# CHECKLIST FOR THE APPLICATION OF THE ANNUAL PRACTICE CERTIFICATE (APC)

| NO | ITEM | | | PLEASE TICK (√) WHICH IS APPLICABLE | | |
|---|---|---|---|---|---|---|
| | | | | YES | NO | REMARKS |
| 1.0 | Official letter from employer for the APC application | | | | | |
| 2.0 | The list of applicant names and forms are arranged in alphabetical order | | | | | |
| 3.0 | Use the correct APC form: | | | | | |
| | 3.1 | LJM/APC/JB 003 Pin 1/17 – Green Colour | | | | |
| | 3.2 | LJM/APC/JM 004 Pin 1/17 – Pink Colour | | | | |
| | 3.3 | LJM/APC/PJ 005 Pin 1/17 – White Colour | | | | |
| 4.0 | Required Documents: | | | | | |
| | 4.1 | First time application while in service | | | | |
| | | 4.1.1 | A copy (1) of the Certificate of Registration (Fifth Schedule) | | | |
| | | 4.1.2 | A copy (1) of the appointment letter from Public Service Commision Of Malaysia (SPA) for government nurses only | | | |
| | | 4.1.3 | A copy (1) of the offer letter for private nurses only | | | |
| | 4.2 | Renewal application | | | | |
| | | 4.2.1 | A copy (1) of the latest APC | | | |
| | | 4.2.2 | A copy (1) of the CPD Form – Pin LB 2/2020 (verified by supervisor) | | | |
| | 4.3 | APC application for a nurse who has RON for the current year or previous year<br>A copy (1) of the offer letter from the current employer | | | | |
| | 4.4 | Applicants who have had an APC or RON but were inactive in the current or previous year.<br>A copy (1) of the Offer letter from the current employer | | | | |
| 5.0 | CPD credit points: | | | | | |
| | 5.1 | 20 credit points (category A1-A8) for all nurses | | | | |
| | 5.2 | CPD credit points are EXCLUDED for: | | | | |
| | | 5.2.1 | First-time application | | | |
| | | 5.2.2 | Applicant who has RON (Active) | | | |
| | | 5.2.3 | Applicant who has had an APC or RON but were inactive | | | |
| | 5.3 | **DO NOT** attach any copies of certificates, log books, attendance lists and presentation slides/notes | | | | |
| 6.0 | Fee payment | | | | | |
| | 6.1 | Private Registered Nurse : RM 10.00 | | | | |
| | 6.2 | Private Assistant Nurse / Community Nurse : RM 5.00 | | | | |
| | 6.3 | If payment is for more than one person, it should be done in a group application | | | | |
| | 6.4 | Payment method :<br>Bank Draft or Money Order in the name of the:<br>**The Secretary, Malaysian Nursing Board** | | | | |
| | 6.5 | The ORIGINAL Bank Draft or Money Order slip must be included with the application form. | | | | |
| 7.0 | Late application fine | | | | | |
| | 7.1 | RM 10.00 for all categories of government and private nurses. | | | | |
| | 7.2 | Late application fine is EXEMPTED for | | | | |
| | | 7.2.1 | First time application | | | |
| | | 7.2.2 | Applicant who has active RON | | | |
| | | 7.2.3 | Applicant who has APC or RON but were inactive | | | |
| 8.0 | Application should be sent to:<br>KEMENTERIAN KESIHATAN MALAYSIA<br>Lembaga Jururawat Malaysia<br>Aras 3, Block E7, Kompleks E, Presint 1,<br>Pusat Pentadbiran Kerajaan Persekutuan<br>62590 PUTRAJAYA | | | | | |
| 9.0 | Any enquiry please call : 03-8883 3553 / 3699 / 3649 | | | | | |

JADUAL KETIGA

**PERATURAN-PERATURAN PENDAFTARAN JURURAWAT 1985**
**(Peraturan 8)**

**PERMOHONAN BAGI PERAKUAN PENGAMALAN JURURAWAT TAHUNAN**
***Jururawat Am/Jururawat Kesihatan Jiwa/Penolong Jururawat/Jururawat Luar Bandar/ Jururawat Masyarakat/Jururawat Kesihatan Luar Bandar**

1. Nama Penuh (seperti dalam daftar): ……..

2. No. Kad Pengenalan: Baru ……..…… Lama ……..……

3. a) Bangsa : …… b) Agama : ……

4. Nombor Pendaftaran Lembaga Jururawat Malaysia: …….. Tarikh daftar:……..…

5. Alamat kediaman: …….

…… Tel: ……

6. Tempat pekerjaan: ……

…… Tel: ……

7. Nombor Sijil Perakuan Pengamalan Tahunan yang terakhir: ……...

8. Tindakan Tatatertib : ☐ Pernah ☐ Tidak Pernah

9. Tempoh yang dipohon: Dari ……. Hingga ……

10. * Kiriman Wang/Draf Bank No sebanyak *RM10.00/RM5.00 dilampirkan.

Tarikh: …….. ……...
(Tandatangan Pemohon)

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**(Untuk dipenuhkan oleh pihak berkuasa yang mengambil kerja)**

Saya (nama penuh) ……..……..

(jawatan).....dengan ini memperakui bahawa pemohon yang namanya tersebut di atas telah diambil bekerja sebagai …… dalam (nyatakan nama perkhidmatan) ……. di (nyatakan tempat berkhidmat) ……..……

Masa menghadiri CPD..... points.

Tarikh: …….. ……..……...
(Cop Dan Tandatangan Majikan)

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**(Untuk Kegunaan Rasmi Sahaja)**

P.P.J.T NO. ……..... yang dikeluarkan pada …….

Fee sebanyak * RM10.00/RM5.00 telah dibayar, lihat no. resit …….. bertarikh ……..

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* Potong mana yang tidak berkenaan

**TO: HEAD OF NURSING DEPARTMENT/DISCIPLINE:**

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Individual Summary of CPD Points Achieved for CPD programme. For The Year _____

**(1st September previous year till 31st August current year)**

Name: _____

I.C. No: _____

First Appointment : (date/month/year) ____/___ /_____

Confirmation Date in Current Post : (date/month/year) __/____ / _____

Position: _____Grade: _____

| CPD Category | Points Achieved for CPD Programme |
|---|---|
| A1 | |
| A2 | |
| A3 | |
| A4 | |
| A5 | |
| A6 | |
| A7 | |
| A8 | |
| TOTAL | |

Supervisor's Signature _____

Name:

Official Chop: