

**GUIDELINES FOR APPLICATION  
FOR  
TEMPORARY PRACTISING CERTIFICATE  
FOR DENTAL SURGEONS  
2018**

This 4<sup>th</sup> edition document was endorsed by members of  
the Malaysian Dental Council (MDC) at the 121 MDC  
Meeting on 22 January 2018  
To be enforced July 2018

<b>CONTENTS</b>		<b>Page</b>
1.	Introduction	1
2.	Objective	2
3.	Dental Practitioners Eligible for Temporary Practising Certificates (TPC)	2
	3.1 Categories of TPC	2
	3.2 Conditions for TPC	4
4.	Requirements	7
5.	Application Process	12
6.	TPC Applications Under Special Circumstances	12

## **APPENDICES**

A.	Form for Application for Temporary Practising Certificate for Dental Surgeons	13
B.	Form for Application for Renewal of Temporary Practising Certificate for Dental Surgeons	20
	Members of the Working Committee	23

## **1. INTRODUCTION**

Under Section 19 of the Dental Act 1971, dental practitioners who wish to practise in Malaysia must possess a valid practising certificate. A dental practitioner, who has been duly registered by the Malaysian Dental Council (MDC), must submit his application for a practising certificate using the prescribed form (Form 8 of the Dental Regulations 1976) and pay the requisite fee (dental practitioners in the public sector are exempt from payment), and he will then be issued with an Annual Practising Certificate (APC).

Under Section 14 of the same Act, there is also provision for the application and issuance of Temporary Practising Certificates (TPC) to dental practitioners who are registered outside Malaysia and wish to practise dentistry in Malaysia. A TPC may be issued for a period not exceeding three (3) months. While the certificate remains in force, the holder of a TPC shall be subject to any restrictions and conditions that may be specified in the certificate, and is deemed to be a registered dental surgeon. The TPC may be renewed for subsequent periods. The Council, however, has the power to cancel the TPC at any time and the certificate shall thereupon lapse.

This document clarifies the criteria and processes for application and approval of a TPC and supersedes an earlier document published in May 2014.

## **2. OBJECTIVE**

To maintain high standards in the practice of dentistry and to facilitate transfer of skills and knowledge.

## **3. DENTAL PRACTITIONERS ELIGIBLE FOR TPC**

### **3.1 Category of TPC**

A Temporary Practising Certificate (TPC) may be granted to dental practitioners in the following categories:

- A. Contract or exchange dental practitioners in the public sector.
- B. Contract dental lecturers in Institutions of Higher Education.
- C. External examiners invited by Institutions of Higher Education.
- D. Dental practitioners who visit Malaysia to attend short clinical hands-on courses.
- E. Dental specialists employed in private hospitals.

- F. Dental experts engaged in transfer of skills and knowledge.
- G. Contract and collaborating dental practitioners in the public sector and Institutions of Higher Education to conduct dental clinical research.
- H. Dental practitioners undertaking voluntary community service.
- I. Foreign post-graduate dental students in dental faculties of Malaysian Institutions of Higher Education or in foreign Institutions of Higher Education with branch campuses in Malaysia.

### 3.2 Conditions for TPC

A Temporary Practising Certificate may be granted based on the following conditions:

Category	Scope & Place of Practice	Duration of TPC
A. Contract or exchange dental practitioners in the public sector.	Provision of dental services at government facilities only.	
B. Contract dental lecturers in Institutions of Higher Education (IHE).	<p>Teaching and learning within the dental programmes at the specified IHE and approved healthcare facilities specified by the IHE.</p> <p>Provision of dental services at the approved healthcare facilities in the IHE.</p>	
C. External examiners invited by IHE.	Examination purposes only.	

<b>Category</b>	<b>Scope &amp; Place of Practice</b>	<b>Duration of TPC</b>
D. Dental practitioners who visit Malaysia to attend short clinical hands-on courses.	Specified hands-on courses at approved facilities.	
E. Dental specialists employed in private hospitals	Provision of dental services at the level of his specialty at the specified private hospitals.	
F. Dental experts engaged in transfer of skills and knowledge.	Specified clinical courses at approved facilities.	Up to a maximum of fourteen (14) days per year for a maximum of three (3) times in a year.
G. Contract and collaborating dental practitioners in the public sector and IHE to conduct dental clinical research.	Provision of dental services as specified by the research protocol.	

<b>Category</b>	<b>Scope &amp; Place of Practice</b>	<b>Duration of TPC</b>
H. Dental practitioners undertaking voluntary community service.	Provision of voluntary dental services organised by or in collaboration with Malaysian organisations.	Up to a maximum of fourteen (14) days per year.
I. Foreign post-graduate dental students in dental faculties of Malaysian IHE or in foreign IHE with branch campuses in Malaysia.	Provision of dental services at healthcare facilities as specified by IHE.	



## **4. REQUIREMENTS**

The application form must be accompanied by the following documents:

- a. \*Certified copy of basic Dental Degree.
- b. \*Certified copy of Certificate of Registration as a dental surgeon or the equivalent, from country of origin.
- c. \*Certified copy of passport.
- d. \*Two (2) recent passport size photographs.
- e. \*Letter of Good Standing from Dental Regulatory Body in country of last practice, issued within 6 months of application.
- f. \*Certified copy of post-graduate qualification(s) - if any.
- g. \*Certified copy of post-graduate academic transcript(s) - if any.
- h. \*Clinical working experience - if any.
- i. Processing fee in the form of Bank Draft/Money Order/Postal Order or by electronic transfer.
- j. Letter or Offer of Employment/Sponsorship from the:
  - i. relevant public sector agency;
  - ii. IHE;
  - iii. hospital;
  - iv. responsible organisation; or
  - v. local sponsoring company.

\*Required only for initial applications.

Further criteria shall apply and additional documents shall be submitted for applications from each category as listed below.

**A. Contract or Exchange Dental Practitioners in the Public Sector**

- i. Basic Degree must be recognised.

**B. Contract Dental Lecturers in Institutions of Higher Education**

- i. For Bachelor and Post-graduate Level Programmes

<b>Basic Degree</b>	
<b>Recognised or passed Professional Qualifying Examination</b>	<b>Not Recognised and did not pass Professional Qualifying Examination</b>
<p><b>Category B1:</b></p> <p>Evidence of <b>postgraduate qualification with</b> a minimum of <b>two (2) years</b> clinical postgraduate training by coursework.</p>	<p><b>Category B2:</b></p> <p>Evidence of <b>postgraduate qualification with</b> a total of <b>five (5) years</b> clinical experience, inclusive of at least 2 years clinical postgraduate training by coursework.</p>

- ii. For Certificate and Diploma level programmes
  - a) Basic Degree must be recognised.
  - b) Evidence of minimum of three (3) years clinical working experience as a dental surgeon after basic dental qualification.

**C. External Examiners invited by Institutions of Higher Education**

- i. Letter of undertaking from the Person In-Charge, Dean or Director of the Institution engaging the services of the external examiners.

**D. Dental Practitioners who visit Malaysia to attend short clinical hands-on courses**

- i. Evidence of a minimum of two (2) years clinical working experience as a dental surgeon after basic dental qualification.
- ii. Evidence of CPD points granted for the course.
- iii. Letter of undertaking from the Person In-Charge, Dean or Director of the facility that will be responsible for all treatment undertaken and for any dental or medical emergencies that may arise from the hands-on course.

**E. Dental Specialists employed in private hospitals**

- i. Basic Degree must be recognised.
- ii. Post-graduate qualification must be approved by the Malaysian Dental Council.
- iii. Letter of Approval from the IHE if applicant is also holding a TPC under Category B.

**F. Dental Experts engaged in transfer of skills and knowledge**

- i. Evidence of expertise.
- ii. Letter of approval from the employer (for holders of TPC).
- iii. Details of the procedure which will be carried out in the course.
- iv. Details of the course (including duration, number of participants and venue).
- v. Letter of undertaking from the Person-In-Charge or Director of the facility who will be responsible for all treatment undertaken and for any dental or medical emergencies that may arise from the procedures.

**G. Contract and Collaborating Dental Practitioners in the public sector and Institutions of Higher Education to conduct dental clinical research**

- i. Memorandum of agreement.

**H. Dental Practitioners undertaking voluntary community service**

- i. Basic Degree must be recognised.
- ii. Proof of minimum of five (5) years' experience as a dental surgeon.
- iii. Letter of undertaking from the local hospital or clinic that will be responsible for all treatment undertaken and for any dental or medical emergencies that may arise from the procedures.

**I. Foreign post-graduate dental students in dental faculties of Malaysian Institutions of Higher Education or in foreign Institutions of Higher Education with branch campuses in Malaysia**

- i. Letter of approval from the any healthcare facility other than the IHE.

## **5. APPLICATION PROCESS**

New applications for TPC must be submitted using the 'Application for TPC of a Dental Surgeon' Form **(Appendix A)**. Applications for renewal of TPC must be submitted using the 'Application for Renewal of Temporary Practising Certificate of a Dental Surgeon' Form **(Appendix B)**. Dental practitioners shall not practise until they received their TPC. To ensure this, applicants are advised to submit their application to the Council **at least one (1) month** before the dental practitioner is due to begin practice in Malaysia.

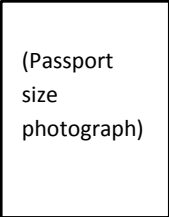
## **6. TPC APPLICATIONS UNDER SPECIAL CIRCUMSTANCES**

In extraordinary circumstances (e.g. mass or natural disasters), applications may be approved by the Registrar, in consultation with the Council.

**Appendix A**

**APPLICATION FOR TEMPORARY PRACTISING  
CERTIFICATE OF A DENTAL SURGEON**

- 1. Full Name: .....
- 2. Passport No: ..... 3. Date of Expiry:.....
- 4. Citizenship:.....
- 5. Date of Birth: .....



- 6.  
(a) Permanent Address:

.....  
.....

- (b) Local Address:

.....  
.....

Tel. No: ..... E-mail address: .....

- 7. Details of Basic Dental Qualification:

- (a) Degree Awarded (in full):

.....

- (b) Name of Institution conferring degree:

.....

- (c) Date awarded: .....

8. Details of Postgraduate Qualifications (if any):

I (a) Qualification Awarded (in full):

.....

(b) Name of Institution conferring degree:

.....

(c) Date awarded: .....

II (a) Qualification Awarded (in full):

.....

(b) Name of Institution conferring degree:

.....

(c) Date awarded: .....

III (a) Qualification Awarded (in full):

.....

(b) Name of Institution conferring degree:

.....

(c) Date awarded: .....

9. Professional Designation in country of origin:

.....



10. Duration of TPC: From ..... to  
.....

11. Principal Practising Address:

(a) Name of premises: .....

.....

Address: .....

.....

Telephone No.: .....

.....  
Signature of Dean/ Director

Other Practising Addresses:

(b) Name of premises: .....

.....

Address: .....

.....

Telephone No.: .....

.....  
Signature of Dean/ Director

12. Particulars of Bank draft/ Money order/ Postal order which is attached:

(a) No.: ..... (b) Amount (RM): .....

(c) Bank/ Post officer and date:.....

13. I attach the following documents as proof of my qualifications and in support of my application:

- (a) Certified copy of basic Dental Degree
- (b) Certified copy of Certificate of Registration as a dental surgeon from country of origin
- (c) Certified copy of passport
- (d) Two (2) recent passport size photographs
- (e) Letter of Good Standing from Dental Regulatory Body in country of origin
- (f) Certified copy of post-graduate qualification(s)
- (g) Certified copy of post-graduate academic transcript(s)
- (h) Evidence of clinical working experience
- (i) Payment of RM100
- (j) Letter or Offer of Employment from local sponsor
- (k) \* Evidence of experience as a specialist
- (l) \* Letter of Undertaking from university/ healthcare facility covering any and all emergencies

- (m) \* Letter of approval from university
- (n) \* Details of the procedure & course for transfer of skills and knowledge
- (o) \* Memorandum of agreement

Note: \* Denotes optional documents

### DECLARATION

I (full name).....  
 hereby declare that the particulars stated in this application are true and correct, and the documents attached are true 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 any offence punishable with imprisonment (whether in itself or in addition to or in lieu of a fine).

Signature of Applicant:.....

Date: .....

---

**To be completed by the employer**

(√ where applicable)

13. Application for:

A. Contract or exchange dental practitioner in the public sector	
B. Contract dental practitioner in Institutions of Higher Education	
a. as a dental lecturer	
b. as a dental practitioner	
C. External examiner invited by an Institution of Higher Education	
D. Dental practitioner who is visiting Malaysia to attend a short clinical hands-on course	
E. Dental specialist employed in a private hospital	
F. Dental expert engaged in transfer of skills and knowledge	
G. Contract and collaborating dental practitioner in the public sector or an Institution of Higher Education to conduct dental clinical research	
H. Dental practitioner undertaking voluntary community service	
I. Foreign post-graduate dental student in a dental faculty of a Malaysian Institution of Higher Education or in a Foreign Institution of Higher Education with a branch campus in Malaysia	

14. Details of university/ healthcare facility where clinical procedures will be carried out:

(a) Name of university/ healthcare facility: .....

(b) Address of university/ healthcare facility:.....

.....

(c) Tel. No.: .....

Signature of Dean / Director: .....Date: .....

Name of Dean/ Director: .....

**Appendix B**

**APPLICATION FOR RENEWAL OF TEMPORARY  
PRACTISING CERTIFICATE OF A DENTAL SURGEON**

- 1. Full Name: .....
- 2. Passport No.: ..... 3. Date of Expiry: .....
- 4. CPD Points for [Year .....]: .....
- 5. Local Address: .....  
..... Tel. No.: .....
- 6. Duration of TPC: From ..... to.....
- 7. Principal Practising Address:
  - (a) Name of premises: .....
  - Address: .....
  - Telephone No.: .....

.....  
Signature of Dean/ Director

Other Practising Addresses:

- (b) Name of premises: .....
- Address: .....
- Telephone No.: .....

.....  
Signature of Dean/ Director

8. Particulars of Bank draft/ Money order/ Postal order which is attached:

(a) No.: ..... (b) Amount (RM): .....

(c) Bank/ Post officer and date:.....

.....  
Signature of Applicant

Date: .....

Note: CPD – Continuing Professional Development

---

**To be completed by the employer**

(√ where applicable)

9. Application for:

A. Contract or exchange dental practitioner in the public sector	
B. Contract dental lecturer in an Institution of Higher Education	
a. as a dental lecturer	
b. as a dental practitioner	
C. External examiner invited by an Institution of Higher Education	
D. Dental practitioner who is visiting Malaysia to attend a short clinical hands-on course	
E. Dental specialist employed in a private hospital	
F. Dental expert engaged in transfer of skills and knowledge	
G. Contract and collaborating dental practitioner in the public sector or an Institution of Higher Education to conduct dental clinical research	
H. Dental practitioner undertaking voluntary community service	

I. Foreign post-graduate dental student in a dental faculty of a Malaysian Institution of Higher Education or in a Foreign Institution of Higher Education with a branch campus in Malaysia	
---	--

10. Details of university/ healthcare facility where clinical procedures will be carried out:

(a) Name of university/ healthcare facility:.....

(b) Address of university/ healthcare facility: .....

.....

(c) Tel. No.:.....

Signature of Dean / Director: .....Date: .....

Name of Dean/ Director: .....



## **MEMBERS OF THE WORKING COMMITTEE**

1. Prof. Dr. Noor Hayaty Abu Kasim Chairman
2. Assoc. Prof. Dr. Badiyah Baharin
3. Assoc. Prof. Dr. Chia Set Hoong
4. Dr. Elise Monerasinghe
5. Dr. Siow Ang Yen
6. Dr. Sofiah Mat Ripen MDC Secretary
7. Dr. Noor Akmal Muhamat Secretary
8. Dr. Hazwani Hassan Co-secretary