

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

1. Full Name:
2. Passport No.: 3. CPD Points for [Year]:
4. Local Address:
..... Tel. No.:

5. Duration of TPC: From to

6. 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

(c) Name of premises:

Address:

Telephone No.:

Signature of Dean/ Director

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

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

(c) Bank/ Post officer and date:

..... Date:
Signature of Applicant:

Note: CPD – Continuing Professional Development

To be completed by the employer

(√ where applicable)

8. Application for:

Contract or exchange officers in the public sector	
Lecturers in Institutions of Higher Education	
Contract officers in Institutions of Higher Education	
External examiners invited by Institutions of Higher Education	
Dental practitioners who visit Malaysia for short hands-on courses	
Specialists employed in private hospitals	
Experts engaged for transfer of skills and knowledge	
Dental practitioners undertaking voluntary community service	

Foreign post-graduate students in clinical disciplines in dental faculties of Local Institutions of Higher Education or in Foreign Institutions of Higher Education with branch campuses in Malaysia practising at the assigned facilities other than the facility they are registered to practise as a student.	
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9. Details of university/ healthcare facility where clinical procedures will be carried out:

(a) Name of university/ healthcare facility:

(b) Address of university/ healthcare facility:

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(c) Tel. No.:

Signature of Dean / Director: Date:

Name of Dean/ Director:

