

FORM 32
[Subregulation 48(1)]

APPLICATION FOR TEMPORARY PRACTICING CERTIFICATE

1. Name of applicant:
2. Passport no.:
3. Passport expiry date:
4. Citizenship:
5. Date of birth:
6. Permanent address:
.....
7. Local address:
.....
8. E-mail: 9. Tel. no.:
10. Particulars of qualification:
 - (a) Description (in full):
 - (b) Name of institution:
 - (c) Country in which the qualification is granted:
 - (d) Date of qualification:
11. Particulars of post-graduate qualification (if any):
 - (a) Description (in full):

(b) Nama of institution:

(c) Country in which the qualification is granted:

(d) Date of qualification:

(please use a separate sheet for every additional qualifications)

12. Professional position in country of origin:

13. Professional Indemnity Cover:

(i) Provider:

(ii) Membership/ Policy no.:

(iii) Period of coverage: until

(please attach the relevant document)

14. Period of TPC: From until

15. Principal practising address:

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.....

Healthcare Facilities registration number (under the Private Healthcare Facilities and Services Act 1998) (if relevant):

16. Other practising address:

.....

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Healthcare Facilities registration number (under the Private Healthcare Facilities and Services Act 1998) (if relevant):

(please use sperate sheet for every additional addresses)

17. Particulars of payment: bank draft / money order/ online:

(a) Reference no.: (b) Amount: RM.....

(c) Bank/post office & date:

18. I hereby attach the following documents as proof of having satisfied the requirements of registration under section 40 of the Dental Act 2018 to support this application:

- (a) a certified true copy of basic dental qualification;
- (b) a certified true copy of registration certificate from country of origin;
- (c) a certified true copy of passport;
- (d) a certified true copy of contract, an agreement or an appointment letter from an employer or a sponsor;
- (e) personal declaration form;
- (f) three passport photographs;
- (g) Letter of Good Standing from dental regulatory body in the country of origin;
- (h) *a certified true copy of post-graduate qualifications;
- (i) *a certified true copy of other relevant qualifications;
- (j) *evidence of experience as a dental specialist;
- (k) *evidence of experience in an academic post;
- (l) *letter of undertaking from university or healthcare facility covering any and all emergencies;
- (m) *evidence of Continuing Professional Development
- (n) evidence of payment of fee for temporary practising certificate as prescribed in Fourth Schedule of the Act.

(* If required)

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Signature of applicant

Date:

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 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 an offence punishable with imprisonment whether imprisonment only or
in addition to or in lieu of a fine.

.....

Date:

Signature of applicant

to be completed by employer or organiser

19. Application for

I declare that the above name is a prospective employee/ participant/ student and the
details given are true to the best of my knowledge.

Signature of Dean/ Director/ Sponsor:

Date:

Name of Dean/ Director/ Sponsor:

Seal: