

USER MANUAL for FULL REGISTRATION MODULE

MEDICAL REGISTER INFORMATION AND TECHNICAL SYSTEM (MERITS)

To register an account on MeRITS for 1st time user

#1: Log on to the online application portal:
meritsmmc.moh.gov.my



The screenshot shows the homepage of the Medical Register Information and Technical System (MeRITS). The header is blue and contains the MeRITS logo on the left, the text "Medical Register Information and Technical System (MeRITS)" in the center, and navigation links "Login", "Register", and "Search Registered Doctor" on the right. Below the header, there is a blue button labeled "Manual for Renewing APC". The main content area features a large banner with a blue geometric background. On the right side of the banner are the Malaysian national coat of arms and the MeRITS logo, with the tagline "Trusted Doctors, Happy Patients" below them. The banner prominently displays "WELCOME TO MeRITS" in large, bold, black letters. Below the banner, there is a section with contact information for various units, including APC, Provisional, Full (Malaysian), Full (Foreigner) / IPC, Ethics, and COGS, with their respective WhatsApp numbers. At the bottom of this section, it says "or via email at admin.mmc@moh.gov.my".

Medical Register Information and Technical System (MeRITS)

Login Register Search Registered Doctor

Manual for Renewing APC

Trusted Doctors, Happy Patients

WELCOME TO MeRITS

For any enquiries regarding your application, kindly contact the respective units via Whatsapp (message ONLY) as below:

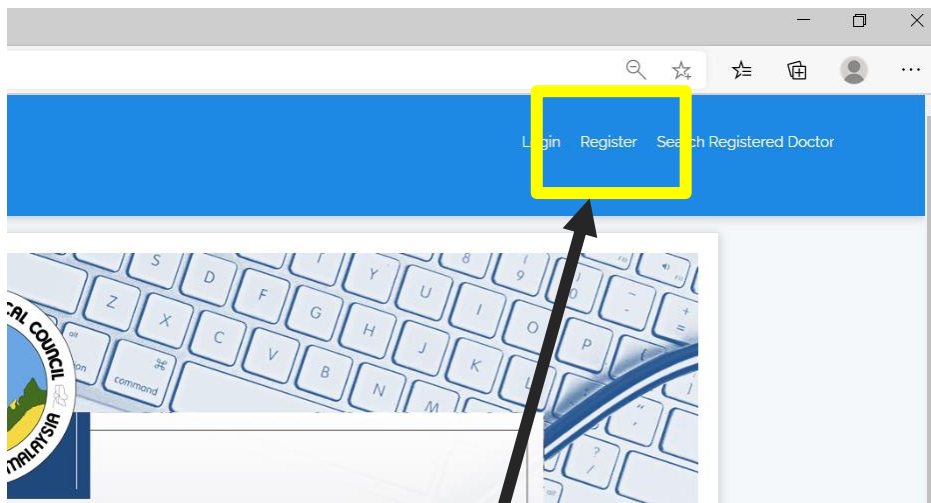
APC	: 016-3261751	Full (Foreigner) / IPC	: 016-3269354
Provisional	: 016-3264985	Ethics	: 016-3264763
Full (Malaysian)	: 016-3268542	COGS	: 016-3267024

or via email at admin.mmc@moh.gov.my

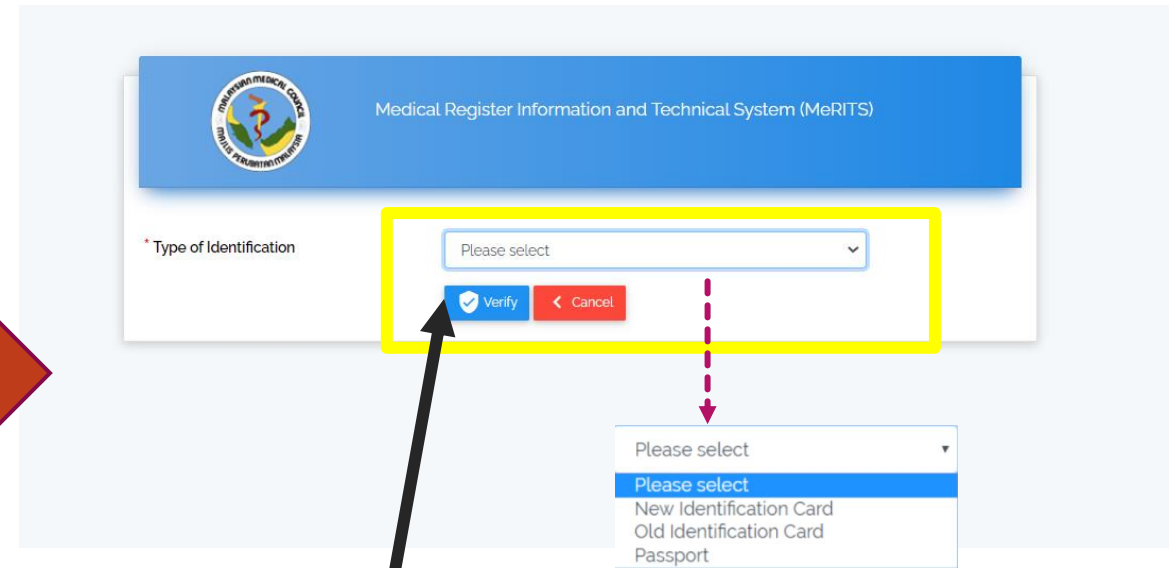
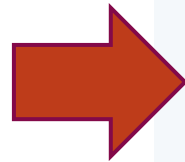
MeRITS HOMEPAGE

To register an account on MeRITS for 1st time user

#2: To register



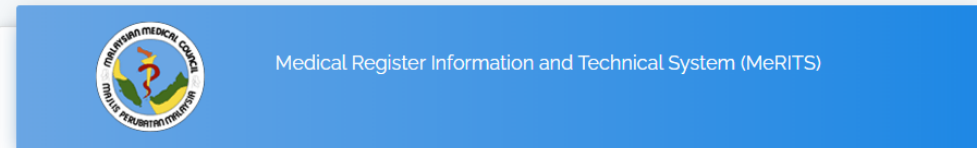
Click "Register"



Select an identification method and click submit

To register an account on MeRITS for 1st time user

#2: To register



Type of Identification

Identification Number

Fill in the identification number and click 'verify'



Full Name

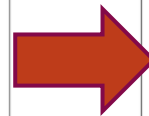
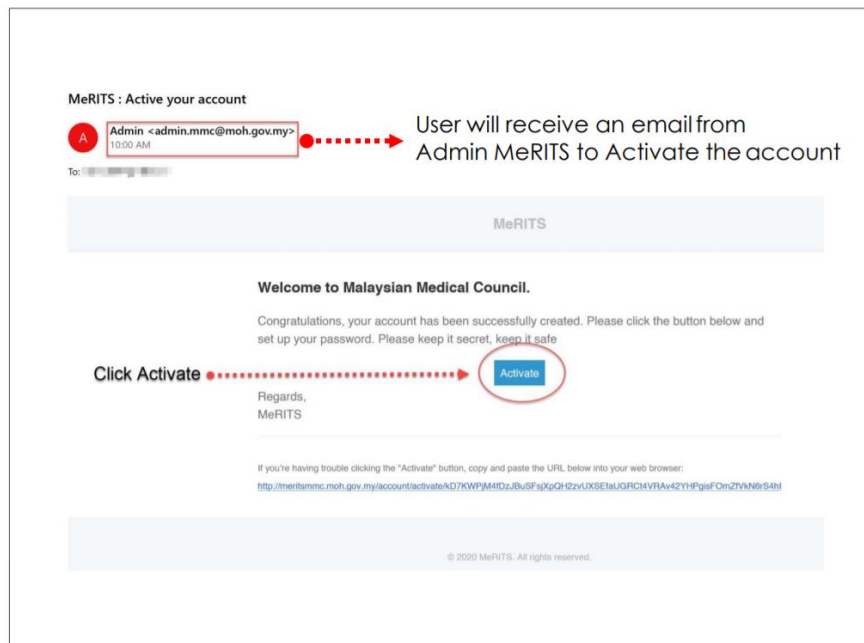
Identification Number

Email

Fill in a valid email address and click 'submit'. You will received our verification email

To register an account on MeRITS for 1st time user

#2: To register



Person icon Password

Email

Password
Mix of uppercase, lowercase letter and number

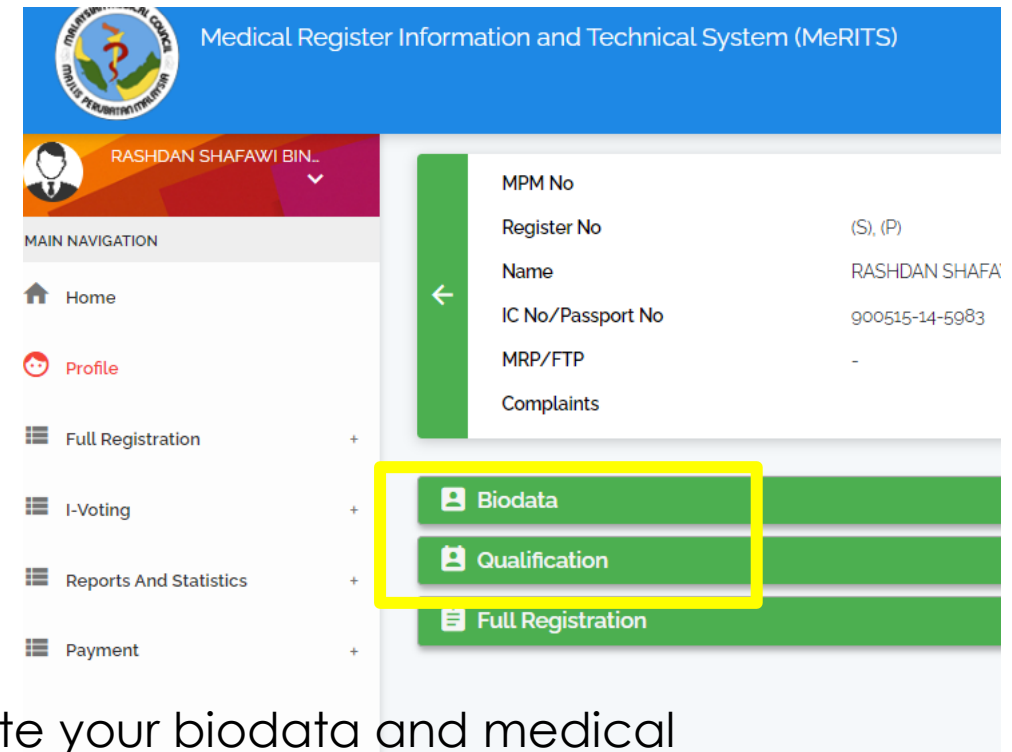
Confirm Password
Mix of uppercase, lowercase letter and number

[Save Password](#)

Click here after confirmed your password

To register an account on MeRITS for 1st time user

#3: Basic information and qualification



Click '**Profile**' tab and complete your biodata and medical qualification information

To register an account on MeRITS for 1st time user

#3: Basic information and qualification

MPM No	MPM
Register No	(S), (P)
Name	MUHAMMAD
IC No/Passport No	951027-

Biodata

Title	Tuan
Full Name	MUHAMMAD
Citizenship Status	Malaysian
New NRIC	951027-

Complete the basic information in the biodata tab and update the contact information: residential address, email and phone number for contact purpose

MPM No	MPM
Register No	
Name	
IC No/Passport No	

Biodata

Qualification

Basic Degree	Recognition
Country	MALAYSIA
University	UNIVERSITI TEKNOLOGI MARA (UITM)
College	NO INFORMATION
Date of Passed Exam	
Date of Awarded Qualification	13-02-2020
Basic Qualification Name	BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

Update data of passed exam. Strongly advised to keep the same date as date awarded qualification

To apply for Full Registration

#1: New application for full registration

The screenshot displays a navigation menu with four green buttons: 'Biodata', 'Qualification', 'Provisional Registration', and 'Full Registration'. The 'Full Registration' button is highlighted with a red circle containing the number '1' and an arrow pointing to it. Below the menu is a blue 'Applications' dropdown button. The dropdown menu is open, showing two options: '+ New Application' and '+ Amendment Application'. The '+ New Application' option is highlighted with a yellow box and a red circle containing the number '2', with an arrow pointing to it. Below the dropdown, the text 'Application Name' is visible. At the bottom of the screen, a table shows a single entry with the number '1', the date '12-06-2014', and the text 'New Application of Full Registration'. A red circle containing the number '3' has an arrow pointing to the 'New Application' option in the dropdown menu.

	Application Name
1	12-06-2014 New Application of Full Registration

Click on the following in ascending order to begin applying

To apply for Full Registration

#2: INTERNSHIP INFORMATION

← Internship Information Fitness to Practice Document Acknowledgement

Internship Experience Since Graduation

i Note : The Compulsory Rotating Internship Prior to graduation is **NOT** considered as Internship Training

No.	Hospital	Disiplin	Start Date	End Date	Extended Period	Extended Reason	Action
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Showing 1 to 5 of 5 entries

+ Add First Previous Next Last

Click to insert your posting information

To apply for Full Registration

#2: INTERNSHIP INFORMATION

- 1 Insert the starting date of posting
- 2 The system will automatically calculate the end date of posting for the next 4 month/ change the date if there is any extension period
- 3 Choose your hospital's state
- 4 Choose your hospital
- 5 Choose your discipline
- 6 If there is extension of posting, insert the start date of extension period. **(The date must be a day after the end date)**
- 7 Choose your extension reason
- 8 Please state your extension reason

The screenshot shows a form titled "#2: INTERNSHIP INFORMATION" with a "+ Add" button at the top left. The form contains the following fields and values:

- Start Date: 11-08-2019 (Callout 1 points to the date field)
- End Date: 10-04-2020 (Callout 2 points to the date field)
- State: PERLIS (Callout 3 points to the text field)
- Hospital: HOSPITAL TUANKU FAUZIAH (Callout 4 points to the text field)
- Discipline: Please select disiplin (Callout 5 points to the dropdown menu)
- Start Date of Extension Period: 11-12-2019 (Callout 5 points to the date field)
- End Date of Extension Period: 10-04-2020 (Callout 6 points to the date field)
- Extension Category: Others (Callout 7 points to the dropdown menu)
- Remarks: 2 extensions: Poor competency, delay in completion of log book and leave of absence (medical leave: dengue fever) (Callout 8 points to the text area)

At the bottom of the form, there are "Save" and "Cancel" buttons.

Reason for extension

▶ **List of extension reasons:**

- I. Delay in completion/submission of log book
- II. Leave of absence (maternity leave/ paternity leave/ medical leave: please state the diagnosis/ extra leave/ leave without permission: please state the reason)
- III. Poor performance (knowledge, skills and attitude)

▶ Please follow this template

(# No of extension/s): (reason of extension)

e.g:

1 extension: Delay in completion of log book

3 extensions: Delay in submission of log book and leave of absence (extra leave: sick relative)

2 extensions: Leave of absence (maternity leave) and leave of absence (medical leave: dengue fever)

To apply for Full Registration

#3: FITNESS TO PRACTICE

← Internship Information **👤 Fitness to Practice** Document Acknowledgement

Section B : Health Status

1a. Do you have a health condition? Yes No

1b. Please state the full nature of the condition (Please provide details in a separate sheet)

1c. Date of diagnosis

1d. Does the condition still affect you? Yes No

1e. Date of last affected by condition

2a. How does the condition affect you? (Please provide details in a separate sheet)

2b. Date of the most recent episode or occurrence

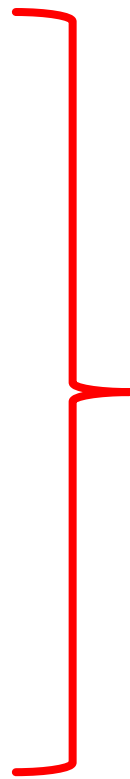
2c. Details of treatment and/or advice received following the most recent episode or occurrence. (Please provide details in a separate sheet)

2d. Details of all the doctors who have treated you (Name, Qualifications, Address, Telephone number and Email). (Please provide details in a separate sheet)

2e (i). Interruption or restriction of practice Yes No

2e (ii). Referral to occupational health and/or health assessments Yes No

3a Have you informed your prospective employer of your condition Yes No



Answer all questions and upload your latest medical report at part 1b if applicable.

To apply for Full Registration

#4: DOCUMENT

← Internship Information + Fitness to Practice **Document** Acknowledgement

List of mandatory documents

Maximum file size is 2MB and only file types of pdf or png are allowed

No.	Name of Documents	Action
1	A certified true copy of basic medical degree	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
2	Form 7 (Application of Full Registration)	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
3	A certified true copy of the birth certificate	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
4	A certified true copy of the identity card	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
5	A certified true copy of Sijil Pelajaran Malaysia (SPM) certificate. (SPM result slip is not acceptable)/ Higher School Certificate / *O* Level/ *A* Level.	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>

List of supporting documents

Maximum file size is 2MB and only file types of pdf or png are allowed

No.	Name of Documents	Action
1	Provisional Registration Certificate	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
2	Translation of Basic Medical Degree (if the original certificate is not in Bahasa Malaysia or English)	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
3	A statutory declaration – If your name in the documents differs from Identity Card	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>
4	Copy of new identity card (if there is recent changes of names)	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Upload"/>

Please upload all the mandatory documents

Please upload the supporting documents if applicable

To apply for Full Registration

#4: ACKNOWLEDGEMENT

The screenshot shows a navigation bar with four tabs: 'Internship Information', 'Fitness to Practice', 'Document', and 'Acknowledgement'. The 'Acknowledgement' tab is highlighted with a red circle. Below the navigation bar, there is a declaration text: 'I, hereby declare that, the entries in this application are complete and true, and the attached documents are true and authentic to the best of my knowledge and I bear the responsibility for the correctness of the above mentioned particulars. Any issues arising due to incorrect entry will be borne by me.' A red circle highlights a checkbox to the left of this text. A red circle with the number '1' and an upward-pointing arrow points to the checkbox. To the right of the text, a blue 'Submit' button is highlighted with a red circle. A red circle with the number '2' and a rightward-pointing arrow points to the 'Submit' button. A purple cloud-shaped callout box contains the text: 'After completing every section, proceed to Acknowledgement tab, check the declaration box and submit the application'. At the bottom of the page, a green bar contains the text 'Annual Practising Certificate (APC)'.

← Internship Information Fitness to Practice Document Acknowledgement

I, hereby declare that, the entries in this application are complete and true, and the attached documents are true and authentic to the best of my knowledge and I bear the responsibility for the correctness of the above mentioned particulars. Any issues arising due to incorrect entry will be borne by me.

Submit

1

2

After completing every section, proceed to Acknowledgement tab, check the declaration box and submit the application

Annual Practising Certificate (APC)

To apply for Full Registration

#5: MAKE YOUR PAYMENT

Full Registration

Applications

No.	Date	Application Name	Status	Action
1	19-08-2020	New Application of Full Registration	Waiting Payment	  

Showing 1 to 1 of 1 entries

First Previous Next Last

Click this icon and proceed with payment






To apply for Full Registration

#6: Officer review

Full Registration

Applications ▾

No.	Date	↕ Application Name	↕ Status	Action
1	10-08-2020	New Application of Full Registration	Waiting For Review	  

Showing 1 to 1 of 1 entries

First Previous Next L

Your application has been successfully submitted to our Officers for review





Application Query

#7: Query by officer

Full Registration

Applications ▾

No.	Date	↕ Application Name	↕ Status	Action
1	05-08-2020	New Application of Full Registration	Query From Officer	 

This status shows that there is a query requiring attention

Click this **'Edit'** icon to view

First Previous Next

Showing 1 to 1 of 1 entries

Application Query

#7: Query by officer

⚠️ internship information 1) PEMBEDAHAN> START DATE OF EXTENSION: 05.08.2018

← Internship Information Fitness to Practice Document Acknowledgement

Internship Experience Since Graduation

ℹ️ Note : The Compulsory Rotating Internship Prior to graduation is **NOT** considered as Internship Training

No.	Hospital	Disiplin	Start Date	End Date	Extended Period	Extended Reason
1	HOSPITAL SULTAN HAJI AHMAD SHAH	Perubatan	05-12-2017	04-04-2018	-	

Make the amendment as instructed here

Application Query

#7: Query by officer

Full Registration

internship information 1) PEMBEDAHAN > START DATE OF EXTENSION: 05.08.2018

← Internship Information Fitness to Practice Document

Acknowledgement ← 1

I, hereby declare that, the entries in this application are complete and true, and the attached documents are true and authentic to the best of my knowledge and I bear the responsibility for the correctness of the above mentioned particulars. Any issues arising due to incorrect entry will be borne by me.

2 → 3 → Submit

Submit your application to our officer after changes has been made




After completing the required changes, as instructed, proceed to Acknowledgement tab, check the declaration box and submit the application

Completing An Application

#7: Approved application

Full Registration

Applications ▾

No.	Date	↑↓ Application Name	↑↓ Status	Action
1	20-05-2020	New Application of Full Registration	Approved	   Letters ▾

Showing 1 to 1 of 1 entries

First Previous Next

Please observe the status change, from review to approved.
You are now officially a fully registered practitioner and your certificate can be obtained by clicking the Letters Box

Mandatory Attachments from Hospital Admin

Attachment to be emailed to MMC for every new application:

- ▶ Mandatory document
 - I. Form 8
 - II. Form A
- ▶ Supporting documents (if applicable)
 - I. Letter of instruction for extension
 - II. Medical certificate and medical report
 - III. Letter of instruction for change of training facility
 - IV. Explanation letter for extra leave, missing in action or any gap in period of training
 - V. Explanation letter for late of submission of full application by the hospital or practitioner

The following attachments
may delay review process
if submitted **late**

To be emailed to: applicationfull.mmc@gmail.com

Mandatory Attachments from Hospital Admin

FORM 8
(Section 14(1), Medical Act 1971)
(Regulation 26, Medical Regulation 2017)

CERTIFICATE OF EXPERIENCE IN A RESIDENT MEDICAL CAPACITY

IT IS HEREBY CERTIFIED that
who holds Provisional Registration Certificate No. _____

* (a) Having been employed as a resident medical officer in the following hospital/hospitals during the periods and in the departments mentioned below and having performed satisfactory service during the said periods:

Name of Hospital	Whether in resident medical, surgical or midwifery post	Period		Signature of Medical Officer in-charge of Hospital and date
		From	To	
Hosp. P. Pinang	O&G	26.11.2018	25.03.2019	
Hosp. P. Pinang	ORTHOPAEDIC	26.03.2019	25.07.2019	
Hosp. P. Pinang	MEDICAL	26.07.2019	25.11.2019	
Hosp. P. Pinang	PAEDIATRIC	26.11.2019	25.03.2020	<u>Bengawan Hospital Hospital Pulau Pinang</u>
Hosp. P. Pinang	SURGICAL	26.03.2020	25.07.2020	

27 JUL 2020

* (b) having obtained a certificate as endorsed hereunder under section 13 (2) of the Medical Act from the Medical Qualifying Committee:

CERTIFICATE OF THE MEDICAL QUALIFYING COMMITTEE

It is certified that the Medical Qualifying Committee are satisfied that the above named provisionally registered person has performed satisfactory service in a resident medical capacity in accordance with the provisions of section 13 (2) of the Medical Act.

Date: _____
Signed
Chairman
Medical Qualifying Committee

Has satisfied the requirement as to experience in a resident medical capacity provided for under section 13 (2) of the Medical Act.

Date: _____
Signed
President
Malaysian Medical Council

* Delete whichever is not applicable.

FORM A
(Duplicate Copy)

CERTIFICATION OF COMPLETION OF TRAINING

This is to certify that Dr _____ has satisfactorily completed training in Paediatric as a House Officer in this Hospital BANTULU from 19/2/2019 to 18/09/2019 (including extension of housemanship period, where applicable).

During that period he / she was engaged in employment in a resident Paediatric post as required under Section 13 (2) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor : _____
Name : _____
Designation : _____
Official Chop : _____
Date : 27/7/19

FORM A

CERTIFICATION OF COMPLETION OF TRAINING

This is to certify that Dr _____ has satisfactorily completed training in Surgery as a House Officer in this Hospital BANTULU from 26/2/19 to 25/6/2019 (including extension of housemanship period, where applicable).

During that period he / she was engaged in employment in a resident Surgery post as required under Section 13 (2) of Medical Act, 1971 to my satisfaction.

Signature of Supervisor : _____
Name : _____
Designation : _____
Official Chop : _____
Date : 25/6/2019