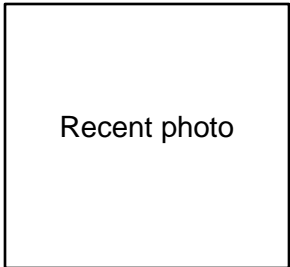


Reference No.:  
(For office use only)

**APPLICATION FOR ELIGIBILITY ASSESSMENT TO SIT THE  
PROFESSIONAL QUALIFICATION EXAMINATION (PQE)  
MALAYSIAN DENTAL COUNCIL (MDC)**

**(Registration with Malaysian Dental Council)**

**Part I: Details of Applicant**



1. Full name:.....

2. NRIC No.: .....

3. Citizenship: .....

4. Date of birth:..... 5. Gender: male  female

6. (a) Residential address:  
.....  
.....

(b) Postal address (if different from above):  
.....  
.....

7. Telephone No.:..... 8. Mobile phone no.:.....

9. E-mail:.....

**Part II: Particulars of Qualifications**

Basic Dental Qualification

1. Description (in full):.....

2. Name of institution:.....

3. Country in which the qualification is granted:.....

4. Date of Qualification:.....

**Part III: Professional Registration History (if any)**

- 1. Regulatory Body:.....
- 2. Registration No.:.....
- 3. Duration of Registration:.....

**Part IV: Method of Payments**

The application must be accompanied with a bank draft/ money order for the sum of RM 300.00 (non-refundable and non-transferable) payable to the Dental Registrar, Malaysian Dental Council with the following details:

- a) Name of Bank/ post office: .....
- b) Reference No: .....
- c) Date:.....

**Part V: Required Documents**

I hereby attach the following documents as proof of having satisfied the requirements for application to sit for PQE as stipulated in Subregulation 30 of Dental Regulation 2021:

No	List of Documents
a)	Certified copy of National Registration Identity Card
b)	Certified copy of dental qualification degree
c)	Certified copy of academic transcript
d)	Certified copy of internship transcript (if applicable)

No	List of Documents
e)	The following information as provided by the registrar of the faculty/ school or as listed in published documents such as programme book: <ul style="list-style-type: none"> <li>i. duration of training</li> <li>ii. mode of training</li> <li>iii. training module/component</li> <li>iv. student learning time for the programme</li> <li>v. Dental clinical face-to-face (student-patient) contact hours</li> <li>vi. curriculum of the program of study</li> </ul>
f)	Certification that qualification is registrable as a dental surgeon in the awarding country (Please provide supporting documents from the awarding university — issued by the Dean or Registrar — or from the relevant regulatory body)
Dental practitioner with previous working experience in other countries is required to provide the following additional documents	
a)	Certified copy of certificate of registration from the regulatory body from the most recent country of practice
b)	Letter of good standing from the dental regulatory body from the most recent country of practice to be sent directly to the Malaysian Dental Council by the regulatory body
c)	Employment History and Supporting Evidence Since Registration as a Dental Surgeon

Note: Please provide an English translation, if the Certificate is in other than Malay or English language.

**Part VI: Declaration**

I, ..... [full name] 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 been:

- (a) 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;
- or

- (b) found guilty by the dental regulatory body, from the country of practice, of infamous conduct in any professional respect or to be otherwise not of good fame and character; or
- (c) removed from the register of dental practitioners maintained in any place outside Malaysia, or from the roll of any dental college or licensing body; as a result of misconduct or disciplinary proceedings.

Signature of applicant: .....

Name of applicant: ..... Date: .....