabs is a section for 'A.4 FACILITIES AND EQUIPMENT'. The form contains three radio button questions: 'Physical Linkage *', 'Organizational Linkage *', and 'Administrative Linkage *', each with 'Yes' and 'No' options. At the bottom, there are 'Save' and 'Reset' buttons.

Skrin A.1 *Information On Private Clinic*

5.2.1 INFORMATION ON PRIVATE CLINIC

- a. Pilih dan *tick* pada maklumat yang berkaitan, Jika semua pilihan adalah Yes, masukkan maklumat seperti di bawah dan Klik butang *Save*

The screenshot shows a web form titled 'INFORMATION ON PRIVATE CLINIC' under the 'A.1 INFORMATION ON PRIVATE CLINIC' tab. The form contains three sections for linkage information:

- Physical Linkage ***: Radio button 'Yes' is selected. Below it, a text box contains 'E.G. PINGGIRAN SENAWANG MEDICAL CENTRE'.
- Organizational Linkage ***: Radio button 'Yes' is selected. Below it, an empty text box is provided for 'Please name the organisation. *'.
- Administrative Linkage ***: Radio button 'Yes' is selected. Below it, an empty text box is provided for 'Please describe the administrative linkage. *'.

At the bottom of the form, there are two buttons: 'Save' and 'Reset'.

Skrin A.1 Information On Private Clinic - Yes

- b. Mesej seperti skrin di bawah akan terpapar

This screenshot shows the same form as above, but with different data and a message at the bottom:

- Physical Linkage ***: Radio button 'Yes' is selected. Text box contains 'MERU HOSPITAL'.
- Organizational Linkage ***: Radio button 'Yes' is selected. Text box contains 'ABC SDN BHD'.
- Administrative Linkage ***: Radio button 'Yes' is selected. Text box contains 'ABC SDN BHD'.

An 'Edit' button is visible at the bottom of the form. A yellow banner at the very bottom of the page contains the text: 'YOUR CLINIC DOES NOT HAVE TO REGISTER. THANK YOU'.

Skrin A.1 Information On Private Clinic

- c. Jika pilihan semua *NO*, skrin *Acknowledge* akan dipaparkan. Klik butang *Acknowledge*

A.1 Linkage Information

Note : All applications must include a certified true copy of Certificate of Completion and Compliance of building, or equivalent.

The following documents are also required to be submitted to the respective State or Federal Territory Health Department

4. In the case of independent clinic on the same premises as other private medical clinic/(s) or private dental clinic/(s) sharing manpower, services and facilities but not organisationally-linked to the private medical clinic/(s) or private dental clinic/(s), please provide
 - 4.1 schematic diagram of the whole premises. If the clinic is located within a multi-storey building, you are required to provide the diagram of the clinic in relation to the other healthcare facility or service on the same floor.
 - 4.2 location of all private medical clinic/(s) or private dental clinic/(s) on the premises.
 - 4.3 location of facilities shared and describe the type and the manner in which such manpower, services and facilities are shared.
5. Present or proposed clinic's layout
 - 5.1 to be drawn to scale not smaller than 1:100, which include plans, drawings and specifications and each document to be titled and numbered for identification.

[Acknowledge](#)

Skrin Acknowledge

- d. Masukan maklumat seperti skrin di bawah ruangan yang bertanda * adalah wajib diisi dan klik butang Save

A.1 INFORMATION ON PRIVATE CLINIC	A.2 SERVICES	A.3 STIPULATED CLINIC HOURS
A.4 FACILITIES AND EQUIPMENT		
<p>INFORMATION ON PRIVATE CLINIC</p> <p>Physical Linkage * <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <hr/> <p>Organizational Linkage * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please name the organisation. * <input type="text" value="ABC SDN BHD"/></p> <hr/> <p>Administrative Linkage * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Please describe the administrative linkage. * <input type="text" value="ABC SDN BHD"/></p> <p>Name of clinic (as in main signboard) * <input type="text" value="KLINIK WARISAN SAYA"/></p> <hr/> <p>Address * <input type="text" value="LOT 2091, WISMA MDT 2"/></p> <hr/> <p>State * <input type="text" value="KELANTAN"/></p> <p>District * <input type="text" value="TUMPAT"/></p> <p>Postcode * <input type="text" value="16200"/></p> <p>Town * <input type="text" value="MUKIM WAKAF BHARU"/></p> <hr/> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p> <p>Date Established/to be established * <input type="text" value="03-01-2023"/></p> <p>E-mail <input type="text"/></p> <hr/> <p>Type of Clinic * <input checked="" type="radio"/> Private Medical Clinic <input type="radio"/> Private Dental Clinic</p> <p>Mobile Clinic * <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Type of Practice * <input checked="" type="radio"/> Solo Practice <input type="radio"/> Group Practice</p> <p>Nature of Business Venture * <input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input checked="" type="radio"/> Body Corporate <input type="radio"/> Society</p> <p>Ownership of Premises * <input type="radio"/> Own <input type="radio"/> Lease <input checked="" type="radio"/> Rent <input type="radio"/> Others</p> <p style="text-align: center;"> <input type="button" value="✓ Save"/> <input type="button" value="✗ Reset"/> </p>		

Note : If there is a difference in your clinic's address, between the postcode's state and the local authority's state, please key in the state according to the local authority.

Eg : Poskod 66100 Kuala Lumpur but the clinic's assessment tax (Cukai Taksiran) is under Majlis Perbandaran Ampang Jaya (Belangor) therefore please key in BELANGOR as STATE

Skrin A.1 Information On Private Clinic

5.2.2 SERVICES

a. Klik tab A.2 Services, klik butang *edit* dan *tick* maklumat pilihan

The screenshot shows a web interface with a top navigation bar containing three tabs: 'A.1 INFORMATION ON PRIVATE CLINIC', 'A.2 SERVICES' (highlighted in red), and 'A.3 STIPULATED CLINIC HOURS'. Below this is a section for 'A.4 FACILITIES AND EQUIPMENT' with two sub-sections: 'A.2.1 Type of Services' and 'A.2.2 Area of Interest'. The 'A.2.1 Type of Services' section has a title bar 'TYPE OF SERVICES' and a label 'Type of service *'. It contains two radio buttons: 'Specialist Service' (unselected) and 'General Practice' (selected). A blue 'Edit' button is located at the bottom center of this section.

Skrin A.2 Services – A.2.1 Type Of Services

b. Klik butang save seperti di bawah

This screenshot is identical to the previous one, but the 'General Practice' radio button is now selected (indicated by a blue dot). The 'Edit' button has been replaced by two buttons: a blue 'Save' button with a checkmark icon and a blue 'Reset' button with an 'x' icon.

Skrin A.2 Services – A.2.1 Type Of Services - General Practice

c. Jika pilihan *type of services* adalah *specialist services*, skrin seperti dibawah akan terpapar. *Tick services* yang berkaitan dan klik butang *save*

A.1 INFORMATION ON PRIVATE CLINIC	A.2 SERVICES	A.3 STIPULATED CLINIC HOURS																																																						
A.4 FACILITIES AND EQUIPMENT																																																								
A.2.1 Type of Services	A.2.2 Area of Interest																																																							
<p>TYPE OF SERVICES</p> <p>Type of service * <input checked="" type="radio"/> Specialist Service <input type="radio"/> General Practice</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">NO</th> <th style="width: 70%;">TYPE OF SERVICES</th> <th style="width: 25%;">PLEASE TICK <input type="checkbox"/></th> </tr> </thead> <tbody> <tr><td>1</td><td>ANAESTHESIOLOGY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2</td><td>DERMATOLOGY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3</td><td>FAMILY MEDICINE</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>4</td><td>MEDICINE</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>5</td><td>NUCLEAR MEDICINE</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>6</td><td>OBSTETRICS AND GYNAECOLOGY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>7</td><td>ONCOLOGY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>8</td><td>OPHTHALMOLOGY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>9</td><td>ORTHOPAEDIC</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>10</td><td>OTORHINOLARYNGOLOGY (EAR, NOSE AND THROAT)</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>11</td><td>PAEDIATRICS</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>12</td><td>PALLIATIVE HOSPITAL CARE</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>13</td><td>PSYCHIATRY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>14</td><td>RADIOLOGY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>15</td><td>REHABILITATION MEDICINE</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>16</td><td>SPORT MEDICINE</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>17</td><td>SURGERY</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> <p style="text-align: center; margin-top: 10px;"> <input type="button" value="✓ Save"/> <input type="button" value="✕ Reset"/> </p>			NO	TYPE OF SERVICES	PLEASE TICK <input type="checkbox"/>	1	ANAESTHESIOLOGY	<input type="checkbox"/>	2	DERMATOLOGY	<input type="checkbox"/>	3	FAMILY MEDICINE	<input type="checkbox"/>	4	MEDICINE	<input type="checkbox"/>	5	NUCLEAR MEDICINE	<input type="checkbox"/>	6	OBSTETRICS AND GYNAECOLOGY	<input type="checkbox"/>	7	ONCOLOGY	<input type="checkbox"/>	8	OPHTHALMOLOGY	<input type="checkbox"/>	9	ORTHOPAEDIC	<input type="checkbox"/>	10	OTORHINOLARYNGOLOGY (EAR, NOSE AND THROAT)	<input type="checkbox"/>	11	PAEDIATRICS	<input type="checkbox"/>	12	PALLIATIVE HOSPITAL CARE	<input type="checkbox"/>	13	PSYCHIATRY	<input type="checkbox"/>	14	RADIOLOGY	<input type="checkbox"/>	15	REHABILITATION MEDICINE	<input type="checkbox"/>	16	SPORT MEDICINE	<input type="checkbox"/>	17	SURGERY	<input type="checkbox"/>
NO	TYPE OF SERVICES	PLEASE TICK <input type="checkbox"/>																																																						
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17	SURGERY	<input type="checkbox"/>																																																						

Skrin A.2 Services – A.2.1 Type Of Services – Specialist Services

d. Klik tab A.2.2 *Area Of Interest* dan klik butang *edit*

The screenshot shows a web interface with a top navigation bar containing three tabs: 'A.1 INFORMATION ON PRIVATE CLINIC', 'A.2 SERVICES', and 'A.3 STIPULATED CLINIC HOURS'. Below this is a section for 'A.4 FACILITIES AND EQUIPMENT' with two sub-tabs: 'A.2.1 Type of Services' and 'A.2.2 Area of Interest'. The 'A.2.2 Area of Interest' sub-tab is active. Inside this sub-tab, there is a heading 'AREA OF INTEREST' and a form with the label 'Area of interest service *'. It contains two radio buttons: 'Yes' (unselected) and 'No' (selected). Below the radio buttons is a blue button with a pencil icon and the text 'Edit'.

Skrin A.2.2 *Area Of Interest*

e. Jika pilihan A.2.2 *Area Of Interest* adalah *No*, klik butang *save*

This screenshot is similar to the previous one, but the 'No' radio button is now selected. Below the radio buttons, there are two blue buttons: 'Save' (with a checkmark icon) and 'Reset' (with an 'X' icon).

Skrin A.2.2 *Area Of Interest – NO*

f. Jika menyediakan perkhidmatan *Area of Interest* seperti estetik , tick Pada “Yes”, tick pada *Aesthetic*

This screenshot shows the 'Area of Interest' form with the 'Yes' radio button selected. Below the radio buttons, there is a table with the following structure:

NO	TYPE OF SERVICES	PLEASE TICK
1	AESTHETIC	<input type="checkbox"/>

Below the table are 'Save' and 'Reset' buttons.

Skrin A.2.2 *Area Of Interest – YES*

g. Tick pilihan yang berkaitan (mengikut perkhidmatan yang dibenarkan dalam LCP pengamal) dan klik butang save

A.1 INFORMATION ON PRIVATE CLINIC		A.2 SERVICES		A.3 STIPULATED CLINIC HOURS	
A.2.1 Type of Services		A.4 FACILITIES AND EQUIPMENT		A.2.2 Area of Interest	
AREA OF INTEREST					
Area of interest service * <input checked="" type="radio"/> Yes <input type="radio"/> No					
NO	TYPE OF SERVICES				PLEASE TICK
1	AESTHETIC				<input checked="" type="checkbox"/>
	CHAPTER	PROCEDURES		PERSONNEL	
	1	BOTULINUM TOXIN INJECTION		RMP + COT	<input type="checkbox"/>
	1	CHEMICAL PEEL (MEDIUM DEPTH)		RMP + COT	<input type="checkbox"/>
	1	CHEMICAL PEEL (SUPERFICIAL)		RMP + COT	<input type="checkbox"/>
	1	FILLER INJECTION - EXCLUDING SILICONE AND FAT		RMP + COT	<input type="checkbox"/>
	1	INTENSE PULSE LIGHT (IPL)		RMP + COT	<input type="checkbox"/>
	1	LASERS FOR HAIR REMOVAL (E.G. LONG PULSED ND:YAG, DIODE)		RMP + COT	<input type="checkbox"/>
	1	LASERS FOR SKIN REJUVENATION (INCLUDING FRACTIONAL ABLATIVE)		RMP + COT	<input type="checkbox"/>
	1	LASERS FOR TREATING SKIN PIGMENTATION		RMP + COT	<input type="checkbox"/>
	1	MICRODERMABRASION		RMP + COT	<input type="checkbox"/>
	1	SKIN TIGHTENING PROCEDURES-RADIOFREQUENCY, ULTRASOUND, INFRARED UP TO UPPER DERMIS		RMP + COT	<input type="checkbox"/>
	1	SUPERFICIAL SCLEROTHERAPY		RMP + COT	<input type="checkbox"/>
	2	ABLATIVE SKIN RESURFACING LASERS		DERMATOLOGIST	<input type="checkbox"/>
	2	BOTULINUM TOXIN INJECTION		DERMATOLOGIST	<input type="checkbox"/>
	2	CHEMICAL PEEL (MEDIUM DEPTH)		DERMATOLOGIST	<input type="checkbox"/>
	2	CHEMICAL PEEL (SUPERFICIAL)		DERMATOLOGIST	<input type="checkbox"/>
	2	CHEMICAL PEELS (DEEP)		DERMATOLOGIST	<input type="checkbox"/>
	2	FILLER INJECTION - EXCLUDING SILICONE AND FAT		DERMATOLOGIST	<input type="checkbox"/>
	2	HAIR TRANSPLANT		DERMATOLOGIST	<input type="checkbox"/>
	2	INTENSE PULSE LIGHT (IPL)		DERMATOLOGIST	<input type="checkbox"/>
	2	LASER FOR TREATING VASCULAR LESIONS		DERMATOLOGIST	<input type="checkbox"/>
	2	LASERS FOR HAIR REMOVAL (E.G. LONG PULSED ND:YAG, DIODE)		DERMATOLOGIST	<input type="checkbox"/>
	2	LASERS FOR SKIN REJUVENATION (INCLUDING FRACTIONAL ABLATIVE)		DERMATOLOGIST	<input type="checkbox"/>
	2	LASERS FOR TREATING SKIN PIGMENTATION		DERMATOLOGIST	<input type="checkbox"/>
	2	MICRODERMABRASION		DERMATOLOGIST	<input type="checkbox"/>
	2	PHLEBECTOMY		DERMATOLOGIST	<input type="checkbox"/>
	2	SKIN TIGHTENING PROCEDURES-RADIOFREQUENCY, ULTRASOUND, INFRARED UP TO UPPER DERMIS		DERMATOLOGIST	<input type="checkbox"/>
	2	SUPERFICIAL SCLEROTHERAPY		DERMATOLOGIST	<input type="checkbox"/>
	2	TUMESCENT LIPOSUCTION		DERMATOLOGIST	<input type="checkbox"/>
	2	ULTRASOUND DEVICE		DERMATOLOGIST	<input type="checkbox"/>
	3A	ABDOMINOPLASTY		PLASTIC SURGEON	<input type="checkbox"/>
	3A	BLEPHAROPLASTY - UPPER EYELID - LOWER EYELID		PLASTIC SURGEON	<input type="checkbox"/>
	3A	BREAST ENHANCEMENT (OTHER THAN IMPLANT)		PLASTIC SURGEON	<input type="checkbox"/>
	3A	BREAST IMPLANT		PLASTIC SURGEON	<input type="checkbox"/>
	3A	BREAST REDUCTION		PLASTIC SURGEON	<input type="checkbox"/>
	3A	BROW LIFT		PLASTIC SURGEON	<input type="checkbox"/>
	3A	FAT GRAFTING		PLASTIC SURGEON	<input type="checkbox"/>
	3A	HAIR TRANSPLANT		PLASTIC SURGEON	<input type="checkbox"/>
	3A	IMPLANT - FACE - NOSE		PLASTIC SURGEON	<input type="checkbox"/>
	3A	LASERS, ABLATIVE (INCLUDING FRACTIONAL & RESURFACING)		PLASTIC SURGEON	<input type="checkbox"/>
	3A	LIPOSUCTION (GA & > 1 LITRE ASPIRATE)		PLASTIC SURGEON	<input type="checkbox"/>
	3A	LIPOSUCTION (LA & < 1 LITRE ASPIRATE)		PLASTIC SURGEON	<input type="checkbox"/>
	3A	PHLEBECTOMY		PLASTIC/ VASCULAR/ GENERAL SURGEON	<input type="checkbox"/>
	3A	RHINOPLASTY		PLASTIC SURGEON	<input type="checkbox"/>
	3A	RHYTIDECTOMY - FACELIFT - MINI LIFT -THREAD LIFT		PLASTIC SURGEON	<input type="checkbox"/>
	3B	BOTULINUM TOXIN INJECTION		PLASTIC SURGEON	<input type="checkbox"/>
	3B	CHEMICAL PEEL (MEDIUM DEPTH)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	CHEMICAL PEEL (MEDIUM DEPTH)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	CHEMICAL PEEL (SUPERFICIAL)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	CHEMICAL PEELS (DEEP)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	FILLER INJECTION - EXCLUDING SILICONE AND FAT		PLASTIC SURGEON	<input type="checkbox"/>
	3B	INTENSE PULSE LIGHT (IPL)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	LASER FOR TREATING VASCULAR LESIONS		PLASTIC SURGEON	<input type="checkbox"/>
	3B	LASERS FOR HAIR REMOVAL (E.G. LONG PULSED ND:YAG, DIODE)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	LASERS FOR SKIN REJUVENATION (INCLUDING FRACTIONAL ABLATIVE)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	LASERS FOR TREATING SKIN PIGMENTATION		PLASTIC SURGEON	<input type="checkbox"/>
	3B	MICRODERMABRASION		PLASTIC SURGEON	<input type="checkbox"/>
	3B	RADIOFREQUENCY (EXTERNAL APPLICATION)		PLASTIC SURGEON	<input type="checkbox"/>
	3B	SKIN TIGHTENING PROCEDURES-RADIOFREQUENCY, ULTRASOUND, INFRARED UP TO UPPER DERMIS		PLASTIC SURGEON	<input type="checkbox"/>
	3B	SUPERFICIAL SCLEROTHERAPY		PLASTIC / VASCULAR / GENERAL SURGEON	<input type="checkbox"/>
	3B	ULTRASOUND DEVICE		PLASTIC SURGEON	<input type="checkbox"/>

Skrin A.2.2 Area Of Interest – Aesthetic

5.2.3 STIPULATED CLINIC HOURS

- a. Klik Tab A.3 *Stipulated Clinic Hours*, klik butang *edit* dan *tick* pada pilih maklumat yang berkaitan.




The screenshot shows a web interface with three tabs: 'A.1 INFORMATION ON PRIVATE CLINIC', 'A.2 SERVICES', and 'A.3 STIPULATED CLINIC HOURS'. Below the tabs is a section for 'A.4 FACILITIES AND EQUIPMENT'. The main content area is titled 'STIPULATED CLINIC HOURS' and contains the question 'Does your clinic operates 24 hours?'. The 'Yes' radio button is selected. Below the question is a blue 'Edit' button.

Skrin A.3 *Stipulated Clinic Hours*

- b. Klik butang *save* untuk simpan maklumat tersebut

This screenshot is identical to the previous one, but the 'Save' and 'Reset' buttons are now visible below the 'Edit' button. The 'Save' button has a checkmark icon and the 'Reset' button has an 'x' icon.

Skrin A.3 *Stipulated Clinic Hours – Yes*

- c. Jika *stipulated clinic hours No*, masukkan hari dan masa yang berkaitan, klik butang *Add Day*. Untuk beberapa masa yang berlainan dalam hari yang sama, klik butang  Untuk memadam maklumat pada hari tersebut klik  butang 

The screenshot shows the 'STIPULATED CLINIC HOURS' form with 'No' selected for the 24-hour question. An 'Add Day' button is present. Below it is a table with columns: DAY, OPERATION, TIME FROM, TIME TO, and ACTION. The first row shows 'Sunday' in the DAY column, 'Open' in the OPERATION column, and '14:42' in both TIME FROM and TIME TO columns. There is a plus icon next to the Sunday dropdown and a minus icon in the ACTION column. Below the table is a text input field with the instruction: 'Please specify if the clinic is operating during certain weeks of the month. E.g Monday 1st week and 3rd week.' At the bottom are 'Save' and 'Reset' buttons.


Skrin A.3 *Stipulated Clinic Hours – NO*

5.2.4 FACILITIES AND EQUIPMENT

- a. Klik tab A.4 *Facilities and Equipment*, pilih senarai *type of facility*, masukan kuantiti dan klik butang Save

The screenshot shows the 'A.4 FACILITIES AND EQUIPMENT' form. At the top, there are three tabs: 'A.1 INFORMATION ON PRIVATE CLINIC', 'A.2 SERVICES', and 'A.3 STIPULATED CLINIC HOURS'. The 'A.4 FACILITIES AND EQUIPMENT' tab is active. Below the tabs, there is a section titled 'LIST OF FACILITIES' with a note: '*Please key in rooms which are intended to be used (registered) presently. Do not key in rooms intended for future use.*'. The main form area contains a table with columns 'NO.', 'TYPE OF FACILITY', and 'QUANTITY'. The first row has '1' in the 'NO.' column and a dropdown menu in the 'TYPE OF FACILITY' column. The dropdown menu is open, showing options: '-- Select --', 'Consultation Room', 'Treatment Room', 'Consultation Room cum Treatment Room', 'X-Ray Room', 'Minor Surgery Room', 'Ultrasound Room', 'Sterilization Room With Autoclave', 'Treatment Room with Audiometry', 'Treatment Room with Ultrasound', and 'Treatment Room with Nebulizer'. To the right of the dropdown menu are 'Save' and 'Reset' buttons. Below the table, there is a 'TOTAL NUMBER OF FACILITIES' section with a dropdown menu set to '10' and a 'records per page' label. There is also a search field and pagination controls at the bottom right.

Skrin A.4 *Facilities and Equipment*

- b. Maklumat *type of facility* yang Berjaya disimpan adalah seperti skrin di bawah. Untuk kemaskini maklumat yang telah disimpan, klik hyperlink type of facility tersebut. Klik butang  untuk memadam maklumat tersebut.

The screenshot shows the 'A.4 FACILITIES AND EQUIPMENT' form after saving data. The 'LIST OF FACILITIES' section is empty. The 'TOTAL NUMBER OF FACILITIES' section shows '10 records per page'. Below this, there is a table with columns 'NO.', 'TYPE OF FACILITY', 'QUANTITY', and 'ACTION'. The table contains two rows:

NO.	TYPE OF FACILITY	QUANTITY	ACTION
1	Consultation Room	1	
2	Treatment Room	1	

 There are 'Save' and 'Reset' buttons above the table, and a search field to the right.

Skrin A.4 *Facilities and Equipment*

5.2.5 OWNER/ CONTROLLER OF SHARED FACILITIES/ MANPOWER/ SERVICES

- a. Klik Tab *A.5 Owner/ Controller Of Shared Facilities/ Manpower/ Services*, tick maklumat yang berkaitan.

A.1 INFORMATION ON PRIVATE CLINIC	A.2 SERVICES	A.3 STIPULATED CLINIC HOURS
A.4 FACILITIES AND EQUIPMENT		A.5 OWNER/CONTROLLER OF SHARED FACILITIES/MANPOWER/SERVICES
<p>INFORMATION ON OWNER/CONTROLLER OF SHARED FACILITIES/MANPOWER/SERVICES</p> <p>This section is only applicable if independent clinic on the same premise is sharing facilities such as waiting room/ toilets/ reception area or manpower or services with other facilities, but not administratively or organizationally linked.</p> <p>Owner/controller of the shared facilities, manpower or services <input type="radio"/> Individual <input type="radio"/> Organisation</p>		

Skrin A.5 Owner Controller Of Shared Facilities Manpower Services

- b. Masukkan *COR NO* dan klik butang *submit*

A.1 INFORMATION ON PRIVATE CLINIC	A.2 SERVICES	A.3 STIPULATED CLINIC HOURS
A.4 FACILITIES AND EQUIPMENT		A.5 OWNER/CONTROLLER OF SHARED FACILITIES/MANPOWER/SERVICES
<p>INFORMATION ON OWNER/CONTROLLER OF SHARED FACILITIES/MANPOWER/SERVICES</p> <p>This section is only applicable if independent clinic on the same premise is sharing facilities such as waiting room/ toilets/ reception area or manpower or services with other facilities, but not administratively or organizationally linked.</p> <p>Owner/controller of the shared facilities, manpower or services <input checked="" type="radio"/> Individual <input type="radio"/> Organisation</p> <p>COR No : <input type="text"/></p> <p><input type="button" value="Submit"/></p> <p>Please key in Certificate of Registration (COR) number</p>		

Skrin A.5 Owner Controller Of Shared Facilities Manpower Services - Individual

B. APPLICANT

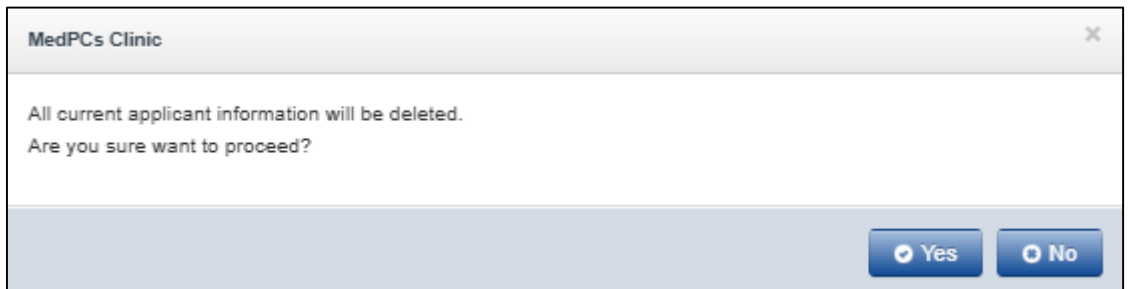
B.1 INFORMATION ON APPLICANT

- a. Klik butang *edit*, Masukkan maklumat seperti di bawah. Medan yang bertanda * adalah wajib di isi, dan klik butang *save*.

B.1 INFORMATION ON APPLICANT	B.2 QUALIFICATION	B.3 PROFESSIONAL REGISTRATION
B.4 WORK EXPERIENCE	B.5 APPLICATION	
INFORMATION ON APPLICANT		
PERSONAL INFORMATION		
Title * <input type="text" value="TAN SRI DATO"/>		
Name * <input type="text" value="AA"/>		
IC No (as in IC) / Passport No. * <input type="text" value="831227035638"/>		
Date of Birth * <input type="text" value="27-12-1983"/>		
Gender * <input type="text" value="MALE"/>		
Race * <input type="text" value="MALAY"/>		
Nationality * <input type="text" value="MALAYSIAN"/>		
Email * <input type="text" value="ABC@MOH.GOV.MY"/>		
Healthcare Professional * <input checked="" type="radio"/> Yes <input type="radio"/> No		
ADDRESSES INFORMATION		
Current Place of Work		
<input type="checkbox"/> if same as clinic address		
Address * <input type="text" value="SDDDDDD"/>		
State * <input type="text" value="SELANGOR"/>		
Postcode * <input type="text" value="62300"/>		
Town * <input type="text" value="BANDAR SEPANG"/>		
Tel No * <input type="text" value="235868686"/>		
Fax No <input type="text"/>		
Residence Address		
<input type="checkbox"/> if same as current place of work		
Address * <input type="text" value="SDDDDDD"/>		
State * <input type="text" value="SELANGOR"/>		
Postcode * <input type="text" value="62300"/>		
Town * <input type="text" value="BANDAR SEPANG"/>		
Tel No * <input type="text" value="235868686"/>		
Fax No <input type="text"/>		
Correspondence Address		
<input type="checkbox"/> if same as current place of work		
Address * <input type="text" value="SDDDDDD"/>		
State * <input type="text" value="SELANGOR"/>		
Postcode * <input type="text" value="62300"/>		
Town * <input type="text" value="BANDAR SEPANG"/>		
Tel No * <input type="text" value="235868686"/>		
Fax No <input type="text"/>		
<input type="button" value="Edit"/> <input type="button" value="Change Person"/>		

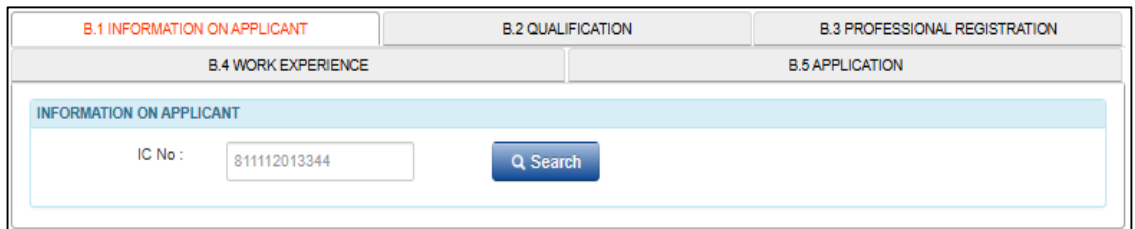
Skrin B.1 Information On Applicant

- b. Untuk tukar *applicant* baru, klik butang *change person*.
- c. Skrin mesej seperti di bawah akan terpapar. Klik butang Yes



Skrin Mesej *Change Person*

- d. Masukkan *IC NO applicant* yang baru dan klik butang *search*



Skrin B.1 *Information On Applicant*

- e. Ulangi langkah a.

B.2 QUALIFICATION

- a. Klik tab B.2 *Qualification*, masukan maklumat *institution* dan klik butang *search*. Tick pada *institution* pilihan.

The screenshot shows the 'B.2 QUALIFICATION' tab selected. The 'Search by Institution' field contains 'UNIVERSITI KEBANGSAAN MALAYSIA (UKM)'. Below the search field is a table with one row:

No.	List Of Institutions
1	<input type="radio"/> UNIVERSITI KEBANGSAAN MALAYSIA (UKM)

Skrin B.2 *Qualification*

- b. Tick pada peringkat *qualification*, pilih list of *qualification*, masukan *awarded year* dan klik butang *save*.

The screenshot shows the 'B.2 QUALIFICATION' tab selected. The 'Search by Institution' field contains 'UNIVERSITY OF JORDAN'. Below the search field is a table with two rows:

No.	List Of Institutions
1	<input type="radio"/> UNIVERSITY OF JORDAN, AMMAN
2	<input checked="" type="radio"/> UNIVERSITY OF JORDAN

Below the table, the 'Qualification' section has radio buttons for: CERTIFICATE, DEGREE (selected), DIPLOMA, MASTER, NOT APPLICABLE, and PHD.

At the bottom, there is a table for 'List Of Qualifications':

No.	List Of Qualifications	Awarded Year *	<input type="checkbox"/>
1	DOCTOR OF DENTAL SURGERY	2005	<input checked="" type="checkbox"/>


A 'Save' button is located at the bottom of the form.

Skrin B.2 *Qualification*

- a. Maklumat *qualification* yang berjaya di simpan akan dipaparkan seperti rajah di bawah.

LIST OF QUALIFICATIONS

10 records per page Search :

NO.	QUALIFICATION	INSTITUTION / AWARDING BODY	YEAR	ACTION
1	DOCTOR OF DENTAL SURGERY	UNIVERSITY OF JORDAN	2005	

Showing 1 to 1 of 1 entries


← Previous 1 Next →

Skrin B.2 *Qualification*

B.3 PROFESSIONAL REGISTRATION


- a. Klik tab B.3 *Professional Registration*. Masukkan maklumat seperti di bawah dan klik butang save. Untuk tambah lagi maklumat klik butang *Add More Professional Registration*

Skrin B.3 *Professional Registration*

- b. Maklumat yang berjaya di simpan akan dipaparkan seperti rajah di bawah. Untuk kemaskini maklumat, klik pada *hyperlink registration body*. Untuk memadam maklumat klik icon 

LIST OF PROFESSIONAL REGISTRATION

10 records per page Search :


NO.	REGISTERING BODY	FULL REGISTRATION NO	YEAR	CURRENT PRACTISING CERTIFICATE NO	ACTION
1	MALAYSIAN MEDICAL COUNCIL	54856	2005	75858/2024	


Skrin B.3 *Professional Registration*

B.4 WORK EXPERIENCE

- a. Klik tab A.4 Work Experience, Masukkan maklumat seperti di bawah dan klik butang save. Untuk tambah lagi maklumat klik butang *Add More Working Experience*

Skrin B.4 *Work Experince*

- b. Maklumat yang berjaya di simpan akan dipaparkan seperti rajah di bawah. Untuk kemaskini maklumat, klik pada *hyperlink experience*. Untuk memadam maklumat klik icon 

NO.	EXPERIENCE	PLACE	FROM	TO	ACTION
1	MEDICAL OFFICER	HKL	2020	2022	

Skrin B.4 *Work Experince*

B.5 APPLICATION

- a. Klik tab A.5 *Application* untuk melihat rekod sejarah permohonanan.

NO.	APPLICATION ID	NAME OF CLINIC	APPLICATION STATUS	REGISTRATION NO
1	A00197	KLINIK ANDALUSIA	DRAF	

Skrin B.5 *Application*

C. PARTNERSHIP/BODY CORPORATE/SOCIETY

C.1 INFORMATION ON BODY CORPORATE

- a. Klik tab *C.1 Information On Body Corporate*, masukan *SSM No. of Body Corporate*, dan klik butang *search*. Lengkapi maklumat dibawah. Medan * adalah wajib untuk dikunci masuk, seterusnya klik butang *save*

Skrin C.1 *Information On Body Corporate*

- b. Klik Tab *C.2 Member Of Body Corporate*, klik butang *Add Member*

NO.	NAME	IC NO	AUTHORIZED PERSON	REMOVE MEMBER
No Records!				

Skrin C.2 *Member Of Body Corporate*

c. Tick pada *Nationality*, masukan *IC NO* dan klik butang *submit*

C.1 INFORMATION ON BODY CORPORATE

C.2 MEMBER OF BODY CORPORATE

INFORMATION ON MEMBER

Please choose nationality MALAYSIAN PERMANENT RESIDENT NON MALAYSIAN

IC No

Submit

Skrin C.2 Member Of Body Corporate

d. Lengkapi maklumat seperti rajah dibawah. Medan * adalah wajib untuk dikunci masuk dan klik butang *save*.

C.1 INFORMATION ON BODY CORPORATE

C.2 MEMBER OF BODY CORPORATE

INFORMATION ON MEMBER

Please choose nationality MALAYSIAN PERMANENT RESIDENT NON MALAYSIAN

IC No

Submit

No record found for IC No/Passport No 831227035636
To add new person, please Fill The Form

PERSONAL INFORMATION

Title *

Name *

IC No (as in IC) / Passport No. *

Date of Birth *

Gender *

Race *

Nationality *

Email

Authorized Person (OYDK) Yes No

Healthcare Professional * Yes No

ADDRESSES INFORMATION

Current Place of Work

if same as clinic address

Address *

State *

Postcode *

Town *

Tel No

Fax No

Residence Address

if same as current place of work

Address *

State *

Postcode *

Town *

Tel No

Fax No

Correspondence Address

if same as current place of work

Address *

State *

Postcode *

Town *

Tel No

Fax No

Save Reset

Skrin C.2 Member Of Body Corporate

D.PERSON IN CHARGE

D.1 INFORMATION ON PERSON IN CHARGE

a. Masukkan IC NO dan klik butang search

The screenshot shows a web interface with a navigation bar at the top containing tabs: D.1 INFORMATION ON PERSON IN CHARGE (highlighted), D.2 QUALIFICATION, D.3 PROFESSIONAL REGISTRATION, D.4 WORK EXPERIENCE, and D.5 PRACTISING ADDRESS. Below the navigation bar is a search area with the label 'INFORMATION ON PERSON IN CHARGE'. It contains an input field for 'IC No : 811112013344' and a blue 'Search' button with a magnifying glass icon.

Skrin D.1 Information On Person In Charge

b. Lengkapkan maklumat dibawah. Medan * adalah wajib untuk dikunci masuk, seterusnya klik butang save

The screenshot shows a detailed registration form. At the top, it has the same navigation bar as the previous screenshot. Below it is a search area with 'IC No : 830723146015' and a 'Search' button. A message states: 'No record found for IC No 830723146015. To add new person, please Fill The Form'. The form is divided into sections: 'PERSONAL INFORMATION' with fields for Title*, Name*, IC No (as in IC) / Passport No.* (830723146015), Date of Birth* (23-07-1983), Gender*, Race*, Nationality*, and Email. There is a 'Healthcare Professional*' checkbox (Yes/No). 'ADDRESSES INFORMATION' includes 'Current Place of Work' with a checkbox 'if same as clinic address' and fields for Address*, State*, Postcode*, Town*, Tel No, and Fax No. Below this are 'Residence Address' and 'Correspondence Address' sections, each with a checkbox 'if same as current place of work' and fields for Address*, State*, Postcode*, Town*, Tel No, and Fax No. At the bottom, there are 'Save' and 'Reset' buttons.

Skrin D.1 Information On Person In Charge

D.2 QUALIFICATION

- a. Klik tab D.2 *Qualification*, masukan maklumat *institution* dan klik butang *search*. *Tick* pada *institution* pilihan.

The screenshot shows the 'D.2 QUALIFICATION' section of a web form. At the top, there are navigation tabs: 'D.1 INFORMATION ON PERSON IN CHARGE', 'D.2 QUALIFICATION' (highlighted in red), 'D.3 PROFESSIONAL REGISTRATION', 'D.4 WORK EXPERIENCE', and 'D.5 PRACTISING ADDRESS'. Below the tabs, the 'QUALIFICATION' section is titled 'Please key in Qualification details of AA'. Under 'APPLICATION QUALIFICATION', there is a 'Search by Institution' field containing 'UNIVERSITI KEBANGSAAN MALAYSIA (UKM)' and a 'Search' button. A blue instruction reads 'Please click "search" after keying in the institution'. Below this is a table with two columns: 'No.' and 'List Of Institutions'.

No.	List Of Institutions
1	<input type="radio"/> UNIVERSITI KEBANGSAAN MALAYSIA (UKM)

Skrin B.2 *Qualification*

- b. *Tick* pada peringkat *qualification*, pilih list of *qualification*, masukan *awarded year* dan klik butang *save*.

The screenshot shows the 'D.2 QUALIFICATION' section of a web form. At the top, there are navigation tabs: 'D.1 INFORMATION ON PERSON IN CHARGE', 'D.2 QUALIFICATION' (highlighted in red), 'D.3 PROFESSIONAL REGISTRATION', 'D.4 WORK EXPERIENCE', and 'D.5 PRACTISING ADDRESS'. Below the tabs, the 'QUALIFICATION' section is titled 'Please key in Qualification details of AA'. Under 'APPLICATION QUALIFICATION', there is a 'Search by Institution' field containing 'UNIVERSITY OF JORDAN' and a 'Search' button. A blue instruction reads 'Please click "search" after keying in the institution'. Below this is a table with two columns: 'No.' and 'List Of Institutions'.

No.	List Of Institutions
1	<input type="radio"/> UNIVERSITY OF JORDAN, AMMAN
2	<input checked="" type="radio"/> UNIVERSITY OF JORDAN

Below the table, there is a 'Qualification' section with radio buttons for: CERTIFICATE, DEGREE (selected), DIPLOMA, MASTER, NOT APPLICABLE, and PHD. At the bottom, there is a table with four columns: 'No.', 'List Of Qualifications', 'Awarded Year *', and an empty checkbox column.

No.	List Of Qualifications	Awarded Year *	
1	DOCTOR OF DENTAL SURGERY	<input type="text"/>	<input type="checkbox"/>


At the bottom of the form, there is a 'Save' button with a checkmark icon.

Skrin B.2 *Qualification*

- c. Maklumat *qualification* yang berjaya di simpan akan dipaparkan seperti rajah di bawah.

LIST OF QUALIFICATIONS

10 records per page Search :

NO.	QUALIFICATION	INSTITUTION / AWARDING BODY	YEAR	ACTION
1	DOCTOR OF DENTAL SURGERY	UNIVERSITY OF JORDAN	2005	

Showing 1 to 1 of 1 entries

← Previous 1 Next →


Skrin D.2 *Qualification*

D.3 PROFESSIONAL REGISTRATION

- a. Klik tab *D.3 Professional Registration*. Masukkan maklumat seperti di bawah dan klik butang *save*. Untuk tambah lagi maklumat klik butang *Add More Professional Registration*


The screenshot shows a web form titled 'PROFESSIONAL REGISTRATION'. At the top, there are tabs for 'D.1 INFORMATION ON PERSON IN CHARGE', 'D.2 QUALIFICATION', 'D.3 PROFESSIONAL REGISTRATION' (which is active), 'D.4 WORK EXPERIENCE', and 'D.5 PRACTISING ADDRESS'. Below the tabs, there is a section for 'PROFESSIONAL REGISTRATION' with a prompt 'Please key in Professional Registration details of AA'. A red button '+ Add More Professional Registration' is visible. The main form area contains a table with columns: 'Registering Body', 'Full Registration No.', 'Year', and 'Current Practising Certificate No.'. The 'Registering Body' dropdown menu is open, showing a list of options including 'MALAYSIAN MEDICAL COUNCIL', 'MALAYSIAN DENTAL COUNCIL', 'MALAYSIAN OPTICAL COUNCIL', 'MEDICAL ASSISTANT BOARD', 'NURSING BOARD', 'MIDWIFE BOARD', 'ALLIED HEALTH', 'NATIONAL SPECIALIST REGISTER', 'MALAYSIAN PHYSIOTHERAPY ASSOCIATION', and 'MINISTRY OF HEALTH MALAYSIA'. A 'Save' button is located to the right of the form. Below the form, there is a search bar and a table with columns 'NO.', 'YEAR', 'CURRENT PRACTISING CERTIFICATE NO.', and 'ACTION'.

Skrin D.3 *Professional Registration*

- b. Maklumat yang berjaya di simpan akan dipaparkan seperti rajah di bawah. Untuk kemaskini maklumat, klik pada *hyperlink registration body*. Untuk memadam maklumat klik icon 

LIST OF PROFESSIONAL REGISTRATION

10 records per page Search :

NO.	REGISTERING BODY	FULL REGISTRATION NO	YEAR	CURRENT PRACTISING CERTIFICATE NO	ACTION
1	MALAYSIAN MEDICAL COUNCIL	54856	2005	75858/2024	


Skrin D.3 *Professional Registration*


D.4 WORK EXPERIENCE

- a. Klik tab D.4 *Work Experience*, masukan maklumat seperti di bawah dan klik butang *save*. Untuk tambah lagi maklumat klik butang *Add More Working Experience*

D.1 INFORMATION ON PERSON IN CHARGE		D.2 QUALIFICATION									
D.3 PROFESSIONAL REGISTRATION	D.4 WORK EXPERIENCE	D.5 PRACTISING ADDRESS									
<p>WORK EXPERIENCE</p> <p>Please key in Working Experience details of AA</p> <p style="text-align: right;">+ Add More Working Experience</p> <table border="1"> <thead> <tr> <th>Experience</th> <th>Place</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>EG: PEGAWAI PERUBAT</td> <td>EG: HOSPITAL PUTRAJA</td> <td>eg: 2019</td> <td>eg: 2019</td> </tr> </tbody> </table> <p style="text-align: right;">Save</p>				Experience	Place	From	To	EG: PEGAWAI PERUBAT	EG: HOSPITAL PUTRAJA	eg: 2019	eg: 2019
Experience	Place	From	To								
EG: PEGAWAI PERUBAT	EG: HOSPITAL PUTRAJA	eg: 2019	eg: 2019								

Skrin D.4 *Work Experience*

- b. Maklumat yang berjaya di simpan akan dipaparkan seperti rajah di bawah. Untuk kemaskini maklumat, klik pada [hyperlink experience](#). Untuk memadam maklumat klik icon 

LIST OF WORKING EXPERIENCE					
10 records per page		Search : <input type="text"/>			
NO.	EXPERIENCE	PLACE	FROM	TO	ACTION
1	<u>MEDICAL OFFICER</u>	HKL	2020	2022	


Skrin D.4 *Work Experience*



D.5 PRACTISING ADDRESS

- a. Klik tab *A.5 Practising Address*, lengkapkan maklumat dibawah. Medan * adalah wajib untuk dikunci masuk, seterusnya klik butang *save*

D.1 INFORMATION ON PERSON IN CHARGE	D.2 QUALIFICATION
D.3 PROFESSIONAL REGISTRATION	D.4 WORK EXPERIENCE
D.5 PRACTISING ADDRESS	
CURRENT PRACTISING ADDRESS	
Please key in Practising Address of AA	
Name of Clinic/Facility *	<input type="text"/>
Address *	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
State *	-- Select --
Town *	<input type="text"/>
<input type="button" value="Save"/>	

Skrin D.5 *Practising Address*

- b. Maklumat yang berjaya di simpan akan dipaparkan seperti skrin di bawah. Untuk mengemaskini maklumat di bawah klik *hyperlink* pada ruang *name of clinic/facility*. Untuk memadam maklumat  klik ikon

LIST OF PRACTISING ADDRESS			
10 records per page		Search : <input type="text"/>	
NO.	NAME OF CLINIC/FACILITY	ADDRESS	ACTION
1	KLINIKU	NO 92-01 (FIRST FLOOR) JALAN ADDA 7, TAMAN ADDA HEIGHT KEPONG BARU, WILAYAH PERSEKUTUAN KUALA LUMPUR	
2	KLINIK SAYA	KL BANDAR BARU KLANG, SELANGOR	

Skrin D.5 *Practising Address*

E. OTHER INFORMATION

E.1 INFORMATION ON EMPLOYEE

- a. Klik tab *E.1 Information On Employee*, klik butang *Add Employee* untuk masukan maklumat.

Skrin E.1 *Information On Employee*

- b. Tick pada *Category of employment*, *Status of employment* dan *Please choose nationality*. Seterusnya masukan *IC NO* dan klik butang *submit*

Skrin E.1 *Information On Employee*

- c. Lengkapkan maklumat dibawah. Medan * adalah wajib untuk dikunci masuk, seterusnya klik butang *save*.

E.1 INFORMATION ON EMPLOYEE	E.2 MANAGED CARE ORGANISATION	E.3 FINANCIAL STATEMENT		
INFORMATION ON EMPLOYEE				
<p>Category of employment? <input checked="" type="radio"/> REGISTERED DENTAL PRACTITIONER <input type="radio"/> OTHER HEALTHCARE PROFESSIONAL <input type="radio"/> NON PROFESSIONAL</p> <p>Status of employment? <input checked="" type="radio"/> FULL TIME <input type="radio"/> HONORARIUM <input type="radio"/> LOCUM TENENS <input type="radio"/> PART TIME <input type="radio"/> VOLUNTEER</p> <p>Please choose nationality <input checked="" type="radio"/> MALAYSIAN <input type="radio"/> PERMANENT RESIDENT <input type="radio"/> NON MALAYSIAN</p> <p>IC No <input type="text" value="911257412356"/> <input type="button" value="Submit"/></p> <p style="text-align: center; font-size: small;">No record found for IC No 911257412356 To add new person, please Fill The Form</p>				
PERSONAL INFORMATION				
<p>Title * <input type="text" value="-- Select --"/></p> <p>Name * <input type="text"/></p> <p>IC No (as in IC) / Passport No. * <input type="text" value="911257412356"/></p> <p>Date of Birth * <input type="text" value="57-12-1991"/></p> <p>Gender * <input type="text" value="-- Select --"/></p> <p>Race * <input type="text" value="-- Select --"/></p> <p>Nationality * <input type="text" value="MALAYSIAN"/></p> <p>Email <input type="text"/></p> <p>Healthcare Professional * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Position <input type="text" value="-- Select --"/></p>				
ADDRESSES INFORMATION				
<p>Current Place of Work</p> <p><input type="checkbox"/> if same as clinic address</p> <p>Address * <input type="text"/></p> <p>State * <input type="text" value="-- Select --"/></p> <p>Postcode * <input type="text"/></p> <p>Town * <input type="text"/></p> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <p>Residence Address</p> <p><input type="checkbox"/> if same as current place of work</p> <p>Address * <input type="text"/></p> <p>State * <input type="text" value="-- Select --"/></p> <p>Postcode * <input type="text"/></p> <p>Town * <input type="text"/></p> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p> </td> <td style="width: 50%; vertical-align: top; border: none;"> <p>Correspondence Address</p> <p><input type="checkbox"/> if same as current place of work</p> <p>Address * <input type="text"/></p> <p>State * <input type="text" value="-- Select --"/></p> <p>Postcode * <input type="text"/></p> <p>Town * <input type="text"/></p> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p> </td> </tr> </table>			<p>Residence Address</p> <p><input type="checkbox"/> if same as current place of work</p> <p>Address * <input type="text"/></p> <p>State * <input type="text" value="-- Select --"/></p> <p>Postcode * <input type="text"/></p> <p>Town * <input type="text"/></p> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p>	<p>Correspondence Address</p> <p><input type="checkbox"/> if same as current place of work</p> <p>Address * <input type="text"/></p> <p>State * <input type="text" value="-- Select --"/></p> <p>Postcode * <input type="text"/></p> <p>Town * <input type="text"/></p> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p>
<p>Residence Address</p> <p><input type="checkbox"/> if same as current place of work</p> <p>Address * <input type="text"/></p> <p>State * <input type="text" value="-- Select --"/></p> <p>Postcode * <input type="text"/></p> <p>Town * <input type="text"/></p> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p>	<p>Correspondence Address</p> <p><input type="checkbox"/> if same as current place of work</p> <p>Address * <input type="text"/></p> <p>State * <input type="text" value="-- Select --"/></p> <p>Postcode * <input type="text"/></p> <p>Town * <input type="text"/></p> <p>Tel No <input type="text"/></p> <p>Fax No <input type="text"/></p>			
<input type="button" value="Save"/> <input type="button" value="Reset"/>				

Skrin E.1 Information On Employee

E.2 MANAGED CARE ORGANISATION

- a. Klik tab *E.2 Managed Care Organisation*, klik butang *Add Managed Care*

NO.	NAME	MCO NO.	NATURE OF CONTRACT/ARRANGEMENT WITH THE MCO	DATE CONTRACT/ARRANGEMENT WITH THE MCO	DELETE MCO
No Records!					

Skrin E.2 *Managed Care Organisation*

- b. Masukkan *MCO NO*, klik butang *submit*

Skrin E.2 *Managed Care Organisation*

- d. Lengkapkan maklumat dibawah. Medan * adalah wajib untuk dikunci masuk, seterusnya klik butang *save*.

E.1 INFORMATION ON EMPLOYEE	E.2 MANAGED CARE ORGANISATION	E.3 FINANCIAL STATEMENT
INFORMATION OF MANAGED CARE ORGANISATION		
MCO No : <input type="text" value="85214588"/> <input type="button" value="Submit"/> <p style="text-align: center;">No record found for MCO No 85214588 To add new MCO, please Fill The Form</p>		
Name * <input type="text"/>		
MCO No. * <input type="text" value="85214588"/>		
Nature of contract/arrangement with the MCO <input type="radio"/> Contract <input type="radio"/> Arrangement		
Date of contract/arrangement with the MCO <input type="text" value="dd/mm/yyyy"/>		
Address <input type="text"/>		
State <input type="text" value="-- Select --"/>		
Postcode <input type="text"/>		
Town <input type="text"/>		
Tel No <input type="text"/>		
Fax No <input type="text"/>		
Email <input type="text"/>		
<input type="button" value="Save"/> <input type="button" value="Reset"/>		

Skrin E.2 Managed Care Organisation

E.3 FINANCIAL STATEMENT

- a. Klik tab E.3 *Financial Statement*, klik butang *edit*, Lengkapi maklumat dibawah. Medan * adalah wajib untuk dikunci masuk, seterusnya klik butang *save*

E.1 INFORMATION ON EMPLOYEE	E.2 MANAGED CARE ORGANISATION	E.3 FINANCIAL STATEMENT
FINANCIAL STATEMENT		
<p>Note : "Paid up capital" refers to any investment made in the form of cash or any form of assets to establish/maintain/provide a private healthcare facility or service including private medical clinic or private dental clinic.</p>		
a) Paid-up capital		
	Local *	RM 0.00 (without '!' e.g 2000.00)
	Foreign	RM 0.00 (without '!' e.g 2000.00)
b) Total loan (if any)		
	Local	RM 0.00 (without '!' e.g 2000.00)
	Foreign	RM 0.00 (without '!' e.g 2000.00)
c) Total investment [(a)+(b)]		
	Total	RM 0.00
d) Project cost if different from total investment (please state the reasons)		
	Reason	<input type="text"/>
<input type="button" value="Edit"/>		

Skrin E.3 *Financial Statement*

F. PAYMENT INFORMATION

- a. Lengkapi maklumat dibawah. Medan * adalah wajib untuk dikunci masuk, seterusnya klik butang save

PAYMENT INFORMATION

Information on Processing Fee

Type Of Payment * BANK DRAFT

Bank Draft No * bb

Bank * MBB

Amount * RM 500.00

Date * 03-08-2023

Note :

Processing fee of RM500 in the form of money order or bank draft made payable to KETUA SETIAUSAHA KEMENTERIAN KESIHATAN MALAYSIA

** Cash, company or personal cheque not accepted.

** Payer name and phone number should be written behind the bank draft/money order

Save Reset

Skrin *Payment Information*

6.0 REVIEW SUBMISSION

Maklumat yang telah di kunci masuk akan di paparkan seperti skrin di bawah. *Tick checkbox declare* dan klik butang *submit*

A. INFORMATION ON PRIVATE CLINIC	
A.1 INFORMATION ON PRIVATE CLINIC	
Name of Clinic :	KLINIK WARISAN SAYA (as in main signboard)
Address :	LOT 2091, WISMA MDT 2
Town :	MUKIM WAKAF BHARU
Postcode :	16200
State :	KELANTAN
District :	TUMPAT
Tel No :	
Fax No :	
Date established/to be established :	03-01-2023
E-mail :	abc@gmail.com
Type of Clinic :	PRIVATE DENTAL CLINIC
Mobile Clinic :	NO
Type of Practice :	SOLO PRACTICE
Nature of Business Venture :	BODY CORPORATE
Physical Linkage :	YES TEST
Organizational Linkage :	YES TEST
Administrative Linkage :	NO
E. OTHERS INFORMATION	
E.1 EMPLOYEE INFORMATION	
E.2 MANAGED CARE ORGANISATION INFORMATION (MCO)	
E.3 FINANCIAL STATEMENT INFORMATION	
a) Paid-up capital	
Local :	RM 5,000,000.00
Foreign :	RM 0.00
b) Total loan (if any)	
Local :	RM 0.00
Foreign :	RM 0.00
c) Total investment [(a)+(b)]	
Total :	RM 5,000,000.00
d) Project cost if different from total investment (please state the reasons)	
Reason :	
<input type="checkbox"/> I declare that all the information I have provided is true and I undertake to observe all provisions of the Private Healthcare Facilities and Services Act 1998, its regulations and guidelines.	
<input type="button" value="✔ Submit Application"/> <input type="button" value="✖ Cancel"/>	

Skrin Review Submission

7.0 CETAK SUBMISSION SLIP

Klik menu *Print Submission Slip*, klik hyperlink pada butiran no 3 dan butiran no 4.

Welcome To MedPCs A28944

MENU

- APPLICATION GUIDELINE
- ONLINE SUBMISSION
- REVIEW/ SUBMISSION
- APPLICATION STATUS
- PRINT SUBMISSION SLIP**
- PRINT APPLICATION FORM
- PAYMENT INFO

PRINT SUBMISSION SLIP

1. CONGRATULATIONS! Your application has been submitted to Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) Wilayah Persekutuan Putrajaya

Name : AMINAH BINTI ABDUL RAZAK
 IC No : ██████████
 Application Id : A28944
 Name of Clinic: KLINIK AMINAH

2. It is important to note that you now have to submit by post **TWO** copies of the relevant supporting documents and the processing fee to Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) Wilayah Persekutuan Putrajaya, within **4 weeks** of the submission of the on-line form.

3. [Please click here to print the checklist of the supporting documents](#), and enclose the checklist with the supporting documents in the envelope before submitting to Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) Wilayah Persekutuan Putrajaya, . Only complete applications will be processed.

4. [Please click here to print the address of Cawangan Kawalan Amalan Perubatan Swasta \(CKAPS\) Wilayah Persekutuan Putrajaya](#). Paste this slip onto the envelope in which you place the checklist, supporting documents and the processing fee.

5. You can check the [status of you application at this page](#).

NO.	DOCUMENT CHECKLIST
1	Fi pemrosesan : Kiriman wang / draf bank bernilai RM500 atas nama Ketua Setiausaha Kementerian Kesihatan Malaysia. Processing Fee: Money Order / Bank Draft of RM 500 made payable to Ketua Setiausaha Kementerian Kesihatan Malaysia. Reference No.: 254845 Issuance : BANK ISLAM Amount : RM500

PRINT SUBMISSION SLIP

Name : AMINAH BINTI ABDUL RAZAK
 NRIC No. : ██████████
 Application ID : A28944
 Name of Clinic : KLINIK AMINAH

NO.	DOCUMENT CHECKLIST
1	Fi pemrosesan : Kiriman wang / draf bank bernilai RM500 atas nama Ketua Setiausaha Kementerian Kesihatan Malaysia. Processing Fee: Money Order / Bank Draft of RM 500 made payable to Ketua Setiausaha Kementerian Kesihatan Malaysia. Reference No.: 254845 Issuance : BANK ISLAM Amount : RM500

Please be reminded to submit **TWO** copies of the relevant supporting documents and the processing fee to Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) Wilayah Persekutuan Putrajaya within **4 weeks** of the submission of your on-line application.

Submission Dateline : 30-05-2024

KEPADA:

**CAWANGAN KAWALAN AMALAN PERUBATAN SWASTA (CKAPS)
 BAHAGIAN AMALAN PERUBATAN
 KEMENTERIAN KESIHATAN MALAYSIA
 ARAS 3, BLOK E1, KOMPLEKS E
 PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
 62590 WILAYAH PERSEKUTUAN PUTRAJAYA**

Skrin Print Submission Slip

8.0 CETAK APPLICATION FORM

MENU

- APPLICATION GUIDELINE
- ONLINE SUBMISSION
- REVIEW/ SUBMISSION
- APPLICATION STATUS
- PRINT SUBMISSION SLIP
- PRINT APPLICATION FORM**

FIRST SCHEDULE
FORM A
[Subregulation 3(1)]

PRIVATE HEALTHCARE FACILITIES AND SERVICES ACT 1998

PRIVATE HEALTHCARE FACILITIES AND SERVICES (PRIVATE MEDICAL CLINICS OR PRIVATE DENTAL CLINICS) REGULATIONS 2008

APPLICATION FOR REGISTRATION TO ESTABLISH OR MAINTAIN OR OPERATE OR PROVIDE A PRIVATE MEDICAL CLINIC OR A PRIVATE DENTAL CLINIC

To:

THE DIRECTOR GENERAL OF HEALTH
MINISTRY OF HEALTH, MALAYSIA

A. INFORMATION ON PRIVATE CLINIC

1. Particulars of private medical clinic or private dental clinic:
 (a) Name of Clinic : **KLINIK AMINAH**
 (b) Address of clinic : **NO 25 TAMAN SERULING**
 Town : **BEDONG** Postcode : **08000**
 State : **KEDAH** Fax :
 Tel : **0445713254**
 (c) Date of establishment : **01-01-1970**
 (d) Stipulated clinic hours : **Less than 24 hours**

DAY	OPERATION	TIME FROM	TIME TO
Sunday	Open	09 : 00	21 : 00
Monday	Open	09 : 00	21 : 00
Tuesday	Open	09 : 00	21 : 00
Wednesday	Open	09 : 00	21 : 00
Friday	Open	09 : 00	21 : 00
Saturday	Open	09 : 00	21 : 00

2. Type of clinic in respect of which a registration to establish or maintain or operate or provide in sought:
PRIVATE MEDICAL CLINIC

3. Type of service provided or to be provided:
GENERAL PRACTICE

If specialist services, please specify discipline and major services provided or to be provided (please use attachment if necessary):

Area of Interest : **NO**

No.	Type Of Services		PERSONNEL
	CHAPTER	PROCEDURES	

4. Type of practice of private medical clinic or private dental clinic:
SOLO PRACTICE

5. Nature of business venture of private medical clinic or private dental clinic:
BODY CORPORATE

6. Variant of clinic in respect of section 30 of the Private Healthcare Facilities and Services Act 1998:
Tick (/) where appropriate.

Skrin Cetak Form A

9.0 SEMAK APPLICATION STATUS

Klik menu *Application Status* untuk semakan permohonan

MENU

- APPLICATION GUIDELINE
- ONLINE SUBMISSION
- REVIEW/ SUBMISSION
- APPLICATION STATUS**
- PRINT SUBMISSION SLIP
- PRINT APPLICATION FORM
- PAYMENT INFO

STATUS

APPLICATION ID : A28944

STATUS	DATE	NOTES
APPROVED	28-06-2024	

NO.	DOCUMENT CHECKLIST	VERSION	STATUS	REMARKS
1	Fi pemrosesan : Kiriman wang / draf bank bernilai RM500 atas nama Ketua Setiausaha Kementerian Kesihatan Malaysia. Processing Fee: Money Order / Bank Draft of RM 500 made payable to Ketua Setiausaha Kementerian Kesihatan Malaysia. Reference No.: 254845 Issuance : BANK ISLAM Amount : RM500			BD/MO NO.: 254845 RECEIPT NO.: 2578451352588129

Skrin Application Status