



GUIDELINE FOR APPLICATION OF TEMPORARY PRACTISING CERTIFICATE (TPC)

DENTAL ACT 2018 [ACT 804]

Malaysian Dental Council
Malaysian Dental Therapists Board

Second Edition

2025

GUIDELINE FOR APPLICATION OF TEMPORARY PRACTISING CERTIFICATE (TPC)

**DENTAL ACT 2018
[ACT 804]**

- SECOND EDITION -

This guideline provides information on the requirements and procedures for the application of the Temporary Practising Certificate (TPC) in Malaysia. This revised guideline was approved by the Malaysian Dental Council (MDC) at the 16th MDC Meeting held on 9th December 2024 and the Malaysian Dental Therapist Board (MDTB) on 27 December 2024. This guideline shall come into operation for application received on 1 January 2025 onwards.

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1. INTRODUCTION

1.1 As stated in section 62 (2) of the Dental Act 2018, a person shall be deemed to provide dental services/be practicing dentistry if:

- (a) he treats or attempts to treat or professes to treat, cure, relieve or prevent any disease, deficiency, lesion or pain of the human teeth or the oral and maxilla-facial complex and its related structures;
- (b) he performs or attempts to perform any operation or procedure on human teeth or the oral and maxilla-facial complex and its related structures;
- (c) he inserts or attempts to insert any artificial teeth or appliance for the restoration, regulation or improvement of the teeth or its related structures;
- (d) he performs any radiographic work in connection with human teeth, the oral cavity or the oral and maxilla-facial complex and its related structures;
- (e) he performs or attempts to perform reconstructive surgery with grafts or flaps to restore or in an attempt to restore defects in the oral and maxilla-facial region;
- (f) he performs or attempts to perform oral and facial plasty or restoration in the oral and maxillo-facial complex and its related structures;
- (g) he gives any treatment, advice, or attendance on or to any person in connection with the fitting or insertion for the purpose of fitting or fixing of artificial teeth or a crown or bridge or an appliance for the restoration or regulation of the human teeth or the oral and maxilla-facial complex;
- (h) he gives any anaesthetic or sedative in connection with any such operation or treatment as mentioned in this subsection; or
- (i) he holds himself out whether directly or indirectly as practising dentistry.

1.2 Under Section 37 of the Dental Act 2018, any person who practices dentistry, either as a dental surgeon or a dental therapist, must be registered with the Malaysian Dental Council (MDC) or Malaysian Dental Therapist Board (MDTB), and have a valid practising certificate.

1.3 Under Section 37 of the Dental Act 2018:

- (1) Any person who practices dentistry shall have a valid practising certificate.
- (2) The practising certificate shall specify the principal practising address and all other places of practice of the practitioner.
- (3) An application for a practising certificate—

- (a) as a dental practitioner, shall be made to the Dental Registrar; and
 - (b) as a dental therapist, shall be made to the Dental Therapists Registrar.
 - (4) The application under subsection (3) shall be made in the prescribed form and such application shall be accompanied by—
 - (a) the evidence of sufficient continuing professional development points obtained as specified by the Council or the Board, as the case may be;
 - (b) the evidence of Professional Indemnity Cover as required by the Council or the Board;
 - (c) the evidence of approval or registration under the Private Healthcare Facilities and Services Act 1998 [Act 586] for every private healthcare facility to be entered in the practising certificate;
 - (d) the fee as prescribed in the Fourth Schedule; and
 - (e) any other documents or evidence, as may be required by the Dental Registrar or the Dental Therapists Registrar, as the case may be.
- 1.4 Under section 40 of the Dental Act 2018, a non-Malaysian may apply for a Temporary Practising Certificate (TPC) to practice dentistry. The TPC aims to enable the transfer of skills and knowledge across dental practices and practitioners and maintain high standards in dentistry.
- 1.5 **TPC Dental Surgeon:** Under Section 40 (1), an applicant may apply for a TPC as a dental surgeon if he fulfils the following conditions:
- (a) he is registered outside Malaysia as a dental surgeon or the equivalent of a dental surgeon;
 - (b) he –
 - (i) has passed the Professional Qualifying Examination; or
 - (ii) holds a qualification granted by an accredited local training institution and has been certified by the Dental Qualifying Committee to have fulfilled the requirements of the Professional Qualifying Examination;
 - (c) he has proven to the satisfaction of the Dental Registrar that he is a fit and proper person and is of good character; and
 - (d) he proves to the satisfaction of the Dental Registrar that he has an offer of employment or sponsorship.
- 1.6 **TPC Dental Specialist:** Under section 40(7) of the Dental Act 2018, notwithstanding Section 40(1)(b), the Dental Registrar may issue a TPC to any person who holds a specialist qualification, subject to such terms and conditions as the Dental Registrar may determine. Under section 40(8) of the Dental Act 2018, The Dental Registrar may, if he thinks fit, allow the

holder of a TPC to practice as a dental specialist by stating on the TPC the specialty he is allowed to practice. Under Regulation 34(g) of the Dental Regulations 2021, the Dental Specialist Evaluation Committee is to recommend to the Dental Registrar only holders of TPC who are eligible to practice as specialists. (Refer to Appendix C)

1.7 TPC Dental Therapist: Under Section 40 (2) of the Dental Act 2018, an applicant may apply for a TPC as a dental therapist if he fulfils the following conditions:

- (a) he is registered outside Malaysia as a dental therapist or the equivalent of a dental therapist;
- (b) he holds any of recognised qualifications listed in the Second Schedule, granted by an institution specified in relation to that qualification;
- (c) he has proven to the satisfaction of the Dental Therapists Registrar that he is a fit and proper person and is of good character; and
- (d) he proves to the satisfaction of the Dental Therapists Registrar that he has an offer of employment or sponsorship.

1.8 A TPC shall be in force for a maximum period of twelve months.

1.9 The holder of a TPC shall not have more than one practicing address except with the approval of the Council or the Board.

1.10 The Dental Registrar or the Dental Therapists Registrar may at any time cancel the TPC granted under this section, and such certificate shall lapse from the date of cancellation.

1.11 The holder of a TPC shall, while the TPC remains in force and subject to the conditions and restrictions specified in the TPC, be deemed to be registered as a dental surgeon or a dental therapist.

1.12 Note: Under Regulation 48 (2) of the Dental Regulation 2021, any application for temporary practising certificate for a period of less than three months shall be exempted from producing evidence of continuing professional development points.

2. PRACTITIONER ELIGIBLE FOR TEMPORARY PRACTISING CERTIFICATE

2.1 Categories of TPC

A TPC may be granted to a practitioner in the following categories:

- A. Exchange practitioner in the public sector
- B. Academic staff in the Institution of Higher Education (IHE)
- C. External examiner invited by IHE
- D. Practitioner attending a hands-on clinical course
- E. Practitioner employed in private healthcare facilities (spouse of Malaysian or permanent residents)
- F. Expert engaged in the transfer of skills and knowledge
- G. Contract and collaborating practitioner in private IHE to conduct dental clinical research

2.2 Conditions for TPC

A TPC may be granted based on the following conditions:

Category	Criteria for TPC and Scope of Practice
A. Exchange practitioner in the public sector	Provision of dental services at government facilities only or as stipulated in the service contract (for example, fieldwork for forensic dentistry). Duration of TPC: Limited to the duration of the specified contract.
B. Academic staff in IHE	TPC is required for academic staff who are involved in clinical supervision. The scope of practice includes providing dental services as part of teaching and learning within the dental programmes, at the specified IHE and approved healthcare facilities specified by the IHE. Provision of dental services shall be within the scope of practice allowed. Academic staff teaching basic dental and medical sciences, pre-clinical/ simulation, and laboratory are not required to apply for TPC.

Category	Criteria for TPC and Scope of Practice
C. External examiner invited by IHE	Provision of dental services as stated in Section 62(2)(a–h) of the Dental Act 2018,, and is related to the Professional Examination of a dental programme. External examiner involved in the following will not require TPC: 1) Objective Structured Clinical Examination (OSCE). 2) Clinical case discussion without a patient in attendance. 3) Patient examination conducted solely for Professional Examination and assessment purposes. Duration of TPC: Limited to the duration of the appointment.
D. Practitioner attending a hands-on clinical course	TPC is required if the practitioner provides the dental services stated in Section 62(2)(a-h) of the Dental Act 2018, and is related to the specified hands-on courses on patients at approved facilities under supervision. Participants in hands-on courses organised by IHE will not require TPC as it is covered under Section 50(1) and 50(2) of the Dental Act 2018. Any other CPD providers may collaborate with IHE. Duration of TPC: Limited to the duration of the specified clinical courses.
E. Practitioner employed in private healthcare facilities • Private hospital – only for dental specialist • Spouse of Malaysian or permanent residents – as a	Provision of dental services at the specified private healthcare facilities [for example, hospital, Ambulatory Care Centre (ACC), or dental clinic].

Category	Criteria for TPC and Scope of Practice
dental surgeon or specialist in a private dental clinic/ hospital/ ACC	
F. Expert engaged in the transfer of skills and knowledge	TPC is required only for those who will be providing dental services as stated in, Section 62(2) (a–h) of the Dental Act 2018 at specified clinical courses on patients at approved facilities. Duration of TPC: Limited to the duration of the specified clinical courses conducted by the expert.
G. Contract and collaborating practitioner in private IHE to conduct dental clinical research	Provision of dental services as stated in Section 62(2) (a–h) of the Dental Act 2018, as specified by the research protocol. Contract and collaborating practitioner in public sector and public IHE will not require TPC as it is covered under Section 50(3) of the Dental Act 2018. Duration of TPC: Limited to the duration of the contract.

3. REQUIREMENTS FOR TEMPORARY PRACTISING CERTIFICATE AS A DENTAL SURGEON

3.1 General Requirement

Under Section 40 (1), an applicant may apply for a TPC as a dental surgeon if he fulfils the following conditions:

- (a) Registered outside Malaysia as a dental surgeon or the equivalent of a dental surgeon.
- (b) Proven to the satisfaction of the Dental Registrar that he is a fit and proper person and is of good character.
- (c) Proven to the satisfaction of the Dental Registrar that he has an offer of employment or sponsorship.

3.2 Requirements for Eligibility

The eligibility for TPC Dental Surgeon is as follows:

- (a) Professional Qualifying Examination (PQE) certificate.
- (b) For academic staff in IHE or external examiner, the applicant's postgraduate degree must meet the standard of postgraduate dental training required by the IHE.

3.3 Other Requirements

Other requirements and documents to be submitted for specific categories are as follows:

3.3.1 Category C. External examiner invited by IHE

- i. Letter of undertaking from the Person-In-Charge, Dean, or Director of the Institution engaging the services of the external examiners that will be responsible for all treatment undertaken and for any dental or medical emergencies that may arise.

3.3.2 Category D. Dental practitioner attending a hands-on clinical course on patients

- i. Evidence that the course has been granted CPD points.
- ii. Letter of undertaking from the Person-In-Charge, 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.

- 3.3.3 Category E. Dental practitioner employed in private healthcare facilities (spouse of Malaysian or permanent residents)
- i. A certified true copy of original marriage certificate or permanent resident card.
 - ii. Statutory declaration of current marital status
 - iii. Approval from the MDC if the applicant also holds a TPC under Category B (Academic staff in IHE).
- 3.3.4 Category F. Expert engaged in the transfer of skills and knowledge
- i. Evidence of expertise.
 - ii. Letter of Approval from the employer/sponsor (for TPC holder who is already in another category).
 - 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 responsible for all treatment undertaken and any dental or medical emergencies that may arise from the procedures.
- 3.3.5 Category G. Contract and collaborating dental practitioner in private IHE to conduct dental clinical research
- i. Memorandum of agreement.
 - ii. Copy of Ethics Research Approval

4. REQUIREMENTS FOR TEMPORARY PRACTISING CERTIFICATE FOR DENTAL THERAPIST

4.1 General Requirements

- (a) Registered outside Malaysia as a dental therapist or the equivalent of a dental therapist.
- (b) Holds any recognised qualifications listed in the Second Schedule, granted by an institution specified in relation to that qualification.
- (c) Proven to the satisfaction of the Dental Therapists Registrar that he is a fit and proper person and is of good character.
- (d) Proven to the satisfaction of the Dental Therapists Registrar that he has an offer of employment or sponsorship.

4.2 Requirements for Eligibility

The eligibility for TPC Dental Therapist is as follows:

For academic staff in IHE or external examiner, the applicant's degree qualification (for Diploma programme) or postgraduate degree (for Bachelor programme) meets the standard of dental training required by the IHE.

4.3 Other requirements

Other requirements and documents to be submitted for specific categories are as follows:

4.3.1 Category C. External examiner invited by IHE

- i. Letter of undertaking from the Person-In-Charge, Dean, or Director of the Institution engaging the services of the external examiners that will be responsible for all treatment undertaken and for any dental or medical emergencies that may arise.

4.3.2 Category D. Dental therapist attending a hands-on clinical course

- i. Evidence that the course has been granted CPD points.
- ii. Letter of undertaking from the Person-In-Charge, 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.

4.3.3 Category E. Dental therapist employed in private healthcare facilities (spouse of Malaysian and permanent residents)

- i. A certified true copy of original marriage certificate or permanent resident card.

- ii. Statutory declaration of current marital status
- iii. Approval from the MDC if the applicant also holds a TPC under Category B (Academic staff in IHE).

4.3.4 Category F. Expert engaged in the transfer of skills and knowledge

- i. Evidence of expertise.
- ii. Letter of approval from the employer (for TPC holder who is already in another category).
- 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 responsible for all treatment undertaken and any dental or medical emergencies that may arise from the procedures.

4.3.5 Category G. Contract and collaborating dental therapist in the public sector or IHE to conduct dental clinical research

- i. Memorandum of agreement.
- ii. Copy of Ethics Research Approval

5. REQUIREMENTS FOR TEMPORARY PRACTISING CERTIFICATE FOR A DENTAL SPECIALIST

5.1 General Requirement

An applicant may apply for a TPC Dental Specialist if he fulfils the following conditions:

- (a) Registered outside Malaysia as a dental surgeon or the equivalent of a dental surgeon.
- (b) Proven to the satisfaction of the Dental Registrar that he is a fit and proper person and is of good character.
- (c) Proven to the satisfaction of the Dental Registrar that he has an offer of employment or sponsorship.

5.2 Requirements for Eligibility

The requirements for TPC Dental Specialist are as in The Dental Specialist Registration/ Recognition document. DSEC will evaluate the applicant's eligibility to be given TPC dental specialist based on this document.

5.3 Other Requirements

Other requirements and documents to be submitted for specific categories are as follows:

5.3.1 Category C. External examiner invited by IHE

- i. Letter of undertaking from the Person-In-Charge, Dean, or Director of the Institution engaging the services of the external examiners that will be responsible for all treatment undertaken and for any dental or medical emergencies that may arise.

5.3.2 Category D. Dental practitioner attending a hands-on clinical course on patients

- i. Evidence that the course has been granted CPD points.
- ii. Letter of undertaking from the Person-In-Charge, 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.

5.3.3 Category E. Dental practitioner employed in private healthcare facilities (spouse of Malaysian or permanent residents)

- i. A certified true copy of original marriage certificate or permanent resident card.

- ii. Statutory declaration of current marital status
- iii. Approval from the MDC if the applicant also holds a TPC under Category B (Academic staff in IHE).

5.3.4 Category F. Expert engaged in the transfer of skills and knowledge

- i. Evidence of expertise.
- ii. Letter of Approval from the employer/sponsor (for TPC holder who is already in another category).
- 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 responsible for all treatment undertaken and any dental or medical emergencies that may arise from the procedures.

5.3.5 Category G. Contract and collaborating dental practitioner in private IHE to conduct dental clinical research

- i. Memorandum of agreement.
- ii. Copy of Ethics Research Approval

6. SUMMARY OF REQUIREMENTS FOR TEMPORARY PRACTISING CERTIFICATE AMONG PRACTITIONERS

The requirements for each category of TPC for practitioners is summarised in **Table 1**.

Table 1. The requirements for each category of TPC according to practitioners

Category	TPC Dental Surgeon	TPC Dental Specialist	TPC Dental Therapist
	Passed PQE	Upon recommendation by DSEC	Qualifications listed in Second Schedule
A. Exchange practitioner in the public sector	√	√	√
B. Academic staff in IHE	√ (Postgraduate degree meets the standard of dental training required by the IHE)	√	√ (Degree qualification (for Diploma programme) or postgraduate degree (for Bachelor programme) meets the standard of dental training required by the IHE)
C. External examiner invited by IHE	√ (Postgraduate degree meets the standard of dental training required by the IHE)	√	√ (Degree qualification (for Diploma programme) or postgraduate degree (for Bachelor programme) meets the standard of dental training required by the IHE)
D. Practitioner attending a hands-on clinical course	√	√	√
E. Practitioner employed in private healthcare facilities	√	√	√
F. Expert engaged in the transfer of skills and knowledge	√	√	√
G. Contract and collaborating dental practitioner in private IHE to conduct dental clinical research	√	√	√

7. APPLICATION PROCESS

7.1 Application for TPC Dental Surgeon and TPC Dental Therapist

- i. Application for TPC must be submitted using Form 32 in the First Schedule of the Dental Regulations 2021 - Application for Temporary Practising Certificate (Appendix A). Such application shall be accompanied by a fee as prescribed in the Fourth Schedule of the Act.
- ii. The application must be accompanied with relevant documents and a complete Personal Declaration Form (Appendix B).
- iii. Practitioners shall not practice until they receive their TPC. Hence, the employer/sponsor is advised to apply to the Council or the Board at least one (1) month before the practitioner is due to begin practice in Malaysia.
- iv. The Letter of Good Standing must be issued by the dental regulatory body in the country of origin directly to; the MDC via email: secretarymdc@moh.gov.my or via mail, or MDTB via email: lipm.kkm@moh.gov.my or via mail, as the case may be.
- v. The renewal of TPC will use Form 32 of the First Schedule. The requirements are:
 - a) Certified true copy of the current passport,
 - b) Certified true copy of the Contract of employment,
 - c) Evidence of CPD points in compliance with CPD guidelines,
 - d) Evidence of professional indemnity cover.
 - e) Other requirement as mentioned in 4.3 or 5.3 as the case may be

7.2 Application for TPC Dental Specialist

- i. Application for evaluation of a TPC Specialist under Section 40 (7) must be made using the form "Application for Dental Specialist Qualification Evaluation (Temporary Practicing Certificate as Dental Specialist)" (Appendix C).
- ii. The application must be accompanied with relevant documents (refer to Appendix D for a checklist of documents to be submitted) and a complete Personal Declaration Form (Appendix B).
- iii. The applicant must indicate in which specialty recognised by the Council he wishes to practice.

- iv. The applicant shall have a specialist qualification approved by the Council. (Link to postgraduate qualifications approved by the Council).
- v. If the applicant's qualification is not in the list of postgraduate qualifications approved by the Council, the application must be accompanied with relevant supporting documents as specified in Appendix C and Appendix D (Refer to the "Additional documents required if qualification is not in the approved list" in these appendices).
- vi. Evaluation will be carried out by DSEC. If the application is deemed satisfactory, additional requirements will apply, including attachment at a recognized clinical attachment facility under a mentor appointed by the Council to fulfill the equivalent of four (4) years of training and/or completion of the research component.
- vii. Applicant must submit proof of fulfilment of the additional requirements to DSEC upon completion.
- viii. DSEC will recommend the TPC dental specialist when all criteria are met.
- ix. Once the results are communicated to the applicant, the applicant must submit Form 32 in the First Schedule of the Dental Regulations 2021 to the Dental Registrar, accompanied by a fee as prescribed in the Fourth Schedule of the Act, which is RM500 per specialty within three (3) months of receiving the results.
- x. Dental practitioners shall not practice until they receive their TPC Dental Specialist.
- xi. The Letter of Good Standing must be issued by the dental regulatory body in the country of origin directly to the MDC via email: secretarymdc@moh.gov.my or via mail. For those who have current TPC, this letter is not required.
- vi. The renewal of the TPC will use Form 32 of the First Schedule. The requirements are:
 - a) Certified true copy of the current passport,
 - b) Certified true copy of the Contract of employment,
 - c) Evidence of CPD points in compliance with CPD guidelines,
 - d) Evidence of professional indemnity cover.

**APPENDIX A:
APPLICATION FOR
TEMPORARY PRACTICING CERTIFICATE**

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 postgraduate qualification (if any):
 - (a) Description (in full):

- (b) Name of institution:
- (c) Country in which the qualification is granted:
- (d) Date of qualification:

(please use a separate sheet for every additional qualification)

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:

.....

.....

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

16. Other practising address:

.....

.....

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

(please use a separate sheet for every additional address)

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 postgraduate 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)

.....

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:

APPENDIX B:
PERSONAL DECLARATION FORM

PERSONAL DECLARATION FORM**Note:**

- a. The Malaysian Dental Council (Council) reserves all rights to withhold or to terminate an application for registration or to take any action it deems fit, if any information or documents tendered is found to be false.
- b. It is a criminal offence to make a false statement, or to provide false information or documents to the Council.
- c. The Council may make any enquiries or obtain any information and documents that it deems appropriate from any party.
- d. If you are unsure about whether a matter is important, please inform the Council about it and provide full details to enable the Council to make a decision.
- e. The information provided in this application will be used only for the purpose of this registration and treated with the strictest confidentiality.

A. PERSONAL DETAILS

Name :

Identity Card/ Passport No. :

B. HEALTH STATUS**1. Health condition**

a. Do you have any health problems such as blood borne diseases (HIV/AIDS, Hepatitis B, Hepatitis C), physical weakness, mental weakness? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C – Disciplinary Record)	Yes/ No
b. Please state the full nature of the condition. (Please provide details in a separate sheet)	
c. What was the date of the first diagnosis?	

2. Current status of health condition

a. How does the condition affect you? (Please provide details in a separate sheet)	
b. What was the date of the most recent episode or occurrence?	
c. Details of treatment and advice received following the most recent episode or occurrence. (Please provide details in a separate sheet)	

d. Details of the medical practitioner who are currently treating you (Name, Qualifications, Address, Telephone number and Email). (Please provide details in a separate sheet)	
e. Please state if your condition has resulted in any of the following:	
(i) Interruption or restriction of practice of dentistry. (Please provide details in a separate sheet)	Yes/ No
(ii) Referral to occupational health or for health assessments. (Please provide details in a separate sheet)	Yes/ No

3. Employment

a. Have you been employed before? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section C – Disciplinary Record)	Yes/ No
b. Did you inform your employer of your condition?	Yes/ No

C. DISCIPLINARY RECORD

a. Have you ever been reprimanded, suspended or deregistered by a dental regulatory authority? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section D – Criminal Record).	Yes/ No
b. Details of the regulatory authority that imposed the sanction, including your reference/ registration number; documentary evidence of the sanction imposed; and a full statement from you of the background and grounds of the sanction. Information of any appeal on the sanction (successful or not) must be submitted. (Please provide details in a separate sheet)	
c. Have you ever been refused registration or a license to practice by any dental regulatory authority?	Yes/ No
d. Details of the regulatory authority who refused registration; documentary evidence of the grounds for refusal; and a full statement from you as to the background and grounds for the refusal. Information of any appeal on the refusal for registration (successful or not) must be submitted. (Please provide details in a separate sheet)	
e. Has an employer ever taken disciplinary action against you?	Yes/ No

f. Documentary evidence of the nature of the disciplinary action undertaken by the employer; contact details (Names, Address, Telephone number and Email) of person(s) involved at the employing organisation that we can approach to secure further information and details; and a full statement on the nature of the allegation and any other information you would wish us to consider. Information of any appeal including legal action (successful or not) must be submitted. (Please provide details in a separate sheet)	Yes/ No
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D. CRIMINAL RECORD

a. Have you ever been convicted of an offence in a court of law or been cautioned? (If the answer to the question is "Yes" please complete the rest of this section. If the answer is "No", please go to Section E – Declaration)	Yes/ No
b. Details of the conviction; date of the conviction, name and address of the court; and the details of the penalty (if applicable) that was imposed. (Please provide details in a separate sheet)	

E. DECLARATION

I declare that the particulars stated in this application are complete and the documents attached are true and authentic, and the information contained herein are true. To the best of my knowledge and belief, I have not withheld any material fact.	
I consent to the Malaysian Dental Council contacting any of the medical practitioner, the person and the authority listed above should the Council decides to do so.	
Signature:	Date:
Name:	

**APPENDIX C:
APPLICATION FOR
DENTAL SPECIALIST QUALIFICATION EVALUATION
(TEMPORARY PRACTICING CERTIFICATE
AS DENTAL SPECIALIST)**

Reference No.: (For office use only)

APPLICATION FOR DENTAL SPECIALIST QUALIFICATION EVALUATION
(Temporary Practicing Certificate as Dental Specialist)

Part I: Details of Applicant

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Full name:..... 2. ID no and Passport no:. 3. Citizenship: 4. Field of specialty applied: 5. Date of birth: 6. Gender: ☐ male ☐ female 7. Marital status: ☐ single
 <div style="margin-left: 100px;">☐ married (please provide a certified copy of marriage certificate for spouse of Malaysian/ PR)</div> 8. Residential address:

 9. Postal address (if different from above):

 10. Telephone No.:..... 10. Mobile phone no.:..... 11. Email:..... 12. Category of TPC Application (refer to TPC Guidelines): | <div style="border: 1px solid black; width: 100%; height: 100%; margin: 0 auto;"> Recent photo </div> |
|--|---|

Part II: Particulars of Qualifications**a) Basic Dental Qualification**

13. Description (in full):
14. Name of institution:
15. Country in which the qualification is granted:
16. Date of Qualification:

b) Postgraduate Dental Qualification

17. Description (in full):
18. Name of institution:
19. Country in which the qualification is granted:
20. Date of Qualification:

Part III: Professional Registration History

21. Regulatory Body:
22. Registration No.:

Part IV: Required Documents

I hereby attach the following documents for evaluation:

No.	List of Documents
I.	MANDATORY
a)	Certified true copy* of basic dental qualification degree
b)	Certified true copy* of Registration Certificate from Dental Regulatory Body/Country of origin
c)	Certified True Copy* of Passport
d)	Certified true copy* of postgraduate qualification

e)	Certified true copy* of full academic transcript of postgraduate qualification
f)	Curriculum vitae (CV) CV may contain details of: • Working experience in academia or in clinical practice in the specialty (including duration) • Experience in undergraduate teaching and learning (including subjects and duration of teaching) • Experience in any postgraduate teaching in dentistry at level 7 (master) and level 8 (doctorate) MQF • List of publications in dental or health sciences journal • Experience in supervising research at the undergraduate or postgraduate level
g)	Proof of working experience in related specialty
h)	Proof that qualification is registrable as a specialist in the awarding country (Provide supporting documents from university or regulatory body).
i)	Certified true copy* of contract, an agreement or an appointment letter from an employer or a sponsor
j)	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
k)	Cover letter from employer/sponsor indicating field of specialty applied
l)	Personal declaration form
m)	Three passport photographs
II. ADDITIONAL DOCUMENTS (REQUIRED IF QUALIFICATION IS NOT IN THE APPROVED LIST)	
n)	Postgraduate programme details. Provide programme book containing information on the following: a) duration of training b) mode of training c) training module/component d) student learning time or contact hours for the programme e) percentage of clinical training f) curriculum of the program of study g) scope of training, h) assessment, i) thesis/dissertation, and j) clinical requirements

o)	Applicants in IHE (category B) and practitioner employed in private healthcare facilities (category E) must submit 4 case portfolios (refer to case portfolio template, which can be from during or post-specialty training. The cases submitted should reflect complexity at specialist level. For all other categories of TPC applications, a letter of endorsement of clinical skill as a specialist from a registered specialist (refer to letter template) in the same field in the Specialist Division of the Dental Register is accepted.
p)	Letter of undertaking from university or healthcare facility covering any and all emergencies (for category D and F only)
q)	Other related certified true copy* documents, as requested by the committee- if any
r)	A certified true copy* of latest TPC as dental surgeon issued by MDC – if applicable
s)	Document of recognition as a specialist in HEP.

*Copy of document must be certified by Malaysia Public Official in administrative and professional posts with Grade 41 and above.

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.

Signature of applicant:

Name of applicant: Date:

Template letter of endorsement of clinical skill as a specialist from a registered specialist

[Your Institution's Letterhead]

Header

Details of Specialist Endorsing the Applicant

Name: [Your Name]

Title: [Your Title]

Institution: [Your Institution]

Contact Information: [Your Phone Number / Email Address]

Date: [Date]

Details of Applicant

Name: [Applicant's Name]

Title: [Applicant's Title]

Institution: [Applicant's Institution]

Contact Information: [Applicant's Phone Number / Email Address]

Salutation

To Whom It May Concern,

Introduction

I am writing to endorse [Applicant's Name] for his/her application for TPC Specialist. I have had the privilege of working with/known [Applicant's Name] for [Duration], during which I have observed [his/her] professional growth and dedication to the field of dentistry.

Skill & Expertise

[Applicant's Name] possesses exceptional clinical skills, including [list relevant procedures, e.g., restorative dentistry, endodontics, oral surgery, etc.]. [He/She] demonstrates a thorough understanding of [specific techniques or technologies], ensuring high-quality care and successful patient outcomes.

Patient Care Approach

In addition to [his/her] technical abilities, [Applicant's Name] exhibits strong interpersonal skills. [He/She] has a remarkable ability to explain complex procedures clearly to patients, fostering trust and understanding. This approach not only enhances patient satisfaction but also encourages informed decision-making.

Conclusion & Endorsement

Based on my evaluation, I highly recommend [Applicant's Name] for consideration as a TPC Specialist in [State Specialty]. [His/Her] expertise and commitment to excellence in patient care make [him/her] an outstanding candidate for this role.

Closing

Sincerely,

[Your Name]

MDC No:

MDC Specialist No: [Your Registration No]

[Your Official Stamp, if applicable]

Template of Dental Case Portfolio

As part of your application for the Temporary Practicing Certificate, you are required to submit a case portfolio. The portfolio should start with a brief summary of the case followed by a description of the patient management which is divided into three parts as follows:

Part 1: Patient details and a brief description of the initial presentation, key findings, and diagnosis.

Part 2: Key procedural points

Part 3: Conclusion including outcome and prognosis

Include relevant radiographs, pre and post treatment photographs and any other relevant photographs for each case.

Ensure all patient information is anonymized to maintain confidentiality.

Dental Case Portfolio

PERSONAL PARTICULARS OF APPLICANT:

1. NAME

2. BASIC DEGREE AND UNIVERSITY

3. POSTGRADUATE QUALIFICATIONS & UNIVERSITIES

CASE 1

Case summary:

Case Report:

Part 1: Patient details and a brief description of the initial presentation, key findings, and diagnosis.

Part 2: Key procedural points

Part 3: Conclusion including outcome and prognosis

*Include relevant radiographs, pre and post treatment photographs and any other relevant photographs for each case.

CASE 2

Case summary:

Case Report:

Part 1: Patient details and a brief description of the initial presentation, key findings, and diagnosis.

Part 2: Key procedural points

Part 3: Conclusion including outcome and prognosis

* Include relevant radiographs, pre and post treatment photographs and any other relevant photographs for each case.

APPENDIX D:
CHECKLIST FOR EVALUATION OF THE
TEMPORARY PRACTISING CERTIFICATE (TPC)
APPLICATION AS A DENTAL SPECIALIST

CHECKLIST FOR EVALUATION OF THE TEMPORARY PRACTISING CERTIFICATE (TPC) APPLICATION AS A DENTAL SPECIALIST

Name :

Agency :

Specialty :

I hereby attach the following documents to support this application:

Document	Remarks
I - MANDATORY a) A certified true copy* of basic dental qualification b) A certified true copy* of Registration Certificate from Dental Regulatory Body/Country of origin c) A certified true copy* of passport d) A certified true copy* of postgraduate qualification e) A certified true copy* of full academic transcript of postgraduate qualification f) Curriculum vitae g) Proof of working experience in related specialty h) Proof that qualification is registrable as a specialist in the awarding country (Provide supporting documents from university or regulatory body). i) A certified true copy* of contract, an agreement or an appointment letter from an employer or a sponsor j) Letter of Good Standing from dental regulatory body in the country of origin k) Cover letter from employer/sponsor indicating field of specialty applied l) Personal declaration form m) Three passport photographs	

II – ADDITIONAL DOCUMENTS (REQUIRED IF QUALIFICATION IS NOT IN THE APPROVED LIST) n) Postgraduate programme details (provide programme guidebook) o) Four (4) case portfolios for category B and E, or letter of endorsement of clinical skill as a specialist for all other categories p) Letter of undertaking from university or healthcare facility covering any and all emergencies (for category D and F only) q) Other related certified true copy* documents, as requested by the committee- if any r) A certified true copy* of latest TPC as dental surgeon issued by MDC – if applicable	
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*Copy of document must be certified by Malaysian Public Official in administrative and professional posts with Grade 41 and above.

.....
Signature of applicant

Date:

MEMBERS OF THE WORKING COMMITTEE

- | | | |
|-----|---|---------------|
| 1. | Prof. Dr. Dalia binti Abdullah | Chairman |
| 2. | Prof. Dr. Abdul Rashid bin Ismail | |
| 3. | Prof. Dr. Seow Liang Lin | |
| 4. | Prof. Dr. Noor Hayaty binti Abu Kasim | |
| 5. | Dr. Ha Kien Oon | |
| 6. | Dr. Sofiah binti Mat Ripen | |
| 7. | Dr. Neoh Ein Yau | |
| 8. | Puan Nor Azrah bt Hamzah | |
| 9. | Puan Nurfarhana Farah binti Abdullah @ Voon Kin Len | |
| 10. | Dr. Nurul Syakirin binti Abdul Shukor | MDC Secretary |
| 11. | Dr. Sangithah a/p Tamilselvam | Secretary |
| 12. | Dr. Nur Hamizah binti Abu Bakar | Co-secretary |

ACKNOWLEDGEMENT

The working committee wishes to record its thanks to the members of the Malaysian Dental Council and the Malaysian Dental Therapists Board for their invaluable advice and assistance in the review of this document.