



REGISTRATON GUIDELINE FOR FOREIGN TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM) PRACTITIONERS FOR APPLICATION OTHER THAN THROUGH XPATS GATEWAY

TRADITIONAL AND COMPLEMENTARY MEDICINE COUNCIL
MINISTRY OF HEALTH
2025

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ABBREVIATION

MOH	: Ministry of Health Malaysia
T&CM	: Traditional and Complementary Medicine
T&CMD	: Traditional and Complementary Medicine Division
T&CMCS	: Traditional and Complementary Medicine Council Section
IDM	: Immigration Department of Malaysia
TPC	: Temporary Practising Certificate
ESD	: Expatriate Service Division
Category 2	: Feedback Letter application other than through Xpats Gateway

Example of Category 2

- Spouse Visa
- Application from Sabah
- Application from Sarawak
- Application from Labuan
- Malaysia as My Second Home
- Residence Pass
- Other unidentified application

1.0 INTRODUCTION

The Traditional and Complementary Medicine (T&CM) Act 2016 (Act 775) which governs T&CM practice and practitioners in Malaysia, was gazetted on 10 March 2016 and enforced on 1 August 2016. All T&CM practitioners who wish to practice in the recognised practice areas in Malaysia must register with the T&CM Council and hold a valid and subsisting temporary practising certificate.

Foreign T&CM practitioners shall temporarily register with the T&CM Council and obtain a **Temporary Practising Certificate (TPC)** if they wish to practise in recognised practice areas in Malaysia.

2.0 OBJECTIVES OF THIS GUIDELINE

- a) To explain the criteria for applying for a feedback Letter and TPC for category 2 application criteria under subsection 24 of Act 775.
- b) To describe the process involved in the application of Feedback Letter and TPC for foreign T&CM practitioners.
- c) This guideline takes effect immediately.

3.0 SCOPE

This guideline is to be used as a reference for Category 2 applicants who wish to hire foreign T&CM practitioners as well as for foreign T&CM practitioners who would like to provide T&CM services in Malaysia. This guideline also provides guidance to the T&CM Council Section officers in processing the TPC applications for foreign T&CM practitioners.

There are a total of 4 parts in this guideline:

- Part A** : Feedback Letter Application Criteria
- Part B** : Feedback Letter Application Procedure
- Part C** : TPC Application Process
- Part D** : Terms and Conditions

4.0 INTERPRETATION

For the purpose of this guideline, the meanings of several terminologies are as follows:

- 4.1 Act**
T&CM Act 2016 (Act 775).
- 4.2 Council**
The T&CM Council established under Act 775.
- 4.3 Practitioner**
Foreign T&CM practitioner.
- 4.4 Recognised Practice Area**
Recognised practice areas for the purpose of this guideline (Appendix I).

4.5 Recognised Qualification

The basic qualification recognised by the Council for the purpose of registration under Act 775 (Appendix II).

4.6 Temporary Practising Certificate (TPC)

The certificate issued to foreign T&CM practitioners who are temporarily registered under subsection 24(2) of Act 775. Each TPC will have a unique reference number and is valid for **not more than twelve (12) months** from the date of issuance. A TPC cannot replace an Employment Pass for the purpose of allowing a foreigner to work in Malaysia.

4.7 Applicant

Refers to the organisation making application on behalf of the foreign T&CM practitioner

4.8 The Country of Origin

Refers to the country where the person was originally registered as a practitioner or obtained his qualification.

5.0 PART A: FEEDBACK LETTER APPLICATION CRITERIA

All practitioners in Category 2 have to be represented by an organisation from either the public or private sector who will make the application on behalf of the practitioner. Each application should be submitted by hand or by post to the T&CM Council. Feedback Letter is also known as supporting letter for this purpose.

5.1 THE ORGANISATION MAKING APPLICATION

5.1.1 CRITERIA FOR GOVERNMENT ORGANISATIONS

- a) Government organisations that would like to hire a foreign T&CM practitioner has to provide proof of an offer letter to the practitioner signed by a member of the highest administrative management of that organisation.
- b) Government organisations need to submit the application form and fulfil the application requirements as stated in the TPC Application Checklist for Foreign T&CM Practitioner (Appendix VI).
- c) Payment of fees shall be exempted for applications from government organisations.

5.1.2 CRITERIA FOR ORGANISATION/ PRIVATE COMPANY

- a) It shall be an organisation/ company registered with the appropriate authority in Malaysia (e.g: Companies Commission of Malaysia-CCM). Nevertheless, the requirements of organisation registration are subject to the respective state or local municipal council regulations (where applicable).
- b) The organization/ company must have objectives of organisation establishment related to T&CM practice.

- c) The premise (where the T&CM service is provided) shall be licensed by the relevant local municipal council to provide T&CM services. Providing T&CM services on a freelance basis is not permitted.

5.1.3 REQUIREMENTS FOR RECRUITMENT ADVERTISEMENT

- a) The organisation/ company making application shall show proof of their efforts in prioritising recruitment of local T&CM practitioners before recruiting foreign T&CM practitioners, by advertising for the position of T&CM practitioner(s) through the relevant advertisement portal.
- b) Requirement for recruitment advertisements is exempted for:
 - i. A practitioner who is married to a Malaysian;
 - ii. TPC renewal application for the same practitioner from the same company;
 - iii. A practitioner to be hired by a government organisation
 - iv. A practitioner who has a valid Employment Pass
 - v. A practitioner who has a Residence Pass
 - vi. A practitioner working as a lecturer in any higher educational institution in Malaysia.

5.2 PRACTITIONER CRITERIA

5.2.1 CURRENT REGISTRATION STATUS

- a) The practitioner shall maintain his/her status as an active registered practitioner with the relevant regulatory body from the country he/she last practised.
- b) The regulatory body shall be a statutory body at either central government/ provincial/ regional/ state level.
- c) Registration with private or non-governmental organisations will not be considered.

5.2.2 ACADEMIC QUALIFICATION

- a) The practitioner shall possess a basic qualification at Bachelor Degree level or equivalent in the recognised practice areas as in Appendix II and List of Qualifications for T&CM Practitioners Under the T&CM Act 2016 according to the recognised practice area applied as available in the T&CM Division website.
- b) Basic qualification acquired through self-learning/ distance learning/ correspondence learning or part time study will not be accepted.
- c) The recognised practice area applied shall be in accordance with the academic qualification possessed by the practitioner.

5.2.3 WORKING EXPERIENCE

The practitioner shall have at least five (5) years of working experience in the relevant recognised practice area calculated from the date of the qualification certificate or date of registration/practising certificate, whichever is later or applicable.

5.2.4 AGE

The practitioner shall be at least 27 years old at the time of application submission.

5.2.5 OTHER CRITERIA

The practitioner shall make a declaration to affirm that he is physically and mentally deemed fit to practise.

6.0 PART B: FEEDBACK LETTER APPLICATION PROCESS OTHER THAN THROUGH XPATS GATEWAY

6.1 APPLICATION FORM

The Organisation/ company making application shall prepare all the documents as required in the Feedback Letter Application Checklist for Foreign T&CM Practitioner (Appendix V) including the Application for Temporary Practising Certificate (Appendix III) and Temporary Practising Certificate Application Information Form (Appendix IV) before submission.

6.2 PREPARATION OF SUPPORTING DOCUMENTS

6.2.1 All supporting documents shall be prepared as stated in the Feedback Letter Application Checklist for Foreign T&CM Practitioner (Appendix V) and uploaded to Xpats Gateway portal.

6.2.2 Each page of any copies of documents submitted shall be certified true by one of the following:

- a) Public officials holding administrative and professional posts;
- b) Advocates and solicitors;
- c) Commissioner for Oaths;
- d) Notary Public;
- e) Embassy or Consulate officials holding administrative and professional posts; or
- f) Justice of the Peace.

6.2.3 A statutory declaration shall be submitted if the details printed in any of the documents submitted differ from the details on the travel document/ passport of the practitioner.

6.2.4 If the original documents are not in either Bahasa Melayu or English, the documents shall be translated to Bahasa Melayu or English and submitted along with certified copies of the documents in its original language. Such translated documents are acceptable only if the translation is carried out by:

- a) Certified Malaysian court translators; or
- b) Suitable embassy officials; or
- c) Notary Public from the country where the certificate was issued; or
- d) Malaysian Institute of Translation and Books (ITBM); or
- e) Malaysian Translators Association.

6.2.5 The practitioner is solely responsible for obtaining the Letter of Good Standing or any relevant documents required from the regulatory authority they were registered with previously.

6.3 PAYMENT

- 6.3.1 A non-refundable fee of Ringgit Malaysia Two Hundred (RM 200.00) will be charged for each application submitted.
- 6.3.2 The payment should be made together with the application.
- 6.3.3 The payment can be made by:
- a) Cash (only applicable if the application is delivered by hand to the T&CMD office); or
 - b) Bank draft

6.4 SUBMISSION OF APPLICATION FOR FEEDBACK LETTER

- 6.4.1 One representative from the applying organisation/ private company with an address and telephone number in Malaysia (named organisation representative) shall be responsible for managing the application of each individual practitioner.
- 6.4.2 The complete Feedback Letter application and all relevant supporting documents shall be delivered by hand or by post to the following address:

**Registrar
Traditional and Complementary Medicine Council
Traditional and Complementary Medicine Council Section
Ministry of Health Malaysia
Ground Floor, Blok D, Jalan Cenderasari
50590 KUALA LUMPUR**

- 6.4.3 Only complete applications will be accepted and processed.
- 6.4.4 The named organisation representative is advised to keep a copy of all submitted application documents for future reference.
- 6.4.5 No amendment is allowed after submission of the application.
- 6.4.6 The named organisation representative shall be responsible for being in contact with the practitioner and providing additional supporting document(s) upon request while the application is being processed. The application process shall be **cancelled** if the organisation making application fails to provide the necessary feedback within **one (1) month**.

6.5 RESULT OF APPLICATION

- 6.5.1 A Feedback Letter will be issued by the T&CM Council within 7 days from the date of the of the decision by the council.
- 6.5.2 If the application is rejected, the organisation/ private company will be informed of the reason for rejection in the Feedback Letter.

6.5.3 The organisation/ private company may re-submit a new application for an application that has been rejected by updating the required documents and information.

6.5.4 Final approval for any foreign T&CM practitioner to obtain an Employment Pass is under the jurisdiction of IDM and not MOH.

6.6 REJECTION OF APPLICATION

6.6.1 Applications that are rejected due to the following reasons:

- a) The practice area applied for is not a recognised practice area;
- b) The basic qualification of the practitioner does not fulfil the stipulated requirements;
- c) Falsification of any document; or
- d) The practitioner has been blacklisted by the country of origin, the T&CM Council, T&CMD, MOH, IDM or other local government agencies;

will not be reconsidered.

7.0 PART C: TEMPORARY PRACTISING CERTIFICATE APPLICATION PROCESS

7.1 TPC APPLICATION PROCESS

7.1.1 After obtaining an Employment Pass from the IDM, the organisation/ private company must submit the latest Employment Pass to the T&CMCS to obtain the TPC.

7.1.2 For new applications, if the practitioner has a valid Employment Pass without using a Feedback Letter from the T&CM Council, the organization/ private company must submit all the required documents as listed in the Feedback Letter Application Checklist for Foreign T&CM Practitioner (Appendix V) and TPC Application Checklist for Foreign T&CM Practitioner (Appendix VI) together with the payment as mentioned in item 6.3 to obtain the TPC.

7.2 SUBMISSION OF TPC APPLICATION

7.2.1 One representative from the applying organisation/ private company with an address and telephone number in Malaysia (named organisation representative) shall be responsible for managing the application of each individual practitioner.

7.2.2 The complete TPC application and all relevant supporting documents shall be delivered by hand or by post to the following address:

**Registrar
Traditional and Complementary Medicine Council
Traditional and Complementary Medicine Council Section
Ministry of Health Malaysia
Ground Floor, Blok D, Jalan Cenderasari
50590 KUALA LUMPUR**

7.2.3 Only complete TPC applications will be accepted and processed.

- 7.2.4** The named organisation representative is advised to keep a copy of all submitted application documents for future reference.
- 7.2.5** No amendment is allowed after submission of the application.
- 7.2.6** The named organisation/ company representative shall be responsible for informing the practitioner and submitting a copy of the Employment Pass of the practitioner issued by the IDM to the T&CMCS within **fourteen (14) days** from the date of issue of the Employment Pass for the purpose of obtaining the TPC.
- 7.2.7** The named organisation representative shall be responsible for being in contact with the practitioner and providing additional supporting document(s) upon request while the application is being processed. The application process shall be **cancelled** if the organisation making application fails to provide the necessary feedback within **one (1) month**.

7.3 RESULT OF APPLICATION

- 7.3.1** Only practitioners with a valid Employment Pass will be issued a TPC.
- 7.3.2** The TPC shall be issued within fourteen (14) days from the date of receipt of a copy of the Employment Pass.
- 7.3.3** Based on the delivery method chosen in the application form, the TPC will be sent to the applicant by post or the named organisation representative will be contacted to collect the TPC at the T&CMCS office.
- 7.3.4** The validity of each TPC is not more than twelve (12) months.

7.4 RENEWAL APPLICATION FOR TPC

Renewal application for TPC shall be submitted by the applicant to the T&CMCS at least one (1) month before expiry of the current TPC.

7.5 APPLICATION FOR TPC WITH ANOTHER ORGANIZATION/ PRIVATE COMPANY

- 7.5.1** If the practitioner wishes to work for another organization/ private company, the following additional documents shall be submitted together with the new application form:
- a) Release letter from the previous organisation/ private company where the practitioner was working;
 - b) Copy of documents of the new organisation as stated in the Feedback Letter Application Checklist for Foreign T&CM Practitioner (Appendix V) and TPC Application Checklist for Foreign T&CM Practitioner (Appendix VI);
to obtain the Feedback Letter for the purpose of applying for an Employment Pass.
- 7.5.2** After obtaining the Employment Pass with the new organization/ company, the applicant needs to submit the application to obtain the TPC.

8.0 PART D: TERMS AND CONDITIONS

8.1 TERMS AND CONDITIONS FOR PRACTITIONERS

8.1.1 DUTY OF PRACTITIONERS

Registered practitioners shall comply with the following terms and conditions:

- a) Display the TPC at the registered premise at all time;
- b) Carry out services as stated in the valid TPC;
- c) Abide by the Code of Professional Conduct for Traditional and Complementary Medicine Practitioners in Malaysia;
- d) Abide by prevailing Malaysian laws such as the T&CM Act 2016; Medical Act 1971; subsection 5(33) of the Medicines (Advertisement and Sales) Act 1956 and other related legislation.

8.2 ACTION TAKEN FOR VIOLATION OF TERMS AND CONDITIONS

The actions that can be taken for violation of terms and conditions by the foreign practitioners are as follows:

8.2.1 WARNING

A warning letter shall be issued to the practitioner who has violated any of the terms and conditions.

8.2.2 REVOCATION OF TPC

- a) The TPC can be revoked by the T&CM Council if the practitioner is found to commit any offence or violate any law as mentioned in 8.1.1 (c) and (d).
- b) The decision of the T&CM Council is final.

This guideline is subject to amendment from time to time without prior notification.

For further enquiries, please contact:
Registration and Certification Unit
T&CM Council Section
Traditional and Complementary Medicine Division
Ministry of Health Malaysia
Ground Floor, Blok D, Jalan Cenderasari
50590 KUALA LUMPUR
Tel : +603-2279 8100 (Ext: 494/361)
Website : <https://hq.moh.gov.my/tcm/en/>

LIST OF RECOGNISED PRACTICE AREAS FOR THE PURPOSE OF THIS GUIDELINE

1. Traditional Chinese Medicine
2. Traditional Indian Medicine
3. Homeopathy
4. Chiropractic
5. Osteopathy

BASIC QUALIFICATION REQUIREMENTS FOR PRACTICE AREAS

No.	Practise Area	Practitioner	Basic Qualification
1.	Traditional Chinese Medicine	T&CM Practitioner (Chinese Medicine)	List of Qualifications for Registration as Traditional Chinese Medicine (TCM) Practitioners under the T&CM Act 2016
2.		T&CM Practitioner (Acupuncture)	List of Qualifications for Registration as Traditional Chinese Medicine (TCM) Practitioners under the T&CM Act 2016
3.	Traditional Indian Medicine	T&CM Practitioner (Ayurveda)	List of Qualifications for Registration as Traditional Indian Medicine (TIM) Practitioners under the T&CM Act 2016
		T&CM Practitioner (Siddha)	
		T&CM Practitioner (Unani)	
		T&CM Practitioner (Naturopathy and Yoga)	
4.	Homoepathy	T&CM Practitioner (Homeopathy)	List of Qualifications for Registration as Homeopathy Practitioners under the T&CM Act 2016
5.	Chiropractic	T&CM Practitioner (Chiropractic)	List of Qualifications for Registration as Chiropractic Practitioners under the T&CM Act 2016
6.	Osteopathy	T&CM Practitioner (Osteopathy)	List of Qualifications for Registration as Osteopathy Practitioners under the T&CM Act 2016

The full list of recognised qualifications in the above recognised practice areas can be accessed at <https://hq.moh.gov.my/tcm/ms/index.php/kelayakan-pengamal>

BORANG G
FORM G

AKTA PERUBATAN TRADISIONAL DAN KOMPLEMENTARI 2016 [Akta 775]
TRADITIONAL AND COMPLEMENTARY MEDICINE ACT 2016 [Act 775]

[Subperaturan 5(1)]
[Subregulation 5(1)]

PERMOHONAN PERAKUAN PENGAMALAN SEMENTARA
APPLICATION FOR TEMPORARY PRACTISING CERTIFICATE

Saya (nama penuh)ingin memohon untuk perakuan pengamalan sementara seperti di bawah Subseksyen 24(2) Akta 775.

I (full name)would like to apply for a temporary practising certificate under Subsection 24(2) of Act 775.

Dengan ini saya sertakan pembayaran secara *Wang Tunai/ Kiriman Wang Pos/ Wang Pos/ Draf Bank/ Cek; (No.)/ pemindahan wang secara elektronik dengan jumlah RM untuk tujuan di atas.

*I enclose herewith payment through *Cash/ Postal Order/ Money Order/ Bank Draft/ Cheque; (No.)/ electronic fund transfer with the amount of RM for the above mentioned purpose.*

Saya faham bahawa keputusan permohonan ini adalah tertakluk kepada keperluan Majlis PT&K dipenuhi, dan keputusan Majlis PT&K adalah muktamad.

I understand that the result of this application is subject to fulfilling the requirements of the T&CM Council, and the decision of the T&CM Council is final.

Tandatangan Pemohon (*Applicant's Signature*)
Nama:
Name:

Tarikh:
Date:

**Potong yang mana tidak berkenaan/ Cancel whichever is not applicable*



MAJLIS PERUBATAN TRADISIONAL & KOMPLEMENTARI
TRADITIONAL & COMPLEMENTARY MEDICINE COUNCIL

Gambar
berukuran
pasport/
Passport size
photo

BORANG MAKLUMAT PERMOHONAN
PERAKUAN PENGAMALAN SEMENTARA
TEMPORARY PRACTISING CERTIFICATE
APPLICATION INFORMATION FORM

BAHAGIAN A (PART A):

MAKLUMAT PERIBADI/ PERSONAL INFORMATION			
Nama (seperti dalam dokumen pengenalan): <i>Name (as in Identification Document):</i>			
Jenis Dokumen Pengenalan: <i>Type of Identification Document:</i> (Sila Pilih Satu/ <i>Please Choose One</i>)	a) <input type="checkbox"/> Pasport / <i>Passport</i> b) <input type="checkbox"/> Lain-lain/ <i>Others</i> (sila nyatakan/ <i>please specify</i>):		
No. Dokumen Pengenalan: <i>Identification Document No.:</i>			
Umur: <i>Age:</i>		Tarikh Lahir: <i>Date of Birth:</i>	
Warganegara: <i>Nationality:</i>			
Jantina: <i>Sex:</i>		No. Telefon Rumah: <i>House Telephone No.:</i>	
No. Telefon Bimbit: <i>Handphone No.:</i>		No. Telefon Pejabat: <i>Office Telephone No.:</i>	
Emel: <i>Email:</i>			
Alamat Tempat Tinggal: <i>Residential Address:</i>			
Alamat Surat-Menyurat: (sekiranya berbeza dengan Alamat Tempat Tinggal) <i>Postal address: (if different from the Residential Address)</i>			

MAKLUMAT AMALAN/ PRACTICE INFORMATION

Bidang Amalan Diiktiraf: <i>Recognised Practice Area:</i>	<input type="checkbox"/> Perubatan Tradisional Cina/ <i>Traditional Chinese Medicine</i> - Subbidang Amalan/ <i>Subpractice Area:</i> (sila pilih yang berkaitan/ <i>please select related area</i>) <input type="checkbox"/> Akupuntur & Moksibusi/ <i>Acupuncture & Moxibustion</i> <input type="checkbox"/> Bekam/ <i>Cupping</i> <input type="checkbox"/> Herba Cina/ <i>Chinese Herbal</i> <input type="checkbox"/> Tuina <input type="checkbox"/> Mengamalkan semua di atas/ <i>Practising all of the above</i> <input type="checkbox"/> Perubatan Tradisional India/ <i>Traditional Indian Medicine</i> - Sublapangan/ <i>Subfield Area:</i> (sila pilih yang berkaitan/ <i>please select related area</i>) <input type="checkbox"/> Ayurveda <input type="checkbox"/> Siddha <input type="checkbox"/> Unani <input type="checkbox"/> Naturopati & Yoga/ <i>Naturopathy & Yoga</i> <input type="checkbox"/> Homeopati/ <i>Homeopathy</i> <input type="checkbox"/> Kiropraktik/ <i>Chiropractic</i> <input type="checkbox"/> Osteopati/ <i>Osteopathy</i>
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MAKLUMAT SYARIKAT / COMPANY INFORMATION

Maklumat Syarikat: <i>Company Details :</i>	Nama/ <i>Name:</i>	
	Alamat/ <i>Address:</i>	
	No Pendaftaran Syarikat/ <i>Company</i> Reg. No :	
Nama Wakil Syarikat untuk dihubungi : <i>Name of Company Contact</i> Person:	Nama/ <i>Name :</i>	
	No Tel / <i>Tel No :</i>	

BAHAGIAN B (PART B):

**MAKLUMAT KELAYAKAN AKADEMIK DALAM PT&K /
INFORMATION ON ACADEMIC QUALIFICATIONS IN T&CM**

(Sila Rujuk Garis Panduan Pendaftaran Pengamal PT&K Yang Berkaitan Dengan Bidang Amalan Diiktiraf Yang Dipohon/ Please Refer To The Registration Guideline for T&CM Practitioners Related To The Recognized Practice Area Applied For)

a) Kelayakan asas: <i>Basic Qualification:</i>	
b) Nama Institusi Yang Menganugerahkan Kelayakan: <i>Name of Awarding Institution:</i>	
c) Tarikh Kelayakan Diperoleh: <i>Date Qualification Obtained:</i>	
d) Tempoh Pengajian : <i>Duration of Studies :</i>	
e) Lain-lain Kelayakan (yang berkaitan dengan PT&K sahaja): <i>Other Qualifications (related to T&CM only):</i>	a) b) c).....

Nota/Note:

Sila sertakan salinan dokumen yang telah disahkan benar sebagai bukti kelayakan yang berkaitan termasuk transkrip akademik.

Please attach the following certified true copies of documents as proof of the relevant qualification including academic transcripts.

PENGALAMAN BEKERJA/ WORKING EXPERIENCE

(Bukti pengalaman ini hanya perlu diisi bagi pengamal yang tiada kelayakan asas yang diiktiraf/ Working experience has to be filled by practitioners who do not have a basic recognized qualification)

Tempat Bekerja <i>Working Place</i>	Jawatan <i>Position</i>	Tarikh/ <i>Date</i>		Tempoh/ <i>Period</i>
		Dari/ <i>From</i>	Hingga/ <i>To</i>	
a)				: ___ Tahun/ <i>Years</i> : ___ Bulan/ <i>Months</i>
b)				: ___ Tahun/ <i>Years</i> : ___ Bulan/ <i>Months</i>
c)				: ___ Tahun/ <i>Years</i> : ___ Bulan/ <i>Months</i>
d)				: ___ Tahun/ <i>Years</i> : ___ Bulan/ <i>Months</i>

Nota/Note:

**Sila sertakan salinan dokumen yang telah disahkan benar sebagai bukti pengalaman yang berkaitan
Please attach certified true copies of documents as proof of the relevant experience**

**MAKLUMAT PENDAFTARAN SEBAGAI PENGAMAL DI LUAR MALAYSIA/
INFORMATION ON REGISTRATION AS A PRACTITIONER OUTSIDE MALAYSIA**

Badan Yang Mengawal Bidang Amalan Diiktiraf di Luar Malaysia/ <i>Governing Body of Recognised Practice Area Outside Malaysia</i>	No. Pendaftaran/ <i>Registration No.</i>	No. Perakuan Amalan/ <i>Practicing Certificate No.</i>
	No./No. :	No./No.:
	Tahun/Year:	Tahun/Year:

Nota/Note:

**Sila sertakan salinan dokumen yang telah disahkan benar sebagai bukti pendaftaran dengan badan yang mengawal bidang amalan di luar Malaysia.
Please attach certified true copies of documents as proof of registration with the governing body of practitioner outside Malaysia.**

PERAKUAN/ DECLARATION

- Saya mengaku bahawa keterangan-keterangan yang diberikan dalam borang ini adalah tepat dan benar dan dokumen yang disertakan merupakan salinan sah dokumen yang asal.

I hereby declare that the particulars stated in this application are accurate and true and the documents attached are true copies of the original documents.

- Saya tidak didapati bersalah atau melibatkan diri dalam kesalahan seperti penipuan atau keburukan akhlak yang boleh dihukum (sama ada penjara atau denda).

I have not been found guilty or was involved in offences such as fraud or moral turpitude which are punishable (whether by imprisonment or fine).

- Saya bersetuju dan memahami bahawa sebarang pemalsuan maklumat boleh menyebabkan pembatalan permohonan/pendaftaran saya.

I agree and understand that any falsification of information herein can cause my application/registration to be cancelled.

- Saya mengaku bahawa saya tidak mempunyai penyakit mental dan tidak menghidapi sebarang penyakit berjangkit yang kronik.

I declare that I have no mental illness and do not have any chronic infectious disease.

Tandatangan Pemohon

Applicant's Signature

Nama Penuh:

Full name:

Tarikh:

Date:

**SENARAI SEMAK PERMOHONAN SURAT MAKLUM BALAS UNTUK PENGAMAL PERUBATAN
TRADISIONAL DAN KOMPLEMENTARI (PT&K) WARGA ASING
FEEDBACK LETTER APPLICATION CHECKLIST FOR FOREIGN TRADITIONAL AND
COMPLEMENTARY MEDICINE (T&CM) PRACTITIONER**

Senarai semak dokumen untuk diisi oleh pemohon (sila tanda \checkmark jika dokumen disertakan)
Checklist of documents to be filled by applicant (please tick \checkmark if you have attached the relevant document)

Jenis Permohonan : Baru Pembaharuan
Type of Application : New Renewal

Tarikh Permohonan : _____
Date of Application

Nama Pemohon : _____
Name of Applicant

Nama Majikan : _____
Name of Employer

Bidang Amalan : _____
 Diiktiraf
Recognised Practice
 Area : _____

No. <i>No.</i>	Dokumen <i>Document</i>	Pemohon <i>Applicant</i>		Untuk Kegunaan Pejabat <i>For Office Use</i>
		Baru <i>New</i>	Pembaharuan <i>Renewal</i>	
1.	Borang Maklumat Pemohon (Bahagian A dan B) <i>Applicant Information Form (Part A and B)</i>			
2.	Borang Permohonan PPS untuk Pengamal PT&K (Borang G) <i>Application Form for TPC for T&CM Practitioner (Form G)</i>			
3.	Salinan penuh Pasport <i>Full passport copy</i>			
4.	Salinan Pas Penggajian terkini beserta muka surat biomatrik pasport <i>Copy of latest Employment Pass together with biometric page of passport</i>			
5.	Salinan sijil kelayakan asas untuk amalan PT&K yang dipohon <i>Copy of basic academic qualification(s) based on T&CM practice area</i>			
6.	Salinan transkrip akademik <i>Copy of academic transcript</i>			
7.	Salinan sijil pendaftaran dan sijil amalan daripada negara di mana pemohon mengamal sebelum ini			

No. No.	Dokumen Document	Pemohon Applicant		Untuk Kegunaan Pejabat For Office Use
		Baru New	Pembaharuan Renewal	
	<i>Copy of registration certificate and practicing certificate from the country where the applicant practised before</i>			
8.	Surat kelakuan baik semasa daripada badan pengawalseliaan yang berkenaan di negara pengamal mengamal sebelum ini (salinan asal) <i>Current letter of good standing from the relevant regulatory authority in the country the applicant last practised (original copy)</i>			
9.	Salinan surat akuan pengalaman bekerja daripada majikan terdahulu <i>Copy of testimonial(s) from previous employer(s)</i> a) <u> Nama syarikat Company Name </u> b) <u> Nama syarikat Company Name </u> c) <u> Nama syarikat Company Name </u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10.	Laporan perubahan kesihatan terkini (dalam masa tiga bulan terakhir) yang disahkan oleh pengamal perubahan (moden) berdaftar <i>Latest medical report (within the last three months) verified by a registered (modern) medical practitioner</i>			
11.	Salinan kontrak penggajian dengan majikan <i>Copy of employment contract</i>			
12.	Sijil Perakuan Pengamalan Sementara tahun sebelum (Borang H) <i>Copy of Previous Temporary Practising Certificate (Form H)</i>			
13.	Laporan prestasi majikan untuk tempoh sah PPS yang lalu <i>Performance report by the employer for the period of last TPC validity</i>			

Bahagian B: Organisasi swasta/ Section B: Private organisation

No. No.	Dokumen Document	Pemohonan Application		Untuk Kegunaan Pejabat For Office Use
		Baru New	Pembaharuan Renewal	
1.	Pertubuhan Organisation	a.	Salinan perlembagaan organisasi <i>Copy of constitution of organisation</i>	
		b.	Salinan perakuan pendaftaran organisasi <i>Copy of registration certificate of the organisation</i>	
	Syarikat pemilik tunggal	a.	Salinan Borang D <i>Copy of Form D</i>	

	<i>Sole proprietor company</i>				
	Syarikat sendirian berhad <i>Private limited company</i>	a.	Salinan 'Memorandum and Articles of Association' <i>Copy of Memorandum and Articles of Association</i>		
		b.	Salinan Borang 9/ Seksyen 17 <i>Copy of Form 9/ Section 9</i>		
		c.	Salinan Borang 24/ Seksyen 78 <i>Copy of Form 24/ Section 78</i>		
		d.	Salinan Borang 44/ Section 46 (C) <i>Copy of Form 44/ Section 46 (C)</i>		
		e.	Salinan Borang 49 / Seksyen 58 <i>Copy of Form 49/ Section 58</i>		
2	<i>Fee payment of RM 200.00 ONLY payable to:-</i> <i>(draf bank, atau wang tunai sahaja)/ (bank draft, or cash only)</i>				
	PENGARAH BAHAGIAN PERUBATAN TRADISIONAL DAN KOMPLEMENTARI				
	<p>Sila pastikan tiada kesalahan ejaan, tidak memakai simbol '&' atau apa jua singkatan. <i>Please make sure there is no spelling error, do not use the symbol '&' or any abbreviation.</i></p>				
3.	Bagi tujuan maklum balas permohonan, sila pilih: <i>For the purpose of application's feedback, please choose:</i>				
	<input type="checkbox"/> Dengan Kiriman/ Via Post Bagi tujuan maklum balas permohonan melalui pos, sila sertakan satu sampul surat kosong Perkhidmatan Kiriman Cepat (Poslaju sahaja) yang beralamat sendiri , bersaiz A4 (353mm x 250mm) dengan berat maksima 500gm. Sampul surat biasa dengan setem bagi tujuan maklum balas permohonan melalui pos adalah tidak diterima. <i>For the purpose of application feedback via post, please attach one A4 (353mm x 250mm) size self-addressed Express Courier Service empty envelope (Poslaju only) with maximum weight of 500gm. The use of regular envelopes affixed with stamp for the purpose of application feedback by post will not be accepted.</i>				
	<input type="checkbox"/> Penerimaan di kaunter BPTK/ Self collection at T&CMD registration counter				

NOTA/ NOTES:

- A. Setiap muka surat daripada salinan dokumen yang dikemukakan harus ditandatangani dan disahkan benar oleh salah seorang daripada berikut:

Every page of the document copies submitted shall be signed and certified true by one of the following:

- a) Peguam bela dan peguam cara/ *Advocates and solicitors;*
 - b) Pesuruhjaya sumpah/ *Commissioner of Oaths;*
 - c) Notari awam/ *Public Notary;*
 - d) Pegawai kedutaan atau konsulat yang memegang jawatan pentadbiran dan profesional/ *Embassy or Consulate officials holding administrative and professional post;*
 - e) Jaksa Pendamai/ *Justice of Peace.*
- B. Akuan berkanun (Statutory Declaration) harus dikemukakan sekiranya nama pengamal dalam mana-mana dokumen sokongan yang dikemukakan adalah berlainan dengan nama yang tertera di pasport.

A Statutory Declaration is required if the printed name in any of the documents submitted differs from the name as appears in the passport.

- C. Sekiranya dokumen asal bukan dalam Bahasa Melayu atau Bahasa Inggeris, dokumen yang berkaitan perlu diterjemah ke Bahasa Melayu atau Bahasa Inggeris, dan dikemukakan bersama dengan dokumen dalam bahasa asal yang telah disahkan benar. Penterjemahan dokumen hanya diterima sekiranya dilakukan oleh salah satu pihak berikut:

If the original documents are neither in Bahasa Melayu or English, the documents shall be translated to either Bahasa Melayu or English and submitted along with certified copies of the document in the original language. Translated documents are acceptable only if carried out by one of the following parties:

- a) Penterjemah dari mahkamah Malaysia yang diperakukan/ *Certified Malaysian court translators;*
 - b) Pegawai kedutaan yang bersesuaian/ *Suitable embassy officials;*
 - c) Notari awam dari negara asal sijil dikeluarkan/ *Notary public from the country where the certificate was issued;*
 - d) Institut Terjemahan dan Buku Malaysia (ITBM)/ *Malaysian Institute of Translation and Books.*
- D. Permohonan yang lengkap bersama semua dokumen sokongan perlu dihantar secara serahan tangan atau melalui pos ke alamat seperti berikut:

The complete application and all relevant supporting documents shall be delivered by hand or by post to the following address;

**Pendaftar
Majlis Perubatan Tradisional dan Komplementari
Cawangan Majlis Perubatan Tradisional dan Komplementari
Kementerian Kesihatan Malaysia
Aras Bawah, Blok D, Jalan Cenderasari
50590 KUALA LUMPUR**

- E. Permohonan yang tidak lengkap akan ditolak/ *Incomplete applications will be rejected.*

LAMPIRAN VI

SENARAI SEMAK PERMOHONAN PERAKUAN PENGAMALAN SEMENTARA (PPS) UNTUK PENGAMAL PERUBATAN TRADISIONAL DAN KOMPLEMENTARI (PT&K) WARGA ASING

TEMPORARY PRACTISING CERTIFICATE (TPC) APPLICATION CHECKLIST FOR FOREIGN TRADITIONAL AND COMPLEMENTARY MEDICINE (T&CM) PRACTITIONER

Senarai semak untuk diisi oleh pemohon (sila tanda \sqrt jika dokumen disertakan)

Checklist to be filled by applicant (please tick \sqrt if you have attached the relevant document)

Jenis Permohonan: Baru Pembaharuan
Type of Application: New Renewal

Nama Pemohon
Name of Applicant : _____

Nama Majikan
Name of Employer : _____

No Pendaftaran
 Syarikat

Company
 Registration No. : _____

Bidang Amalan
 Diiktiraf

Recognised
Practice Area : _____

No. No.	Dokumen Document	Pemohon Applicant		Untuk Kegunaan Pejabat For Office Use
		Baru New	Pembaharuan Renewal	
1.	Borang Maklumat Pemohon (Bahagian A dan B) <i>Applicant Information Form (Part A and B)</i>			
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3.	Salinan Pas Penggajian terkini beserta muka surat biometrik pasport <i>Copy of latest Employment Pass together with biometric page of passport</i>			
4.	Salinan kontrak penggajian terkini dengan majikan <i>Copy of latest employment contract</i>			
5.	Sijil Perakuan Pengamalan Sementara tahun sebelum (Borang H) <i>Copy of Previous Temporary Practising Certificate (Form H)</i>			
6.	Bagi tujuan maklum balas permohonan, sila pilih: <i>For the purpose of application's feedback, please choose:</i> <input type="checkbox"/> Dengan Kiriman/ Via Post			

	<p>Bagi tujuan maklum balas permohonan melalui pos, sila sertakan satu sampul surat kosong Perkhidmatan Kiriman Cepat (Poslaju sahaja) yang beralamat sendiri, bersaiz A4 (353mm x 250mm) dengan berat maksima 500gm. Sampul surat biasa dengan setem bagi tujuan maklum balas permohonan melalui pos adalah tidak diterima.</p> <p><i>For the purpose of application feedback via post, please attach one A4 (353mm x 250mm) size self-addressed Express Courier Service empty envelope (Poslaju only) with maximum weight of 500gm. The use of regular envelopes affixed with stamp for the purpose of application feedback by post will not be accepted.</i></p> <p><input type="checkbox"/> Penerimaan di kaunter BPTK/ Self collection at T&CMD registration counter</p>			
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A. Setiap muka surat daripada salinan dokumen yang dikemukakan harus ditandatangani dan disahkan benar oleh salah seorang daripada berikut:

Every page of the document copies submitted shall be signed and certified true by one of the following:

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- b) Pesuruhjaya sumpah/ *Commissioner of Oaths;*
- c) Notari awam/ *Public Notary;*
- d) Pegawai kedutaan atau konsulat yang memegang jawatan pentadbiran dan profesional/ *Embassy or Consulate officials holding administrative and professional post;*
- e) Jaksa Pendamai/ *Justice of Peace.*

B. Permohonan yang lengkap bersama semua dokumen sokongan perlu dihantar secara serahan tangan atau melalui pos ke alamat seperti berikut:

The complete application and all relevant supporting documents shall be delivered by hand or by post to the following address;

Pendaftar
Majlis Perubatan Tradisional dan Komplementari
Cawangan Majlis Perubatan Tradisional dan Komplementari
Kementerian Kesihatan Malaysia
Aras Bawah, Blok D, Jalan Cenderasari
50590 KUALA LUMPUR

Hanya permohonan yang lengkap akan diterima dan diproses.

Only complete applications will be accepted and processed