



MANUAL PENGGUNA SISTEM MEDPCS MODUL PENDAFTARAN (PEMOHON)



KEMENTERIAN KESIHATAN MALAYSIA
OGOS 2020

1.0 PENGENALAN

- 1.1 Sistem Medical Practice Control System (MedPCs) merupakan sistem atas talian bagi mengemukakan dan menyemak permohonan pendaftaran dan pelesenan kemudahan dan perkhidmatan jagaan kesihatan swasta bawah Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 atau lebih dikenali sebagai Akta 586.
- 1.2 Manual ini disediakan bagi membantu pengguna menggunakan sistem ini bagi :
 - 1.2.1 Mengemukakan permohonan pendaftaran klinik perubatan dan klinik pergigian swasta; dan
 - 1.2.2 Menyemak status permohonan pendaftaran

2.0 PERTANYAAN

CKAPS boleh dihubungi di no telefon 03-8883 1309 atau ckaps@moh.gov.my bagi sebarang pertanyaan atau penjelasan.



3.0 DAFTAR PENGGUNA BARU

3.1. Klik URL sistem <https://www.medpcs.moh.gov.my/>. Klik pada modul "Registration"

3.2. Daftar ID Pengguna pertama kali, dengan klik pada link sign-up

SIGN IN INFORMATION

Application ID e.g. A00000

Password

[? Forgot Password?](#)

For new application please [sign-up](#)

Skrin Sign Up

3.3 Skrin "Sign Up Information" akan terpapar

SIGN UP INFORMATION

NRIC No. of Applicant * Please key in your IC number e.g 880218115210* and click "search" afterwards

Title * -- Select --

Full Name Of Applicant (as in NRIC) *

Password *

Retype Password *

Phone No *

Email *


Secret Question * -- SELECT --

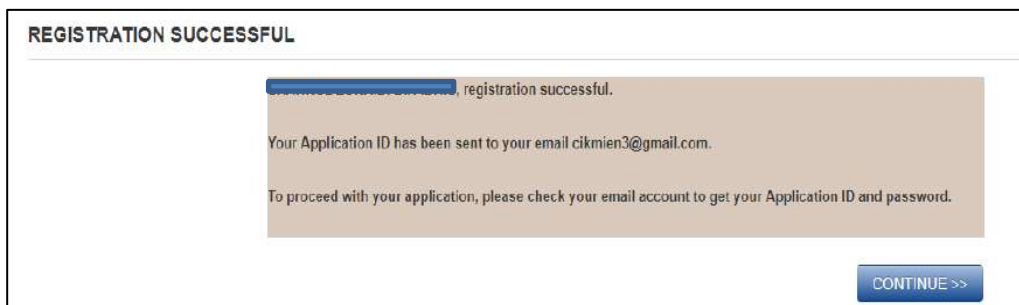
Answer *

Skrin Sign Up Information

3.4. Pengguna perlu memasukkan maklumat *NRIC NO* dan Klik butang

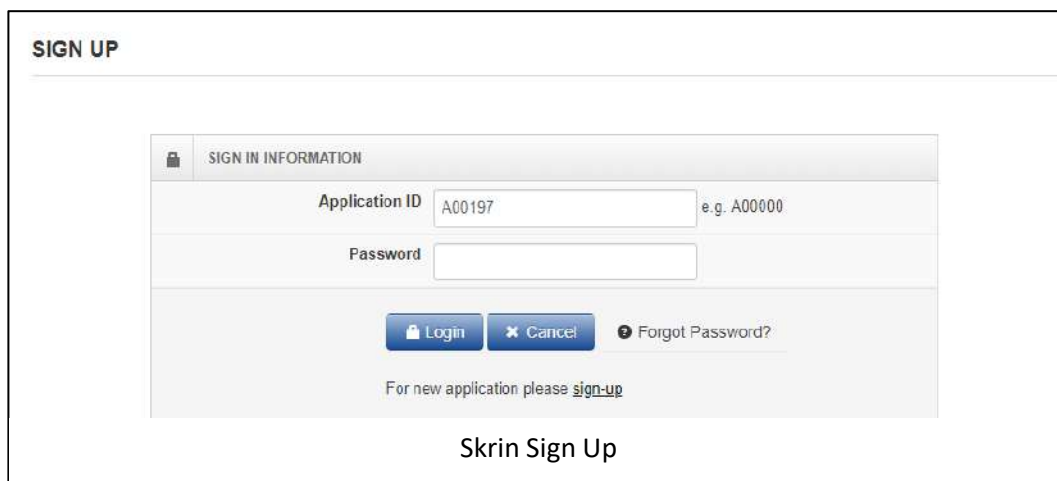


- 3.5. Seterusnya masukkan maklumat yang diperlukan dalam skrin di atas. Ruangan yang bertanda * adalah wajib diisi.
- 3.6. Setelah memasukkan maklumat, Klik butang 
- 3.7. Skrin "Registration Successful" akan terpapar



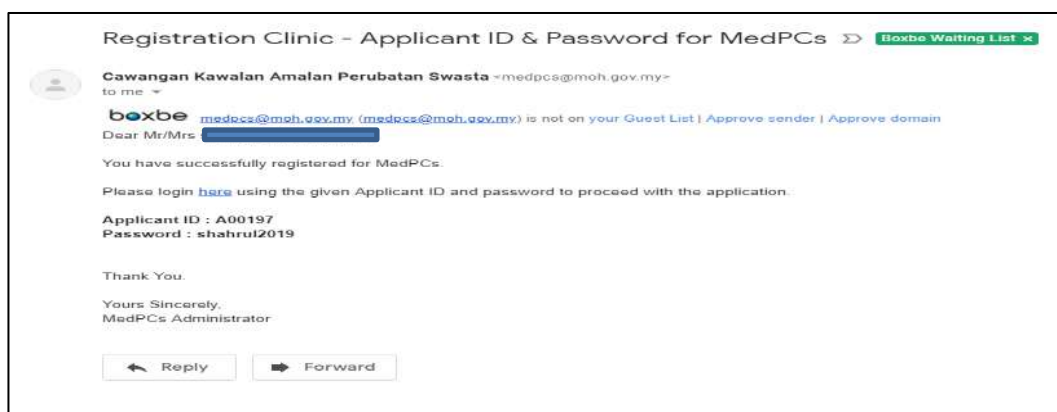
Skrin Registration Successful

- 3.8. Klik butang 
- 3.9. Skrin "Sign Up" akan terpapar




Skrin Sign Up

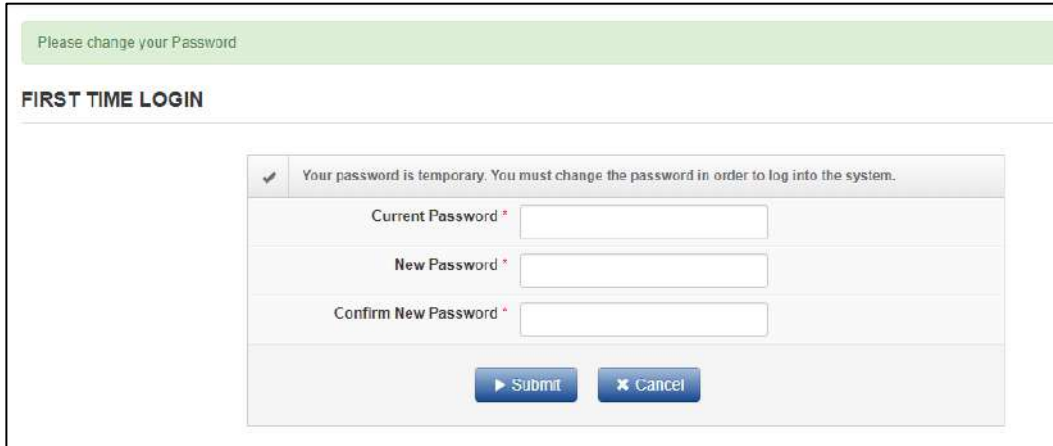
- 3.10. Masukkan *Application ID* dan *Password* yang telah diberikan melalui emel



Skrin Notifikasi email

4.0 LOGIN MASUK

- 4.1. Klik butang 
- 4.2. Skrin "First Time Login" akan terpapar



Please change your Password



FIRST TIME LOGIN

✓ Your password is temporary. You must change the password in order to log into the system.


Current Password *

New Password *

Confirm New Password *

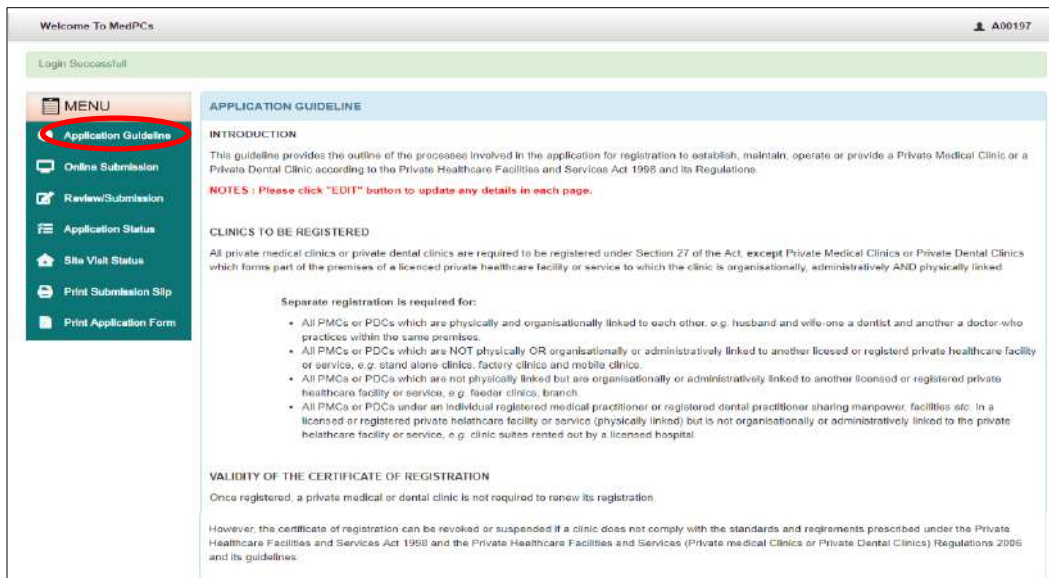
 

Skrin First Time Login

- 4.3. Masukkan *password* dan Klik butang 
- 4.4. Skrin utama Sistem akan dipaparkan

APPLICATION GUIDELINE

Application Guideline adalah garis panduan kepada pemohon bagi permohonan pendaftaran



Welcome To MedPCs A00197

Login Successful

MENU

- Application Guideline**
- Online Submission
- Review/Submission
- Application Status
- Site Visit Status
- Print Submission Slip
- Print Application Form

APPLICATION GUIDELINE

INTRODUCTION

This guideline provides the outline of the processes involved in the application for registration to establish, maintain, operate or provide a Private Medical Clinic or a Private Dental Clinic according to the Private Healthcare Facilities and Services Act 1998 and its Regulations.

NOTES : Please click "EDIT" button to update any details in each page.

CLINICS TO BE REGISTERED

All private medical clinics or private dental clinics are required to be registered under Section 27 of the Act, except Private Medical Clinics or Private Dental Clinics which forms part of the premises of a licensed private healthcare facility or service to which the clinic is organisationally, administratively AND physically linked.

Separate registration is required for:

- All PMCs or PDCs which are physically and organisationally linked to each other, e.g. husband and wife-one a dentist and another a doctor who practices within the same premises.
- All PMCs or PDCs which are NOT physically OR organisationally or administratively linked to another licensed or registered private healthcare facility or service, e.g. stand alone clinics, factory clinics and mobile clinics.
- All PMCs or PDCs which are not physically linked but are organisationally or administratively linked to another licensed or registered private healthcare facility or service, e.g. feeder clinics, branch.
- All PMCs or PDCs under an individual registered medical practitioner or registered dental practitioner sharing manpower, facilities etc. in a licensed or registered private healthcare facility or service (physically linked) but is not organisationally or administratively linked to the private healthcare facility or service, e.g. clinic suites rented out by a licensed hospital.

VALIDITY OF THE CERTIFICATE OF REGISTRATION

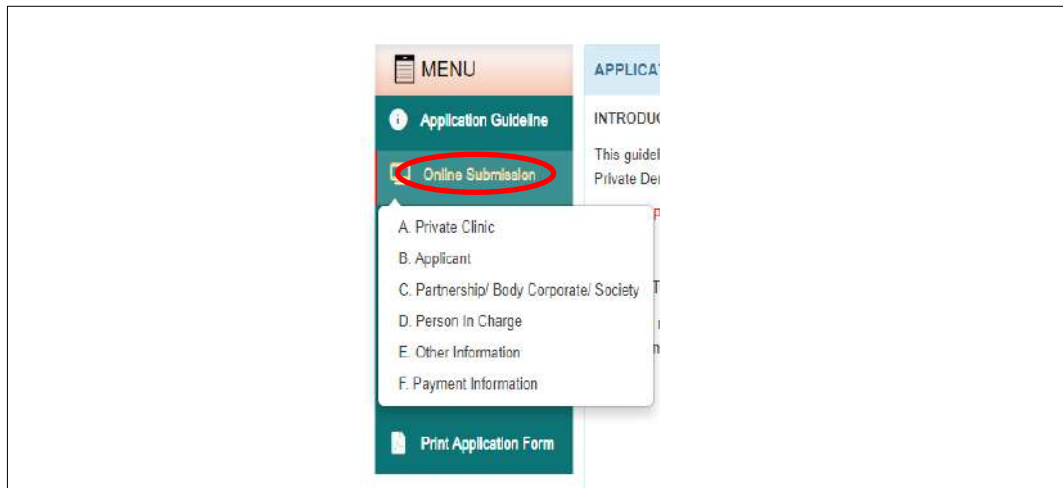
Once registered, a private medical or dental clinic is not required to renew its registration.

However, the certificate of registration can be revoked or suspended if a clinic does not comply with the standards and requirements prescribed under the Private Healthcare Facilities and Services Act 1998 and the Private Healthcare Facilities and Services (Private medical Clinics or Private Dental Clinics) Regulations 2006 and its guidelines.

Skrin Welcome To MedPCs

5.0 MENGISI PERMOHONAN

Online Submission adalah menu yang di mana pemohon perlu memasukkan butiran dalam permohonan. Terdapat 6 bahagian : A. *Private Clinic*, B. *Applicant*, C. *Partnership/ Body Corporate/ Society*, D. *Person In Charge*, E. *Other Information* dan F. *Payment Information*




Skrin Menu *Online Submission*

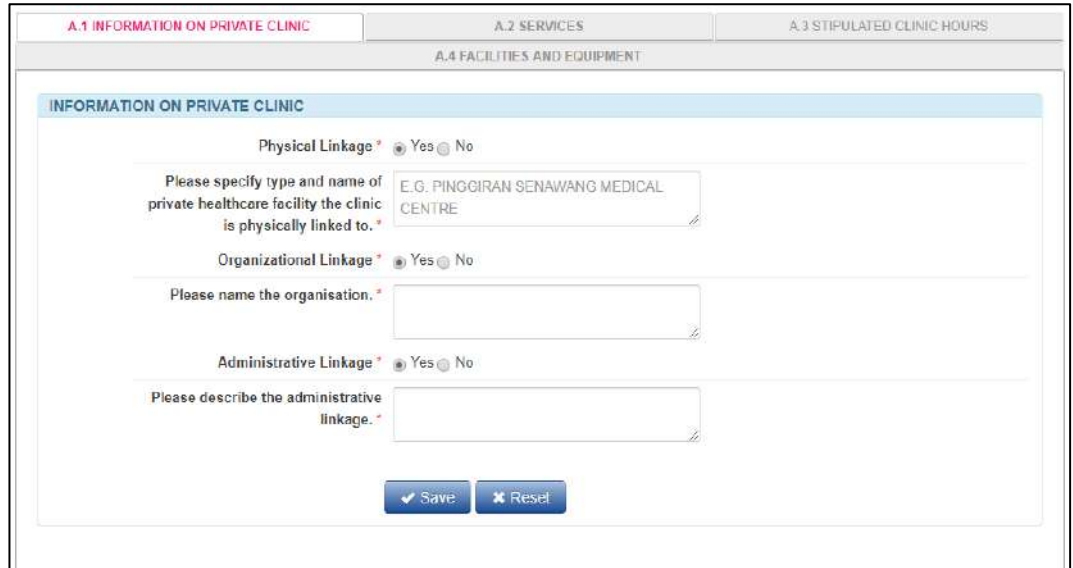
- 5.1 Klik menu *Online Submission* dan **pilih A. Private Clinic**. Skrin A.1 *Information On Private Clinic* akan terpapar.

A. *Private Clinic*

Skrin A.1 Information On Private Clinic

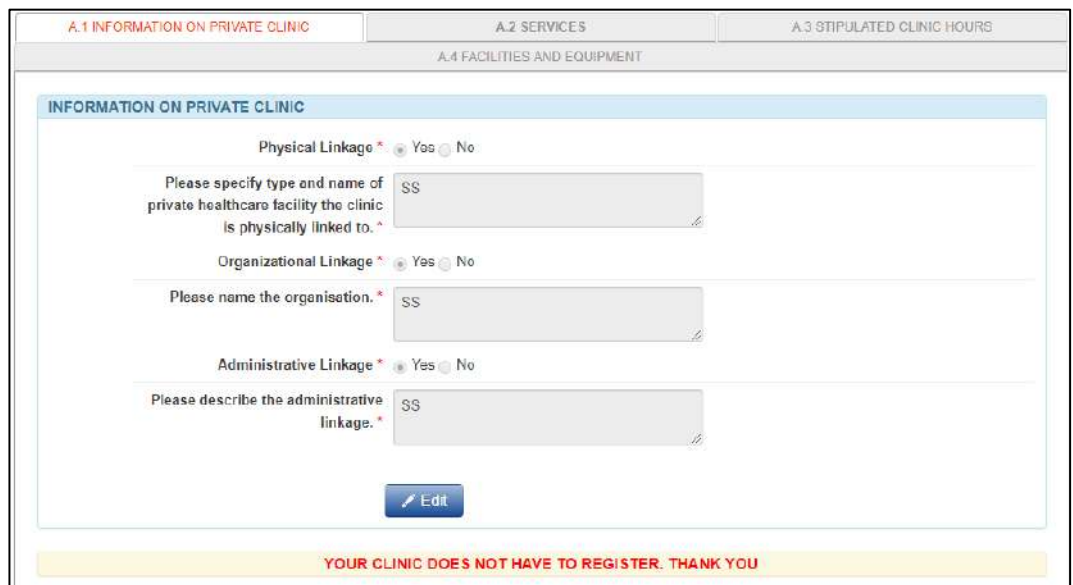
A.1 INFORMATION ON PRIVATE CLINIC

- a. Pilih dan tandakan maklumat yang berkaitan, Jika semua pilihan adalah Yes, masukkan maklumat seperti di bawah dan Klik butang 



Skrin A.1 Information On Private Clinic

- b. Mesej seperti skrin di bawah akan terpapar

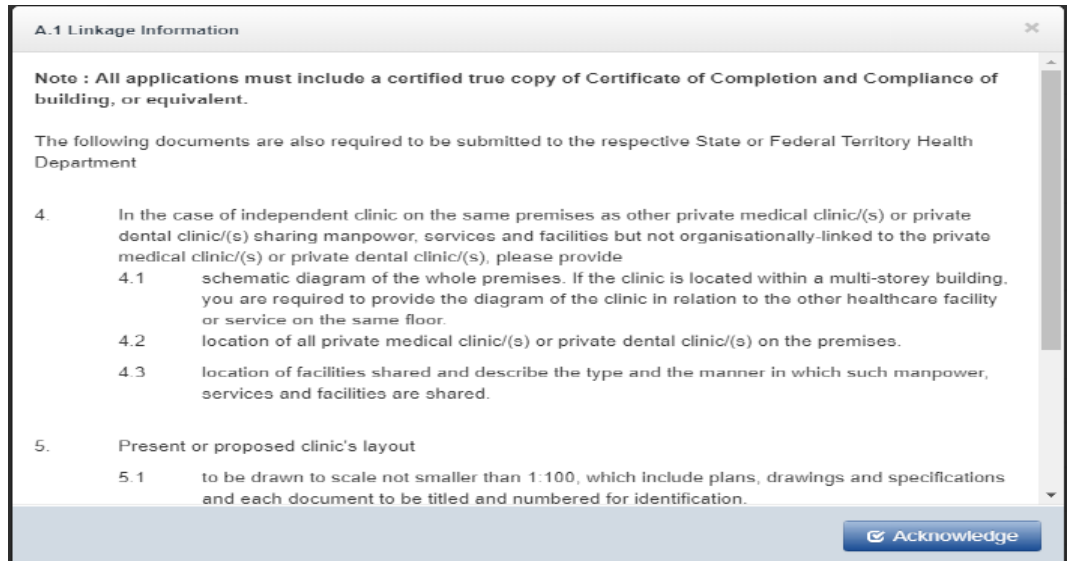


Skrin A.1 Information On Private Clinic

- c. Jika pilihan semua NO, skrin *Acknowledge* akan dipaparkan.

Klik butang

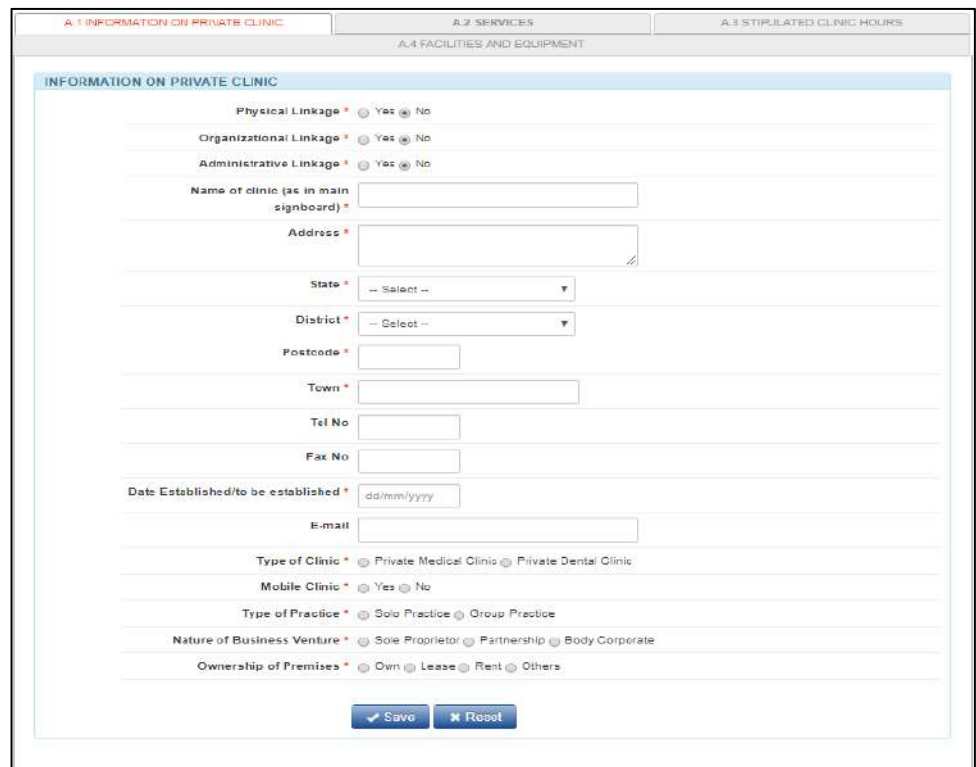
 Acknowledge



Skrin Acknowledge

- d. Masukkan maklumat seperti skrin di bawah ruangan yang bertanda * adalah wajib diisi. Klik butang

 Save



Skrin A.1 Information On Private Clinic

A.2 SERVICES

- a. Klik Tab A.2 Services, pilih maklumat yang berkaitan dan Klik butang



A.1 INFORMATION ON PRIVATE CLINIC A.2 SERVICES A.3 STIPULATED CLINIC HOURS

A.2.1 Type of Services A.2.2 Area of Interest

A.4 FACILITIES AND EQUIPMENT A.5 OWNER/CONTROLLER OF SHARED FACILITIES/IMPANPOWER/SERVICES

TYPE OF SERVICES

Type of service *

☒ Specialist Service ☐ General Practice

Skrin A.2 Services - A.2.1 Type Of Services -General Practice

- b. Jika tick pada *Specialist Services*, klik butang



- c. Tick pilihan yang berkaitan dan klik butang



A.1 INFORMATION ON PRIVATE CLINIC A.2 SERVICES A.3 STIPULATED CLINIC HOURS

A.2.1 Type of Services A.2.2 Area of Interest

A.4 FACILITIES AND EQUIPMENT

TYPE OF SERVICES

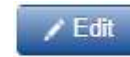
Type of service *

☒ Specialist Service ☐ General Practice

NO	TYPE OF SERVICES	PLEASE TICK
1	FAMILY MEDICINE	<input type="checkbox"/>
2	MEDICINE	<input checked="" type="checkbox"/>
	- AREA OF SPECIAL INTEREST (AESTHETIC)	<input type="checkbox"/>
	- CARDIOLOGY	<input type="checkbox"/>
	- CLINICAL HAEMATOLOGY	<input type="checkbox"/>
	- DERMATOLOGY	<input checked="" type="checkbox"/>
	- ENDOCRINOLOGY	<input type="checkbox"/>
	- GASTROENTEROLOGY	<input type="checkbox"/>
	- GENERAL MEDICINE	<input type="checkbox"/>
	- GERIATRIC MEDICINE	<input type="checkbox"/>
	- HEPATOLOGY	<input type="checkbox"/>
	- HYPERBARIC MEDICINE	<input type="checkbox"/>
	- INFECTIOUS DISEASES	<input type="checkbox"/>
	- NEPHROLOGY	<input type="checkbox"/>
	- NEUROLOGY	<input type="checkbox"/>
	- OTHERS	<input type="checkbox"/>
	<input type="text"/>	
	- PALLIATIVE MEDICINE	<input type="checkbox"/>
	- RESPIRATORY MEDICINE	<input type="checkbox"/>
	- RHEUMATOLOGY	<input type="checkbox"/>
	- ADDICTION MEDICINE	<input type="checkbox"/>
3	NUCLEAR MEDICINE	<input type="checkbox"/>
4	OBSTETRICS AND GYNAECOLOGY	<input type="checkbox"/>
5	ONCOLOGY	<input type="checkbox"/>
6	OPHTHALMOLOGY	<input type="checkbox"/>
7	ORTHOPAEDIC	<input type="checkbox"/>
8	OTORHINOLARYNGOLOGY (EAR, NOSE AND THROAT)	<input type="checkbox"/>
9	PAEDIATRICS	<input type="checkbox"/>
10	PALLIATIVE HOSPITAL CARE	<input type="checkbox"/>
11	PSYCHIATRY	<input type="checkbox"/>
12	RADIOLOGY	<input type="checkbox"/>
13	REHABILITATION MEDICINE	<input type="checkbox"/>
14	SPORT MEDICINE	<input type="checkbox"/>
15	SURGERY	<input type="checkbox"/>

Skrin A.2 Services - A.2.1 Type Of Services – Specialist Services

- d. Klik tab A.2.2 Area of Interest dan klik estetik, klik



A.1 INFORMATION ON PRIVATE CLINIC	A.2 SERVICES	A.3 STIPULATED CLINIC HOURS
A.2.1 Type of Services		A.2.2 Area of Interest
<div>AREA OF INTEREST</div> <div>Area of interest service *</div> <div> <input type="radio"/> Yes <input checked="" type="radio"/> No </div> <div>Edit</div>		

Skrin A.2.2 Area Of Interest

- e. Tick pada pilihan maklumat yang berkaitan dan Klik



A.1 INFORMATION ON PRIVATE CLINIC	A.2 SERVICES	A.3 STIPULATED CLINIC HOURS
A.2.1 Type of Services		A.2.2 Area of Interest
<div>AREA OF INTEREST</div> <div>Area of interest service *</div> <div> <input type="radio"/> Yes <input checked="" type="radio"/> No </div> <div>Save Reset</div>		

Skrin A.2.2 Area Of Interest - No

- f. Jika menyediakan perkhidmatan Area of Interest seperti estetik , tick Pada "Yes", Klik butang




A10604

A.1 INFORMATION ON PRIVATE CLINIC		A.2 SERVICES	A.3 STIPULATED CLINIC HOURS
A.2.1 Type of Services		A.2.2 Area of Interest	
AREA OF INTEREST Area of interest service : <input checked="" type="radio"/> Yes <input type="radio"/> No			
NO	TYPE OF SERVICES		PLEASE TICK
1	AESTHETIC		<input checked="" type="checkbox"/>
	CHAPTER	PERSONNEL	
1	MICRODERMABRASION	RMP + COT	<input type="checkbox"/>
1	INTENSE PULSE LIGHT (IPL)	RMP + COT	<input type="checkbox"/>
1	CHEMICAL PEEL (MEDIUM DEPTH)	RMP + COT	<input type="checkbox"/>
1	BOTULINUM TOXIN INJECTION	RMP + COT	<input type="checkbox"/>
1	FILLER INJECTION - EXCLUDING SILICONE AND FAT	RMP + COT	<input type="checkbox"/>
1	SUPERFICIAL SCLEROTHERAPY	RMP + COT	<input type="checkbox"/>
1	LASERS FOR TREATING SKIN PIGMENTATION	RMP + COT	<input type="checkbox"/>
1	LASERS FOR SKIN REJUVENATION (INCLUDING FRACTIONAL ABLATIVE)	RMP + COT	<input type="checkbox"/>
1	LASERS FOR HAIR REMOVAL (E.G. LONG PULSED ND:YAG, DIODE)	RMP + COT	<input type="checkbox"/>
1	SKIN TIGHTENING PROCEDURES-RADIOFREQUENCY, ULTRASOUND, INFRARED UP TO UPPER DERMIS	RMP + COT	<input type="checkbox"/>
1	CHEMICAL PEEL (SUPERFICIAL)	RMP + COT	<input type="checkbox"/>
2	LASERS FOR SKIN REJUVENATION (INCLUDING FRACTIONAL ABLATIVE)	DERMATOLOGIST	<input checked="" type="checkbox"/>
2	SKIN TIGHTENING PROCEDURES-RADIOFREQUENCY, ULTRASOUND, INFRARED UP TO UPPER DERMIS	DERMATOLOGIST	<input type="checkbox"/>
2	LASERS FOR HAIR REMOVAL (E.G. LONG PULSED ND:YAG, DIODE)	DERMATOLOGIST	<input type="checkbox"/>
2	LASERS FOR TREATING SKIN PIGMENTATION	DERMATOLOGIST	<input checked="" type="checkbox"/>
2	SUPERFICIAL SCLEROTHERAPY	DERMATOLOGIST	<input type="checkbox"/>
2	BOTULINUM TOXIN INJECTION	DERMATOLOGIST	<input checked="" type="checkbox"/>
2	CHEMICAL PEEL (MEDIUM DEPTH)	DERMATOLOGIST	<input type="checkbox"/>
2	INTENSE PULSE LIGHT (IPL)	DERMATOLOGIST	<input type="checkbox"/>
2	MICRODERMABRASION	DERMATOLOGIST	<input type="checkbox"/>
2	CHEMICAL PEEL (SUPERFICIAL)	DERMATOLOGIST	<input type="checkbox"/>
2	FILLER INJECTION - EXCLUDING SILICONE AND FAT	DERMATOLOGIST	<input checked="" type="checkbox"/>
3B	CHEMICAL PEEL (MEDIUM DEPTH)	PLASTIC SURGEON	<input type="checkbox"/>
3B	ULTRASOUND DEVICE	PLASTIC SURGEON	<input type="checkbox"/>
3B	RADIOFREQUENCY (EXTERNAL APPLICATION)	PLASTIC SURGEON	<input type="checkbox"/>
3B	CHEMICAL PEELS (DEEP)	PLASTIC SURGEON	<input type="checkbox"/>
3B	LASER FOR TREATING VASCULAR LESIONS	PLASTIC SURGEON	<input type="checkbox"/>
3B	SKIN TIGHTENING PROCEDURES-RADIOFREQUENCY, ULTRASOUND, INFRARED UP TO UPPER DERMIS	PLASTIC SURGEON	<input type="checkbox"/>
3B	LASERS FOR HAIR REMOVAL (E.G. LONG PULSED ND:YAG, DIODE)	PLASTIC SURGEON	<input type="checkbox"/>
3B	LASERS FOR SKIN REJUVENATION (INCLUDING FRACTIONAL ABLATIVE)	PLASTIC SURGEON	<input type="checkbox"/>
3B	LASERS FOR TREATING SKIN PIGMENTATION	PLASTIC SURGEON	<input type="checkbox"/>
3B	SUPERFICIAL SCLEROTHERAPY	PLASTIC / VASCULAR / GENERAL SURGEON	<input type="checkbox"/>
3B	FILLER INJECTION - EXCLUDING SILICONE AND FAT	PLASTIC SURGEON	<input type="checkbox"/>
3B	BOTULINUM TOXIN INJECTION	PLASTIC SURGEON	<input type="checkbox"/>
3B	CHEMICAL PEEL (MEDIUM DEPTH)	PLASTIC SURGEON	<input type="checkbox"/>
3B	INTENSE PULSE LIGHT (IPL)	PLASTIC SURGEON	<input type="checkbox"/>
3B	MICRODERMABRASION	PLASTIC SURGEON	<input type="checkbox"/>
3B	CHEMICAL PEEL (SUPERFICIAL)	PLASTIC SURGEON	<input type="checkbox"/>
2	OCCUPATIONAL SAFETY AND HEALTH		<input type="checkbox"/>



Skrin A.2.2 Area Of Interest - Yes

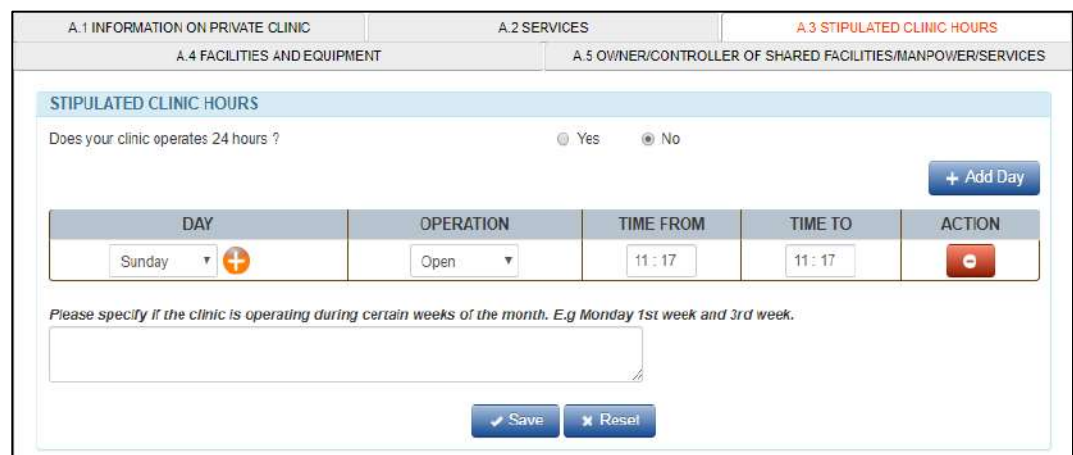
A.3 STIPULATED CLINIC HOURS

- a. Klik Tab A.3 Stipulated Clinic Hours, *Tick* pada pilih maklumat yang berkaitan dan klik butang 




Skrin A.3 Stipulated Clinic Hours

- b. Masukkan maklumat *Day, Operation, Time From*, dan *Time To* seperti skrin di bawah. Klik butang  untuk tambahan hari dan ulangi masukkan maklumat *Day Operation, Time From* dan *Time To*, klik 



Skrin A.3 Stipulated Clinic Hours

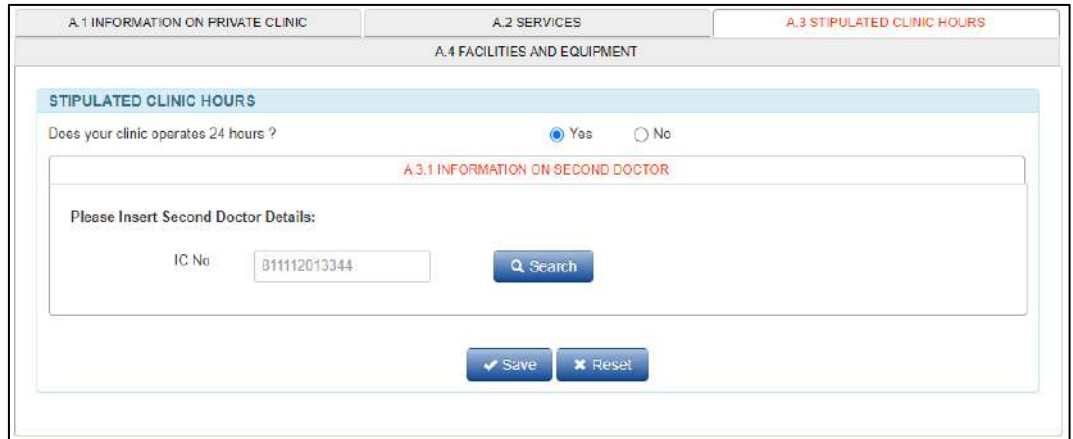
- c. Jika klinik beroperasi 24 jam klinik, klik "Yes" dan klik 



Skrin A.3 Stipulated Clinic Hours - YES

- d. Masukkan No kad pengenalan doktor kedua dan klik butang

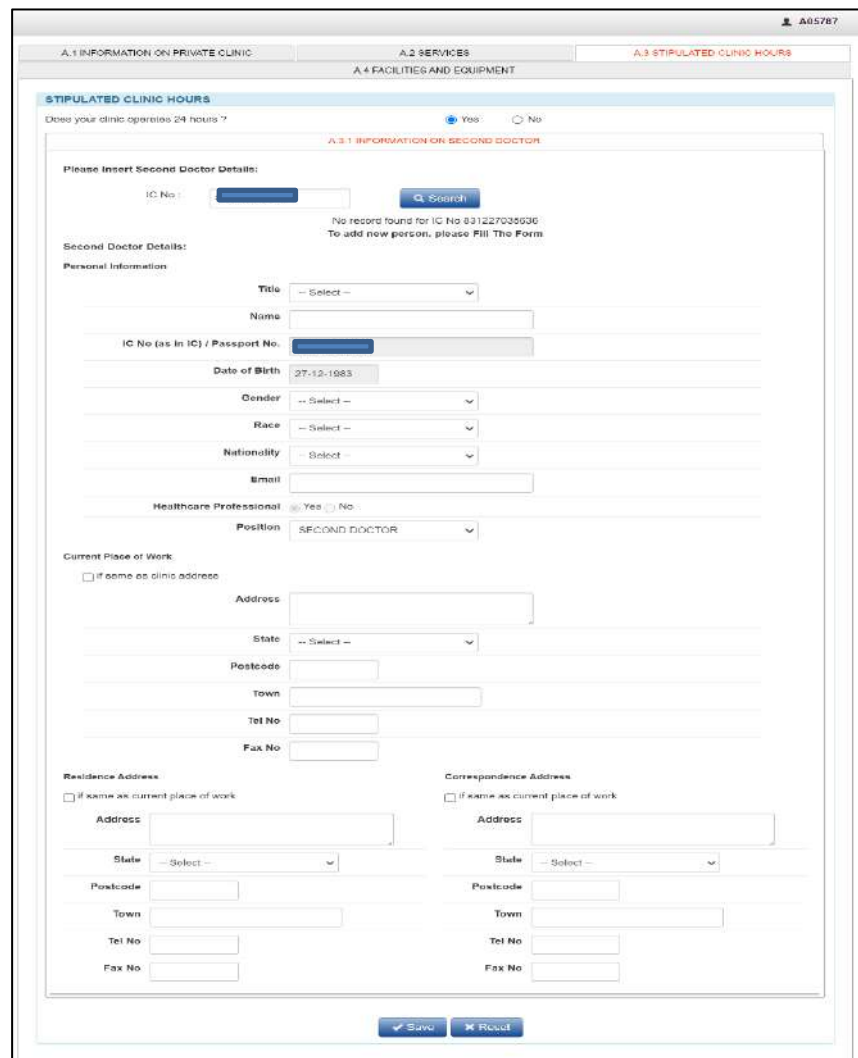
 Search



Skrin A.3 Stipulated Clinic Hours - YES


- e. Masukkan maklumat *Second Doctor* dan klik butang

 Save



Skrin A.3 Stipulated Clinic Hours - YES


A.4 FACILITIES AND EQUIPMENT

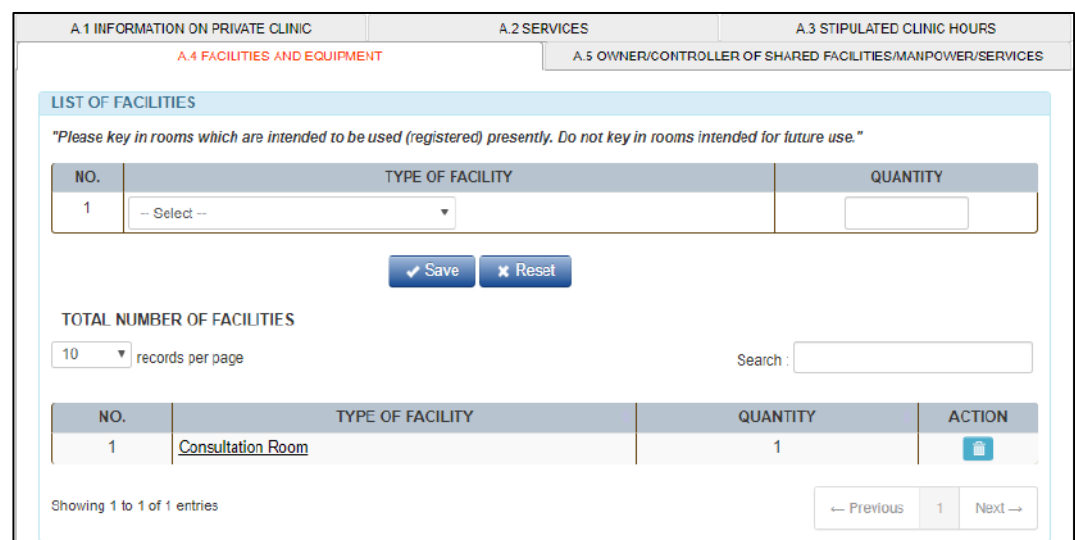
- a. Klik Tab A.4 Facilities And Equipment, pilih list *facilities* yang berkaitan, masukkan maklumat kuantiti dan klik butang 



The screenshot shows the 'A.4 FACILITIES AND EQUIPMENT' tab selected. Below the navigation tabs, there is a 'LIST OF FACILITIES' section with a note: "Please key in rooms which are intended to be used (registered) presently. Do not key in rooms intended for future use." Below this is a table with columns: NO., TYPE OF FACILITY, and QUANTITY. The first row has NO. 1, TYPE OF FACILITY as a dropdown menu showing "-- Select --", and QUANTITY as an empty input field. Below the table are 'Save' and 'Reset' buttons. Further down, there is a 'TOTAL NUMBER OF FACILITIES' section with a dropdown for 'records per page' set to 10 and a search input field. At the bottom, there is another table with columns: NO., TYPE OF FACILITY, QUANTITY, and ACTION. The first row shows 'No Records!'. At the very bottom, it says 'Showing 0 to 0 of 0 entries' and has 'Previous' and 'Next' navigation buttons.

Skrin A.4 Facilities And Equipment


- b. Maklumat yang berjaya disimpan akan dipaparkan seperti skrin di bawah. Untuk memadam maklumat, klik icon 




This screenshot shows the same 'A.4 FACILITIES AND EQUIPMENT' screen after a record has been added. The table under 'LIST OF FACILITIES' now contains one row: NO. 1, TYPE OF FACILITY 'Consultation Room', and QUANTITY 1. The 'Save' and 'Reset' buttons are still present. In the 'TOTAL NUMBER OF FACILITIES' section, the 'records per page' dropdown is still at 10, and the search field is empty. The bottom table now shows one record: NO. 1, TYPE OF FACILITY 'Consultation Room', QUANTITY 1, and an ACTION column with a trash icon. At the bottom, it says 'Showing 1 to 1 of 1 entries' and has 'Previous', '1', and 'Next' navigation buttons.

Skrin A.4 Facilities And Equipment

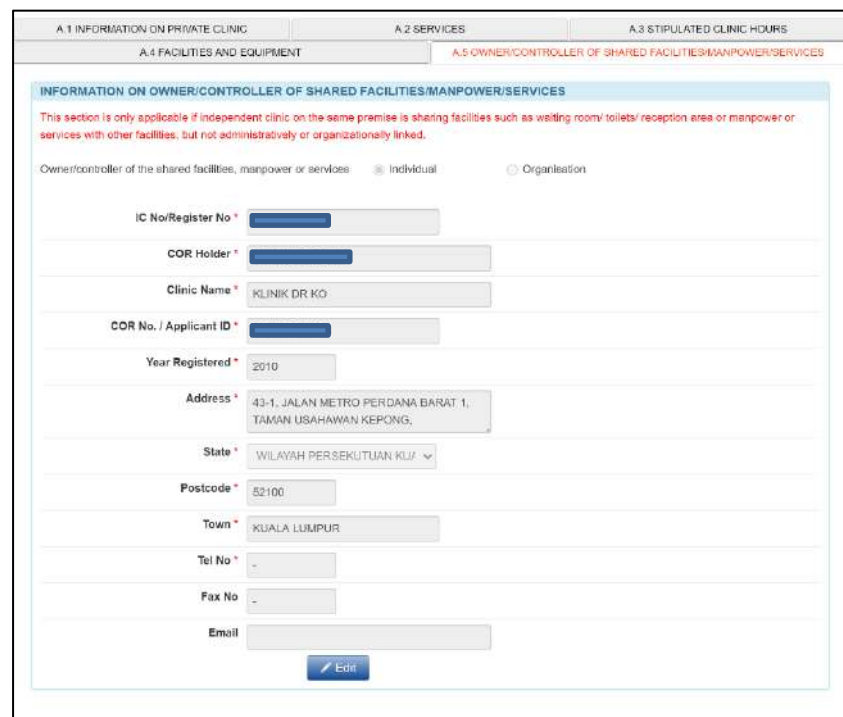
A.5 OWNER/ CONTROLLER OF SHARED FACILITIES/ MANPOWER/ SERVICES

- a. Klik Tab A.5 Owner/ Controller Of Shared Facilities/ Manpower/ Services, pilih maklumat yang berkaitan dan klik butang 




Skrin A.5 Owner/ Controller Of Shared Facilities/ Manpower/ Services

- b. Tab A.5 Owner/ Controller Of Shared Facilities/ Manpower/ Services – Tick Individual, klik butang  masukkan maklumat dan klik 



Skrin A.5 Owner/ Controller Of Shared Facilities/ Manpower/ Services - Individual



- c. Tab A.5 Owner/ Controller Of Shared Facilities/ Manpower / Services – Tick Organization, klik  masukkan maklumat dan klik 

A.1 INFORMATION ON PRIVATE CLINIC	A.2 SERVICES	A.3 STIPULATED CLINIC HOURS
A.4 FACILITIES AND EQUIPMENT		A.5 OWNER/CONTROLLER OF SHARED FACILITIES/MANPOWER/SERVICES
INFORMATION ON OWNER/CONTROLLER OF SHARED FACILITIES/MANPOWER/SERVICES <small>This section is only applicable if independent clinic on the same premises is sharing facilities such as waiting room/ toilets/ reception area or manpower or services with other facilities, but not administratively or organizationally linked.</small>		
Owner/controller of the shared facilities, manpower or services: <input type="radio"/> Individual <input checked="" type="radio"/> Organisation		
IC No/Register No *		
COR Holder *		
Clinic Name *		
COR No. / Applicant ID *		
Year Registered * 2014		
Address *		
State * PERAK		
Postcode *		
Town *		
Tel No *		
Fax No *		
Email *		
		

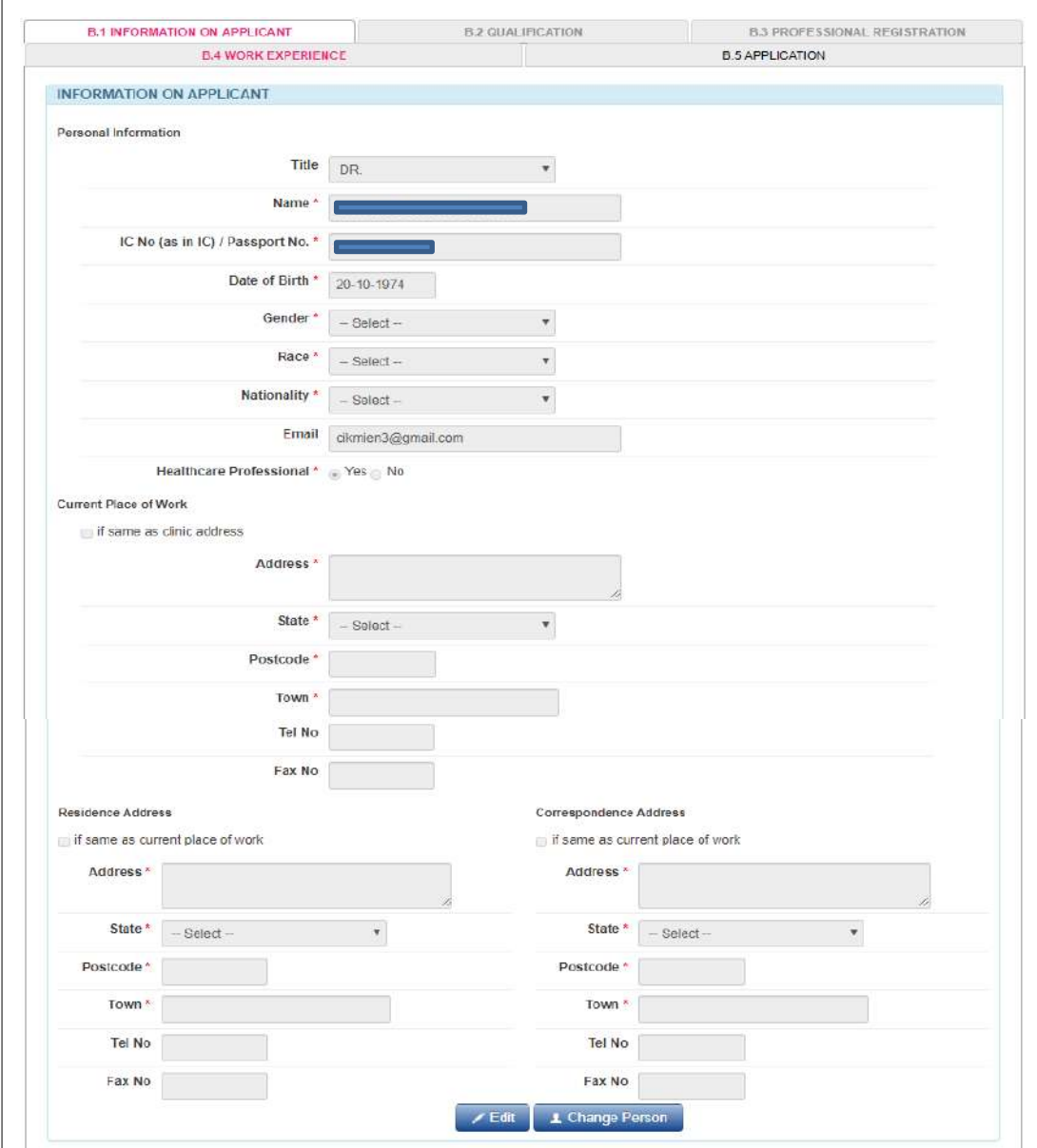
Skrin A.5 Owner/ Controller Of Shared Facilities/ Manpower/ Services - Organization

B. Applicant

B.1 INFORMATION ON APPLICANT

- a. Klik butang  dan masukkan maklumat seperti skrin di bawah. Ruangan yang bertanda * adalah wajib diisi. Klik butang  untuk menyimpan maklumat. Mesej Record Saved akan terapar jika maklumat berjaya disimpan.

Record saved



B.1 INFORMATION ON APPLICANT

PERSONAL INFORMATION

Title: DR.

Name *

IC No (as in IC) / Passport No. *

Date of Birth *: 20-10-1974

Gender *: -- Select --

Race *: -- Select --

Nationality *: -- Select --

Email: cikmien3@gmail.com

Healthcare Professional *: Yes No

Current Place of Work

☐ if same as clinic address

Address *

State *: -- Select --

Postcode *

Town *

Tel No

Fax No

Residence Address

☐ if same as current place of work

Address *

State *: -- Select --

Postcode *

Town *

Tel No

Fax No

Correspondence Address

☐ if same as current place of work

Address *



State *: -- Select --

Postcode *

Town *

Tel No

Fax No

Skrin B.1 Information On Applicant

- b. Untuk menukar maklumat applicant yang baru, klik butang
- c. Skrin mesej seperti di bawah akan terpapar. Klik butang

Change Person

Yes

Skrin Mesej Change Person

- d. Masukkan no kad pengenalan doktor tersebut dan klik seperti skrin di bawah

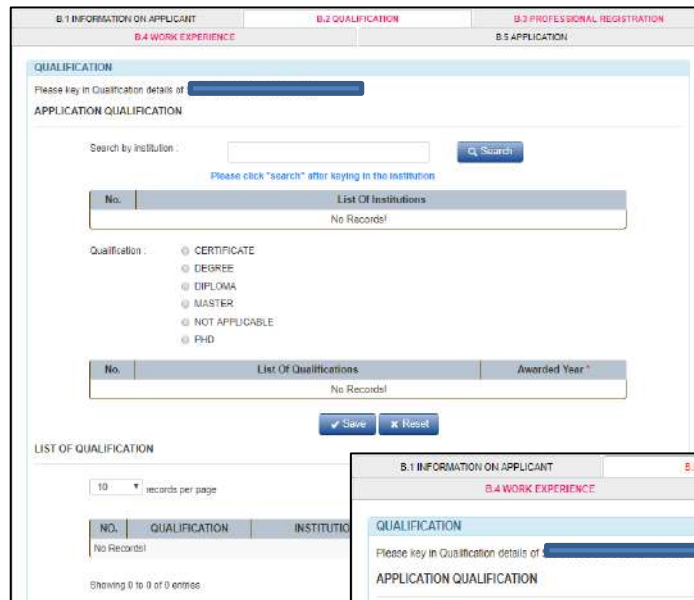
Search

Skrin B.1 Information On Applicant

- e. Ulangi langkah a.

Skrin B.1 Information On Applicant

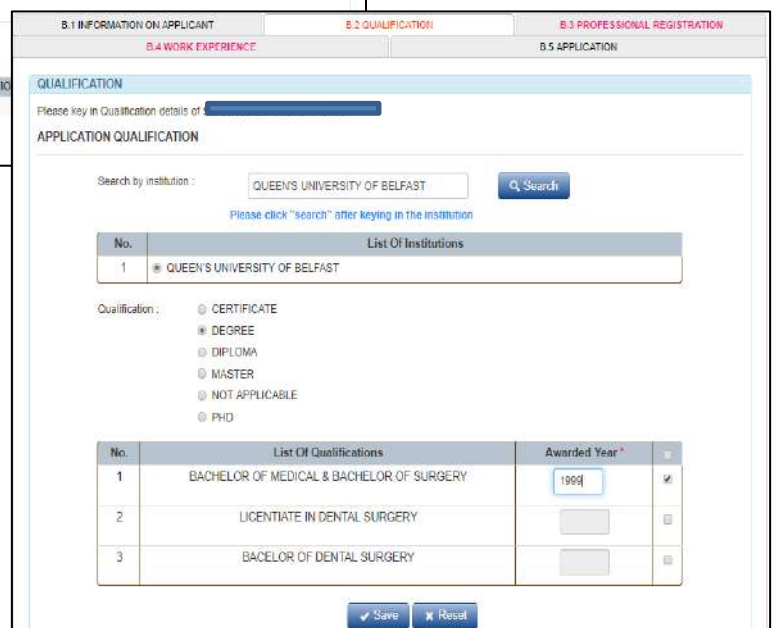
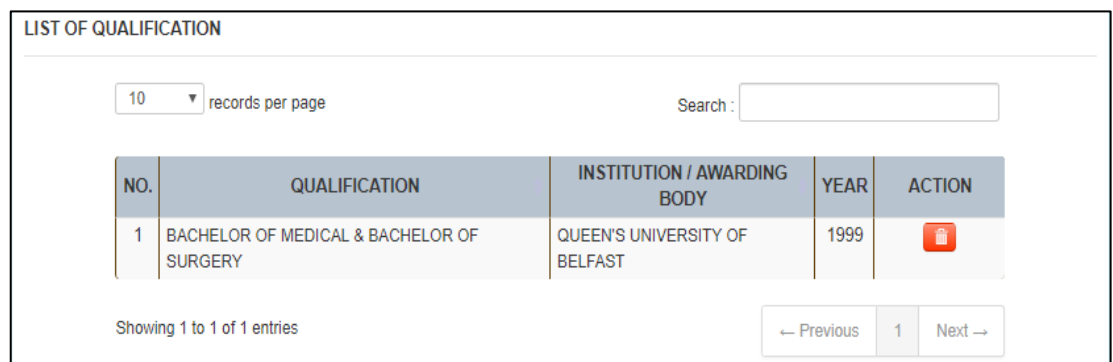
- f. Klik Tab B.2 *Qualification*. Masukkan maklumat pada ruangan *Search by Institution* dan klik butang 




Tick pada *List of Institutions* yang berkenaan, tick pada *Qualification* dan tick pada *List Of Qualifications*, dan masukkan tahun. klik butang



Maklumat yang berjaya disimpan akan dipaparkan seperti skrin di bawah

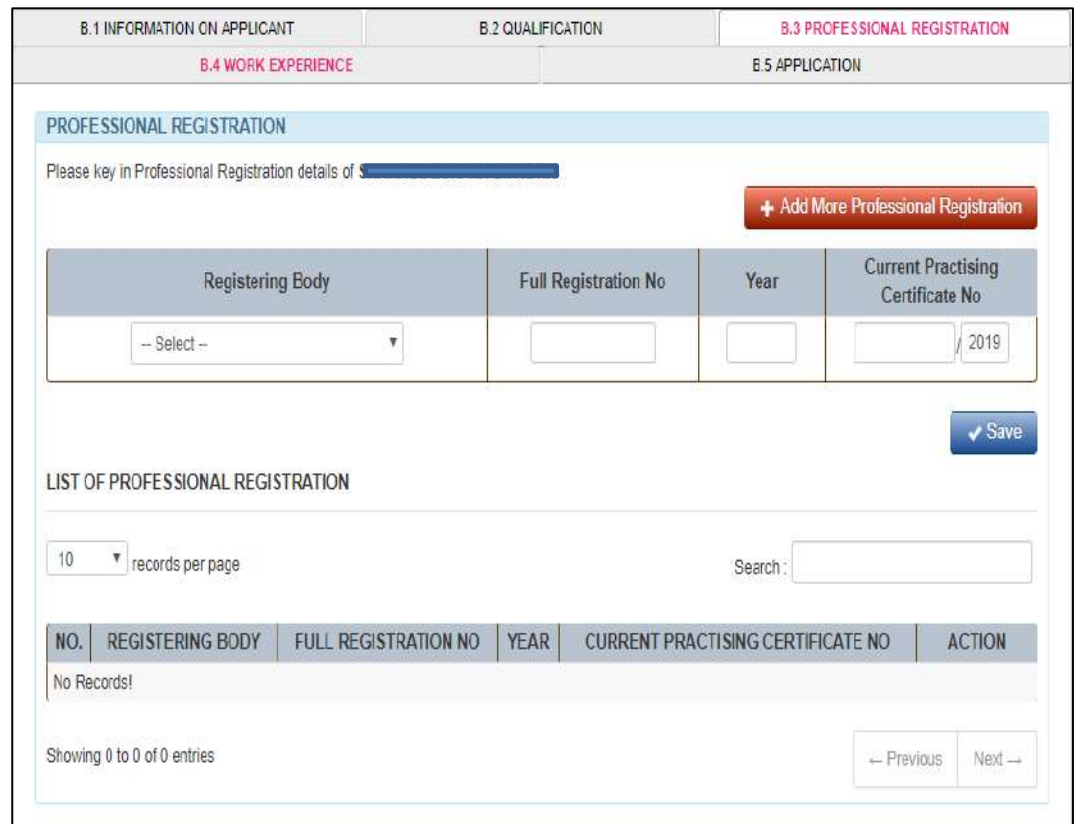



Skrin B.2 Qualification

- g. Klik Tab B.3 *Professional Registration*. Masukkan maklumat pada ruangan yang di sediakan dan klik butang 


Untuk menambah rekod *Professional Registration*

klik butang 




B.3 PROFESSIONAL REGISTRATION

Please key in Professional Registration details of



Registering Body	Full Registration No	Year	Current Practising Certificate No
-- Select --	<input type="text"/>	<input type="text"/>	<input type="text"/> / 2019





LIST OF PROFESSIONAL REGISTRATION

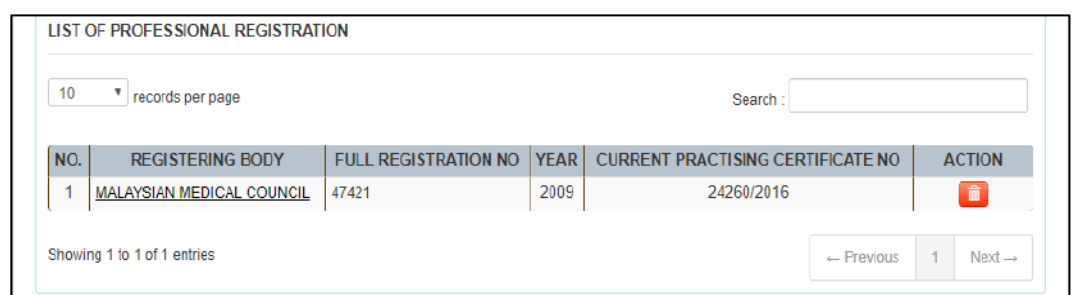
10 records per page Search:

NO.	REGISTERING BODY	FULL REGISTRATION NO	YEAR	CURRENT PRACTISING CERTIFICATE NO	ACTION
No Records!					

Showing 0 to 0 of 0 entries


 

Maklumat yang berjaya disimpan akan dipaparkan seperti skrin di bawah





LIST OF PROFESSIONAL REGISTRATION


10 records per page Search:

NO.	REGISTERING BODY	FULL REGISTRATION NO	YEAR	CURRENT PRACTISING CERTIFICATE NO	ACTION
1	MALAYSIAN MEDICAL COUNCIL	47421	2009	24260/2016	

Showing 1 to 1 of 1 entries

 1 

B.3 Professional Registration

- h. Klik Tab B.4 *Work Experience*, masukkan maklumat di ruangan yang di sediakan dan klik butang 

Untuk menambah rekod *Work Experience* klik butang





Experience	Place	From	To
EG. PEGAWAI PERUBAT	EG. HOSPITAL PUTRAJA	eg. 2019	eg. 2019

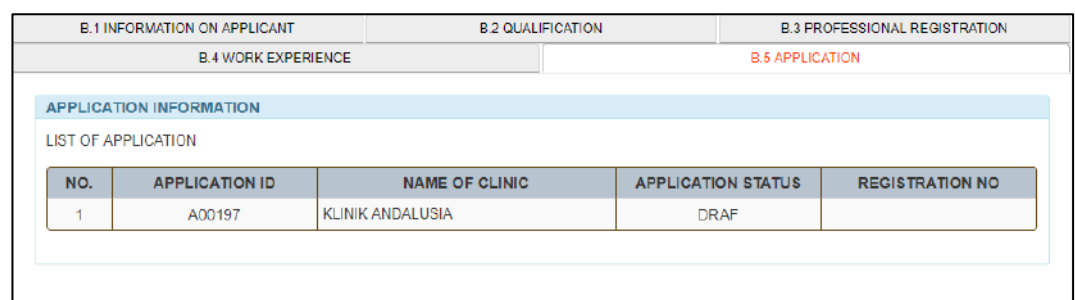
Maklumat yang berjaya disimpan akan dipaparkan seperti skrin di bawah



NO.	EXPERIENCE	PLACE	FROM	TO	ACTION
1	PEGAWAI PERUBATAN PAKAR	SRI KOTA AJI SPECIALIST MEDICAL CENTRE	2010	2016	

Skrin B.4 *Work Experience*

- i. Klik Tab B.5 Application untuk melihat sejarah rekod application



NO.	APPLICATION ID	NAME OF CLINIC	APPLICATION STATUS	REGISTRATION NO
1	A00197	KLINIK ANDALUSIA	DRAF	

Skrin B.5 Application

C. Partnership/Body Corporate/ Society


C.1 INFORMATION ON BODY CORPORATE

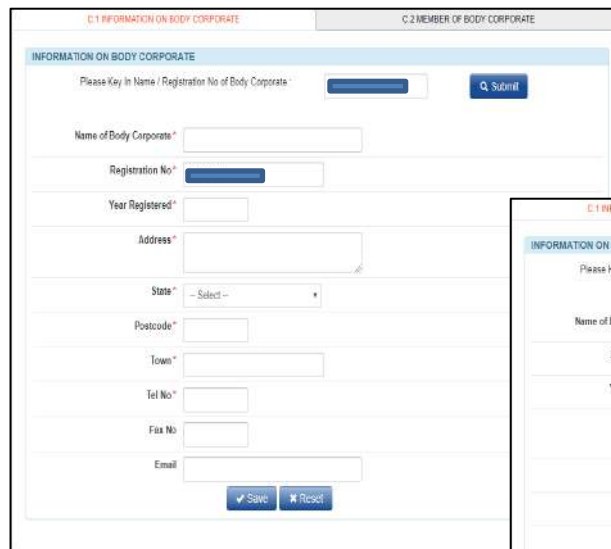
- a. Masukkan maklumat pada ruangan yang disediakan dan klik

 Submit





Skrin C.1 Information On Body Corporate

- b. Lengkapkan maklumat berikut. Ruangan yang bertanda * adalah wajib diisi.
Klik  Save untuk menyimpan maklumat.



Untuk kemaskini maklumat yang telah dimasukkan, klik butang

 Edit



Skrin C.1 Information On Body Corporate

C.2 MEMBER ON BODY CORPORATE

- a. Klik Tab C.2 Member Of Body Corporate, klik butang



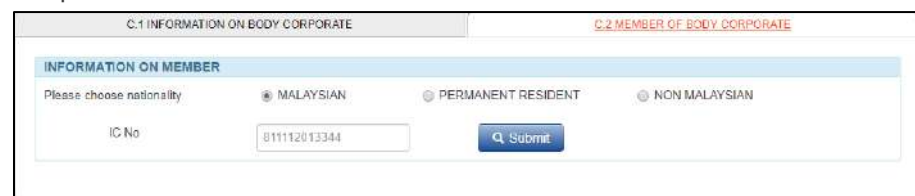
The screenshot shows the 'C.2 MEMBER OF BODY CORPORATE' tab selected. Below the tab, there is a section titled 'LIST MEMBER OF BODY CORPORATE'. To the right of this section is a red button labeled '+ Add Member'. Below the section is a table with the following columns: NO., NAME, IC NO, AUTHORIZED PERSON, and REMOVE MEMBER. The table currently displays 'No Records!'.

- b. Tick "Information On Member" yang berkaitan




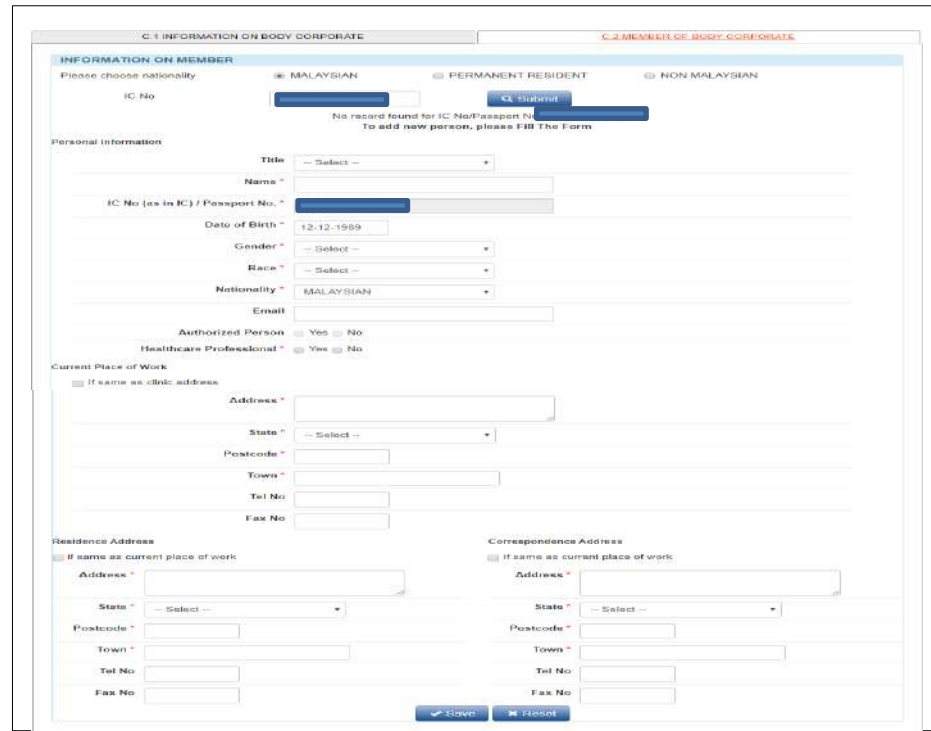
The screenshot shows the 'C.2 MEMBER OF BODY CORPORATE' tab selected. Below the tab, there is a section titled 'INFORMATION ON MEMBER'. It contains the text 'Please choose nationality' followed by three radio buttons: MALAYSIAN, PERMANENT RESIDENT, and NON MALAYSIAN. The 'MALAYSIAN' option is currently selected.

- c. Masukkan no kad pengenalan dan klik butang seperti skrin di bawah



The screenshot shows the 'C.2 MEMBER OF BODY CORPORATE' tab selected. Below the tab, there is a section titled 'INFORMATION ON MEMBER'. It contains the text 'Please choose nationality' followed by three radio buttons: MALAYSIAN, PERMANENT RESIDENT, and NON MALAYSIAN. The 'MALAYSIAN' option is currently selected. Below this, there is a text input field labeled 'IC No' containing the value '811112013344'. To the right of the input field is a blue button labeled 'Submit'.

- d. Skrin seperti di bawah akan terpapar, masukkan semua maklumat yang berkaitan. Ruangan yang bertanda * adalah wajib diisi. Klik butang  untuk menyimpan maklumat.



C.2 MEMBER OF BODY CORPORATE

INFORMATION ON MEMBER

Please choose nationality: ☒ MALAYSIAN ☐ PERMANENT RESIDENT ☐ NON MALAYSIAN

IC No:

No record found for IC No/Passport No.
To add new person, please Fill The Form

Personal Information

Title:

Name:

IC No (as in IC) / Passport No.:

Date of Birth:

Gender:

Race:

Nationality:

Email:

Authorized Person: ☐ Yes ☐ No

Healthcare Professional: ☐ Yes ☐ No

Current Place of Work

☐ If same as clinic address

Address:

State:

Postcode:

Town:

Tel No:

Fax No:

Residence Address

☐ If same as current place of work

Address:

State:

Postcode:

Town:

Tel No:

Fax No:

Correspondence Address

☐ If same as current place of work

Address:

State:

Postcode:

Town:


Tel No:

Fax No:

Skrin C.2 Member of Body Corporate

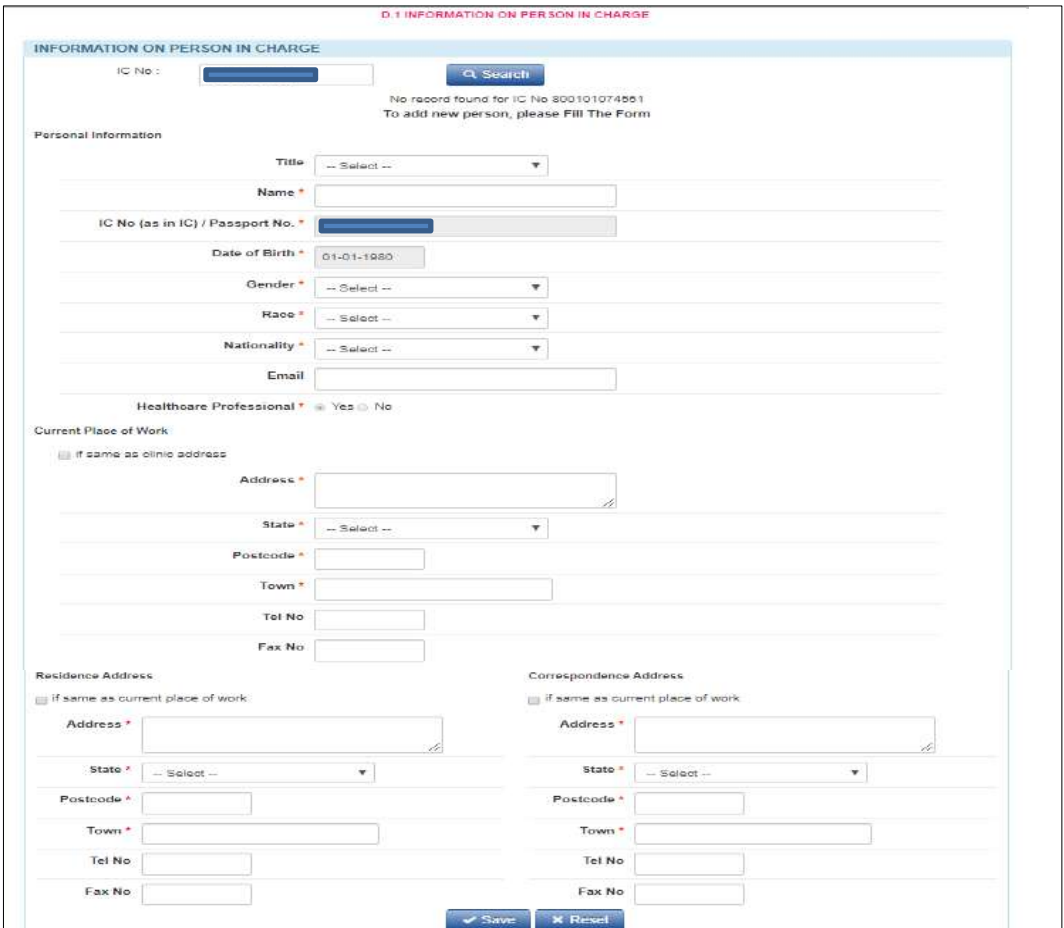
D. Person In Charge

D.1 INFORMATION ON PERSON IN CHARGE

- a. Masukkan no kad pengenalan doktor yang menjadi orang yang bertanggungjawab dan klik butang 




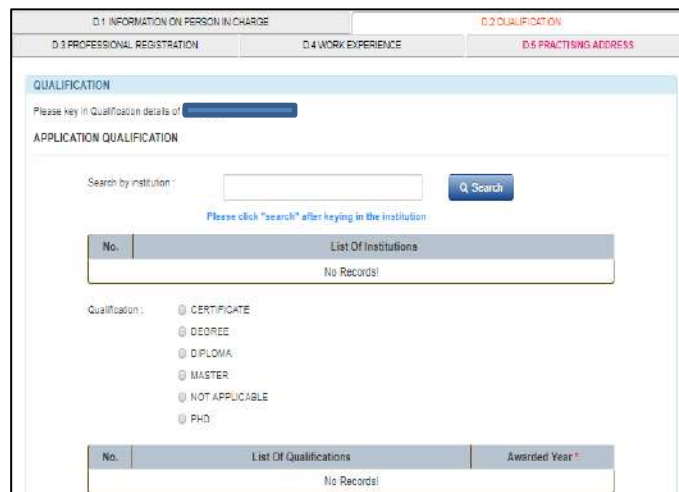
- b. Lengkapkan maklumat berkaitan seperti di bawah. Ruangan yang bertanda * wajib diisi. Klik butang  untuk menyimpan maklumat



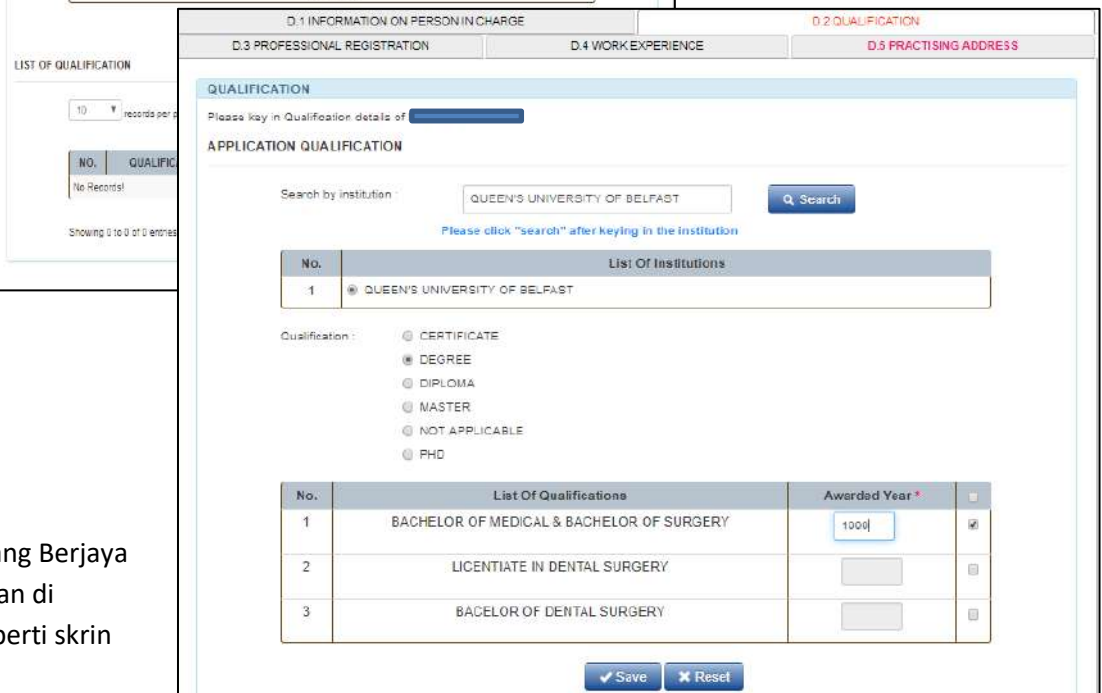
Skrin D.1 Information On Person In Charge

D.2 QUALIFICATION

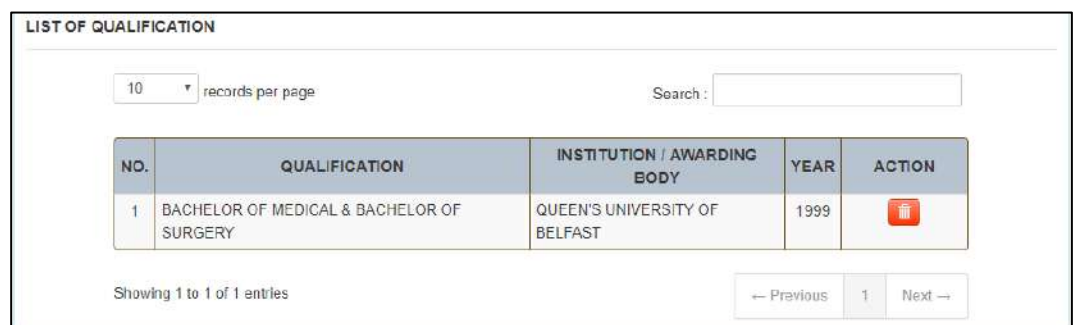
- a. Klik Tab D.2 *Qualification*, masukkan maklumat pada ruangan yang disediakan dan klik butang 



Tick pada *List of Institutions* yang berkenaan, tick pada *Qualification* dan tick pada *List Of Qualification* dan masukan tahun seterusnya klik butang





Maklumat yang Berjaya di simpan akan di paparkan seperti skrin di bawah



Skrin D.2 *Qualification*

D.3 PROFESSIONAL REGISTRATION


- a. Klik Tab D.3 *Professional Registration*. Masukkan maklumat pada ruangan yang disediakan dan klik butang 

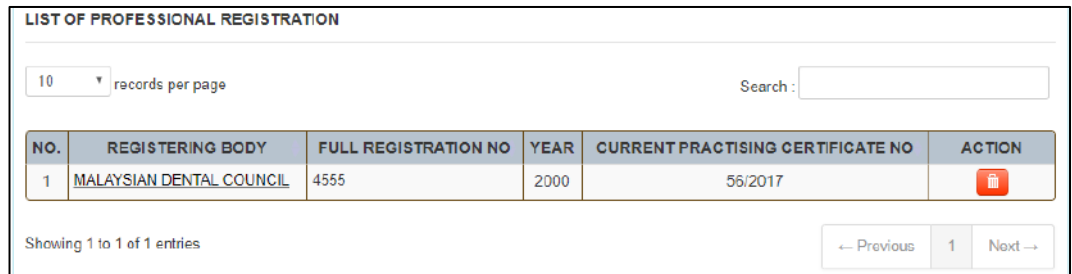
Untuk menambah rekod *Professional Registration* klik






Registering Body	Full Registration No	Year	Current Practising Certificate No
-- Select --			2019


Maklumat yang berjaya disimpan akan dipaparkan seperti skrin di bawah. Untuk memadam rekod klik icon 



NO.	REGISTERING BODY	FULL REGISTRATION NO	YEAR	CURRENT PRACTISING CERTIFICATE NO	ACTION
1	MALAYSIAN DENTAL COUNCIL	4555	2000	56/2017	

Skrin D.3 *Professional Registration*

D.4 WORK EXPERIENCE

- a. Klik Tab D.4 *Work Experience*, masukkan maklumat di ruangan yang disediakan dan klik butang 


Untuk menambah rekod *Work Experience* klik






Experience	Place	From	To
EG: PEGAWAI PERUBAT.	EG: HOSPITAL PUTRAJA	eg: 2019	eg: 2019

Skrin D.4 *Work Experience*

Maklumat yang berjaya di simpan akan dipaparkan seperti skrin di bawah. Untuk mengemaskini maklumat di bawah klik hyperlink pada ruang experience. Untuk memadam maklumat klik ikon 

LIST OF WORKING EXPERIENCE

10 records per page Search :


NO.	EXPERIENCE	PLACE	FROM	TO	ACTION
1	PEGAWAI PERUBATAN PAKAR	SRI KOTA AJI SPECIALIST MEDICAL CENTRE	2010	2016	

Showing 1 to 1 of 1 entries

← Previous 1 Next →

Skrin D.4 Work Experience


D.5 PRACTISING ADDRESS

- a. Klik Tab D.5 *Practising Address*, masukkan maklumat yang berkaitan dan klik butang  . Ruangan yang bertanda * adalah wajib diisi.

D.1 INFORMATION ON PERSON IN CHARGE **D.2 QUALIFICATION**

D.3 PROFESSIONAL REGISTRATION **D.4 WORK EXPERIENCE** **D.5 PRACTISING ADDRESS**

CURRENT PRACTISING ADDRESS


Please key In Practising Address of 

Name of Clinic/Facility *

Address *

State *

Town *



LIST OF WORKING EXPERIENCE

10 records per page Search :

NO.	NAME OF CLINIC/FACILITY	ADDRESS	ACTION
No Records!			

Showing 0 to 0 of 0 entries

← Previous Next →

Skrin D.5 Practising Address

Maklumat yang berjaya di simpan akan dipaparkan seperti skrin di bawah. Untuk mengemaskini maklumat di bawah klik *hyperlink* pada ruang *experience*. Untuk memadam maklumat klik ikon



LIST OF WORKING EXPERIENCE

10 records per page Search :

NO.	NAME OF CLINIC/FACILITY	ADDRESS	ACTION
1	KLINIK SUKA RAMAI	NO 2 JALAN SUKA RAMAI PEKAN PUCHONG, SELANGOR	

Showing 1 to 1 of 1 entries

← Previous 1 Next →

Skrin D.5 Practising Address

E. Person In Charge

E.1 INFORMATION ON EMPLOYEE

- a. Klik butang

E.1 INFORMATION ON EMPLOYEE E.2 MANAGED CARE ORGANISATION E.3 FINANCIAL STATEMENT

LIST OF EMPLOYEE EMPLOYED/ENGAGED

NO.	NAME	IC NO	CATEGORY	DELETE EMPLOYEE
No Records!				

Skrin E.1 Information On Employee

- b. Pilih maklumat yang berkaitan, masukkan no kad pengenalan dan klik

E.1 INFORMATION ON EMPLOYEE E.2 MANAGED CARE ORGANISATION E.3 FINANCIAL STATEMENT

INFORMATION ON EMPLOYEE


Category of employment? ☒ REGISTERED MEDICAL PRACTITIONER ☐ OTHER HEALTHCARE PROFESSIONAL ☐ NON PROFESSIONAL

Status of employment? ☒ FULL TIME ☐ HONORARIUM ☐ LOCUM TENENS ☐ PART TIME ☐ VOLUNTEER

Please choose nationality ☒ MALAYSIAN ☐ PERMANENT RESIDENT ☐ NON MALAYSIAN

IC No

Skrin E.1 Information On Employee

- c. Lengkapkan semua maklumat seperti skrin di bawah. Ruangan yang bertanda * adalah wajib diisi. Klik butang  Save untuk menyimpan maklumat.

E.1 INFORMATION ON EMPLOYEE	E.2 MANAGED CARE ORGANISATION	E.3 FINANCIAL STATEMENT
INFORMATION ON EMPLOYEE		
<div style="display: flex; justify-content: space-between;"> <div> <p>Category of employment? <input checked="" type="radio"/> REGISTERED MEDICAL PRACTITIONER <input type="radio"/> OTHER HEALTHCARE PROFESSIONAL <input type="radio"/> NON PROFESSIONAL</p> <p>Status of employment? <input checked="" type="radio"/> FULL TIME <input type="radio"/> HONORARIUM <input type="radio"/> LOCUM TENENS <input type="radio"/> PART TIME <input type="radio"/> VOLUNTEER</p> <p>Please choose nationality <input checked="" type="radio"/> MALAYSIAN <input type="radio"/> PERMANENT RESIDENT <input type="radio"/> NON MALAYSIAN</p> </div> <div style="border: 1px solid #ccc; padding: 5px; width: 150px;"> IC No <input style="width: 80%;" type="text"/> </div> <div style="text-align: right;"> <input checked="" type="button" value="Submit"/> </div> </div> <p style="text-align: center; font-size: small;">No record found for IC No 800405081515 To add new person, please Fill The Form</p>		
Personal Information <div style="margin-top: 5px;"> <p>Title -- Select --</p> <hr/> <p>Name * <input style="width: 100%;" type="text"/></p> <hr/> <p>IC No (as in IC) / Passport No. * <input style="width: 100%;" type="text"/></p> <hr/> <p>Date of Birth * <input style="width: 100%;" type="text" value="05-04-1980"/></p> <hr/> <p>Gender * -- Select --</p> <hr/> <p>Race * -- Select --</p> <hr/> <p>Nationality * MALAYSIAN</p> <hr/> <p>Email <input style="width: 100%;" type="text"/></p> <hr/> <p>Healthcare Professional * <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <hr/> <p>Position -- Select --</p> <hr/> </div>		
Current Place of Work <div style="margin-top: 5px;"> <p><input type="checkbox"/> if same as clinic address</p> <hr/> <p>Address * <input style="width: 100%;" type="text"/></p> <hr/> <p>State * -- Select --</p> <hr/> <p>Postcode * <input style="width: 100%;" type="text"/></p> <hr/> <p>Town * <input style="width: 100%;" type="text"/></p> <hr/> <p>Tel No <input style="width: 100%;" type="text"/></p> <hr/> <p>Fax No <input style="width: 100%;" type="text"/></p> <hr/> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Residence Address <div style="margin-top: 5px;"> <p><input type="checkbox"/> if same as current place of work</p> <hr/> <p>Address * <input style="width: 100%;" type="text"/></p> <hr/> <p>State * -- Select --</p> <hr/> <p>Postcode * <input style="width: 100%;" type="text"/></p> <hr/> <p>Town * <input style="width: 100%;" type="text"/></p> <hr/> <p>Tel No <input style="width: 100%;" type="text"/></p> <hr/> <p>Fax No <input style="width: 100%;" type="text"/></p> <hr/> </div> </div> <div style="width: 48%;"> Correspondence Address <div style="margin-top: 5px;"> <p><input type="checkbox"/> if same as current place of work</p> <hr/> <p>Address * <input style="width: 100%;" type="text"/></p> <hr/> <p>State * -- Select --</p> <hr/> <p>Postcode * <input style="width: 100%;" type="text"/></p> <hr/> <p>Town * <input style="width: 100%;" type="text"/></p> <hr/> <p>Tel No <input style="width: 100%;" type="text"/></p> <hr/> <p>Fax No <input style="width: 100%;" type="text"/></p> <hr/> </div> </div> </div> <div style="text-align: right; margin-top: 10px;"> <input checked="" type="button" value="Save"/> <input type="button" value="Reset"/> </div>		

Skrin E.1 Information On Employee

E.2 MANAGED CARE ORGANISATION

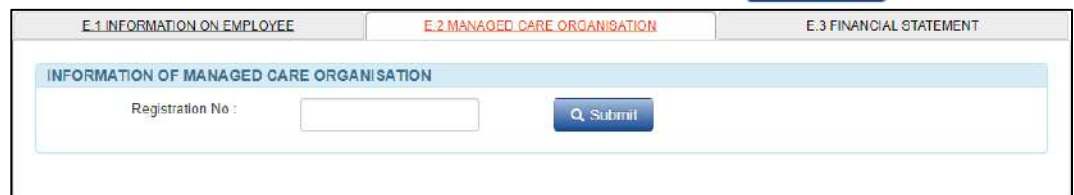
- a. Klik Tab E.2 Managed Care Organisation, klik butang 




NO.	NAME	REGISTRATION NO	NATURE OF CONTRACT/ARRANGEMENT WITH THE MCO	DATE CONTRACT/ARRANGEMENT WITH THE MCO	DELETE MCO
No Records!					

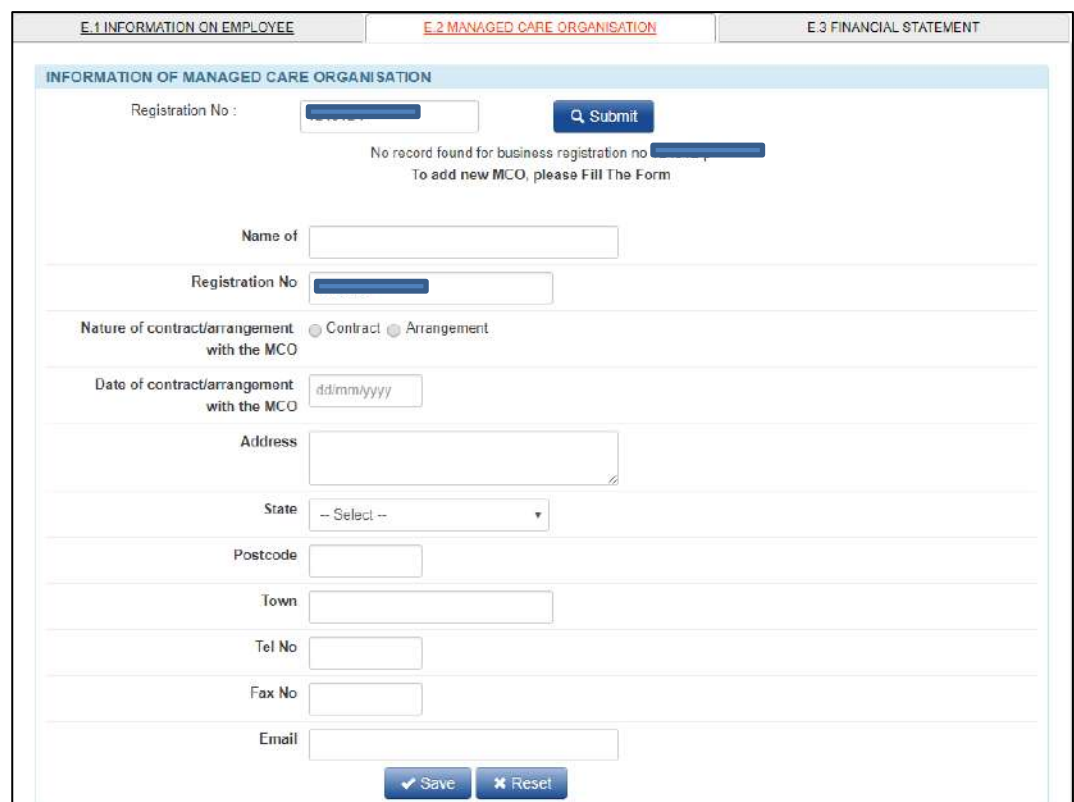
Skrin E.2 Managed Care Organisation

- b. Masukkan maklumat *Registration No* dan klik butang 




Skrin E.2 Managed Care Organisation

- c. Lengkapkan maklumat yang berkaitan dan klik butang 






Skrin E.2 Managed Care Organisation

Maklumat yang berjaya disimpan akan dipaparkan seperti skrin di bawah. Untuk mengemaskini maklumat di bawah klik *hyperlink* pada ruang *name*. Untuk memadam maklumat klik ikon 

E.1 INFORMATION ON EMPLOYEE		E.2 MANAGED CARE ORGANISATION		E.3 FINANCIAL STATEMENT	
LIST OF MANAGED CARE ORGANISATION (IF RELEVANT)					
+ Add Managed Care					
NO.	NAME	REGISTRATION NO	NATURE OF CONTRACT/ARRANGEMENT WITH THE MCO	DATE CONTRACT/ARRANGEMENT WITH THE MCO	DELETE MCO
1	AMAMA		ARRANGEMENT	18-10-2019	

Skrin E.2 *Managed Care Organisation*E.3 FINANCIAL STATEMENT

- a. Klik Tab E.3 *Financial Statement*, masukkan maklumat yang berkaitan dan klik butang 

E.1 INFORMATION ON EMPLOYEE		E.2 MANAGED CARE ORGANISATION		E.3 FINANCIAL STATEMENT	
FINANCIAL STATEMENT					
Note : "Paid up capital" refers to any investment made in the form of cash or any form of assets to establish/maintain/provide a private healthcare facility or service including private medical clinic or private dental clinic.					
a) Paid-up capital					
Local *	RM	<input type="text" value="2000.00"/>	(without ',' e.g 2000.00)		
Foreign	RM	<input type="text" value="2000.00"/>	(without ',' e.g 2000.00)		
b) Total loan (if any)					
Local	RM	<input type="text" value="2000.00"/>	(without ',' e.g 2000.00)		
Foreign	RM	<input type="text" value="2000.00"/>	(without ',' e.g 2000.00)		
c) Project cost if different from total investment (please state the reasons)					
Reason	<input type="text"/>				
		 			

Skrin E.3 *Financial Statement*

F. Payment Information

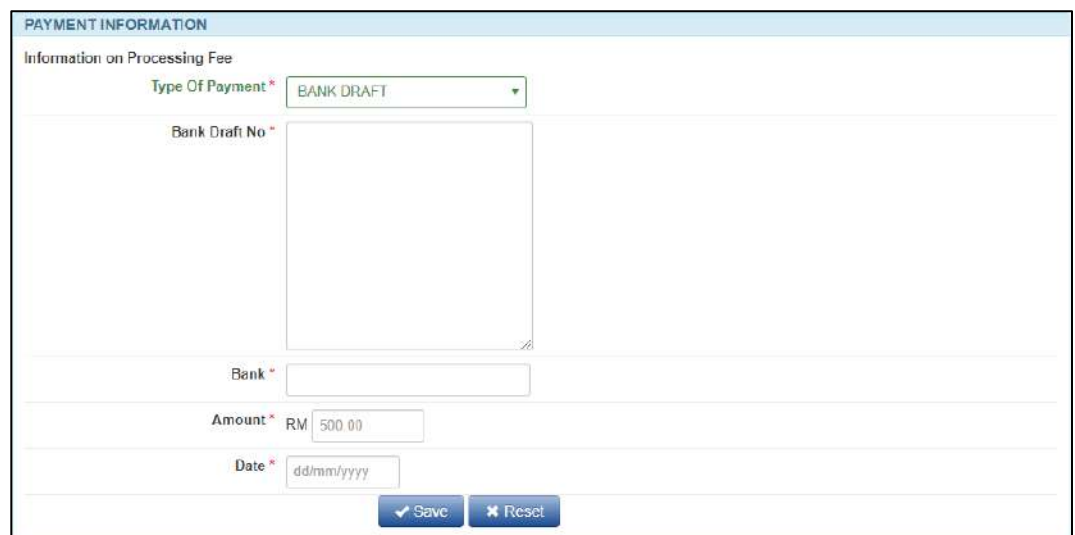
- a. Pilih maklumat



The screenshot shows a web form titled "PAYMENT INFORMATION". Under the heading "Information on Processing Fee", there is a label "Type Of Payment *" followed by a dropdown menu currently displaying "-PLEASE SELECT-".

Skrin Payment Information


- b. Masukkan maklumat yang berkaitan, ruangan yang bertanda * adalah wajib diisi dan klik butang

The screenshot shows the same "PAYMENT INFORMATION" form, but now with several fields filled out. The "Type Of Payment *" dropdown is set to "BANK DRAFT". Below it is a large text area for "Bank Draft No *". Further down is a text field for "Bank *". The "Amount *" field is set to "RM 500.00". The "Date *" field shows a date picker with the format "dd/mm/yyyy". At the bottom right, there are two buttons: "Save" (with a checkmark icon) and "Reset" (with an 'x' icon).

Skrin Payment Information

6.0 REVIEW PERMOHONAN

Maklumat yang telah dimasukkan akan dipaparkan seperti skrin di bawah, tick kotak *declare* dan klik  untuk menghantar permohonan.

A. INFORMATION ON PRIVATE CLINIC

A.1 INFORMATION ON PRIVATE CLINIC

Name of Clinic : KLINIK ANDALUSIA
(as in main signboard)

Address : NO.16 JALAN PLUMBUM N7/N, SEKSYEN 7

Town : BANDAR SHAH ALAM

Postcode : 40000

State : SELANGOR

District : PETALING

Tel No :

Fax No :

Date established/to be established : 09-10-2016

E-mail :

Type of Clinic : PRIVATE MEDICAL CLINIC

Mobile Clinic : NO

Type of Practice : SOLO PRACTICE

Nature of Business Venture : BODY CORPORATE

Physical Linkage : NO

Organizational Linkage : NO

Administrative Linkage : NO

E.3 FINANCIAL STATEMENT INFORMATION

a) Paid-up capital

Local : RM 0.00

Foreign : RM 0.00

b) Total loan (if any)

Local : RM 0.00

Foreign : RM 0.00

c) Total investment [(a)+(b)]

Total : RM 0.00

d) Project cost if different from total investment (please state the reasons)

Reason :

☐ I declare that all the information I have provided is true and I undertake to observe all provisions of the Private Healthcare Facilities and Services Act 1998, its regulations and guidelines.





Skrin Review/ Submission

7.0 CETAK *SUBMISSION SLIP*

Selepas klik "*Submit Application*", skrin akan memaparkan maklumat *Submission Slip*.

Cetak *submission slip* tersebut.

MENU

Application Guideline

Online Submission

Review/Submission

Application Status

Site Visit Status

Print Submission Slip

Print Application Form

PRINT SUBMISSION SLIP

1. CONGRATULATIONS! Your application has been submitted to Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) Wilayah Persekutuan Kuala Lumpur

Name : [REDACTED]

IC No : [REDACTED]

Application Id : A00179

Name of Clinic : KLINIK PAKAR PERGIGIAN DENTALPRO

2. It is important to note that you now have to submit by post **TWO** copies of the relevant supporting documents and the processing fee to Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), Wilayah Persekutuan Kuala Lumpur within **4 weeks** of the submission of the on-line form.

3. Please click [here](#) to print the checklist of the supporting documents, and enclose the checklist with the supporting documents in the envelope before submitting to Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), Wilayah Persekutuan Kuala Lumpur. Only complete applications will be processed.

4. Please click [here](#) to print the address of Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) Wilayah Persekutuan Kuala Lumpur. Paste this slip onto the envelope in which you place the checklist, supporting documents and the processing fee.

5. You can check the status of your application at [this page](#).

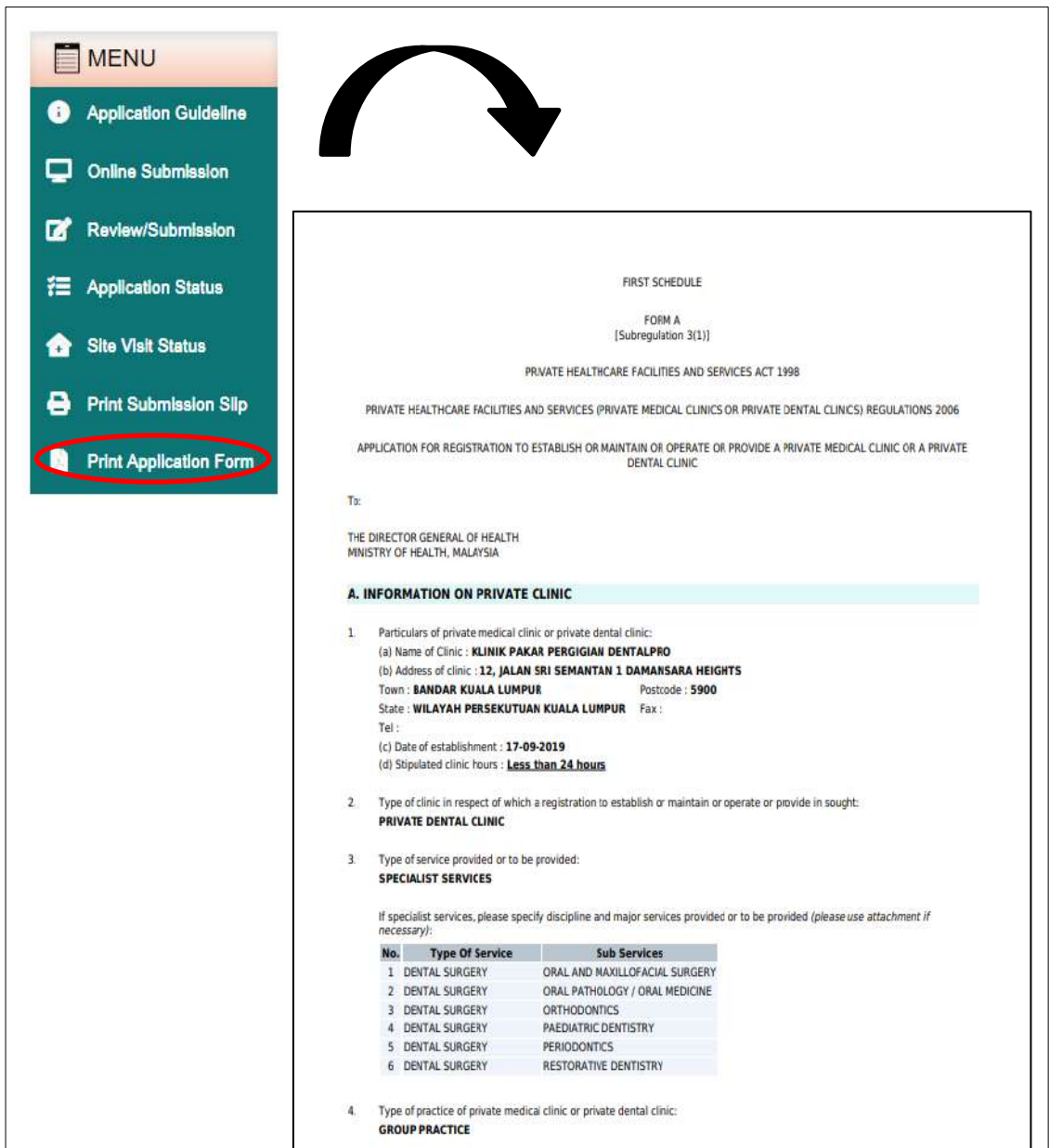
PART 1 : GENERAL INFORMATION (DENTAL CLINIC)

NO.	TYPE OF DOCUMENTS
1	Financial statements of Clinic Establishment
2	Floor Plan (Lay Out Plan)
3	Certificate of Fitness (CF) Tax Assessment/ Equivalent Department Certificate
4	Certificate of Atomic Energy License
5	Certificate of Fitness for Steam Boiler
6	Clinical Waste Disposal Agreement
7	Copy of certificate of vehicle's registration with JPJ (for Mobile Clinic)

Skrin *Submission Slip*

8.0 CETAK *APPLICATION FORM*

- 8.1. Klik pada "Print Application Form" dan cetak Borang A yang telah lengkap diisi.
- 8.2. Lampirkan Borang A dengan *submission slip* serta dokumen sokongan yang berkaitan, dan hantar ke pejabat Jabatan Kesihatan Negeri/Wilayah Persekutuan yang berdekatan



The screenshot displays the system's menu on the left and the 'FORM A' application form on the right. A large curved arrow points from the 'Print Application Form' menu item to the form itself.

MENU

- Application Guideline
- Online Submission
- Review/Submission
- Application Status
- Site Visit Status
- Print Submission Slip
- Print Application Form**

FORM A
[Subregulation 3(1)]

PRIVATE HEALTHCARE FACILITIES AND SERVICES ACT 1998

PRIVATE HEALTHCARE FACILITIES AND SERVICES (PRIVATE MEDICAL CLINICS OR PRIVATE DENTAL CLINICS) REGULATIONS 2006

APPLICATION FOR REGISTRATION TO ESTABLISH OR MAINTAIN OR OPERATE OR PROVIDE A PRIVATE MEDICAL CLINIC OR A PRIVATE DENTAL CLINIC

To:

THE DIRECTOR GENERAL OF HEALTH
MINISTRY OF HEALTH, MALAYSIA

A. INFORMATION ON PRIVATE CLINIC

1. Particulars of private medical clinic or private dental clinic:
 (a) Name of Clinic : **KLINIK PAKAR PERGIGIAN DENTALPRO**
 (b) Address of clinic : **12, JALAN SRI SEMANTAN 1 DAMANSARA HEIGHTS**
 Town : **BANDAR KUALA LUMPUR** Postcode : **5900**
 State : **WILAYAH PERSEKUTUAN KUALA LUMPUR** Fax :
 Tel :
 (c) Date of establishment : **17-09-2019**
 (d) Stipulated clinic hours : **Less than 24 hours**

2. Type of clinic in respect of which a registration to establish or maintain or operate or provide in sought:
PRIVATE DENTAL CLINIC

3. Type of service provided or to be provided:
SPECIALIST SERVICES

If specialist services, please specify discipline and major services provided or to be provided (please use attachment if necessary):

No.	Type Of Service	Sub Services
1	DENTAL SURGERY	ORAL AND MAXILLOFACIAL SURGERY
2	DENTAL SURGERY	ORAL PATHOLOGY / ORAL MEDICINE
3	DENTAL SURGERY	ORTHODONTICS
4	DENTAL SURGERY	PAEDIATRIC DENTISTRY
5	DENTAL SURGERY	PERIODONTICS
6	DENTAL SURGERY	RESTORATIVE DENTISTRY

4. Type of practice of private medical clinic or private dental clinic:
GROUP PRACTICE

Skrin *Application Form*

9.0 SEMAK STATUS PERMOHONAN

Skrin ini memaparkan status terkini permohonan

The screenshot shows the 'Application Status' screen. On the left is a menu with options: Application Guideline, Online Submission, Review/Submision, **Application Status** (highlighted with a red circle), Site Visit Status, Print Submission Slip, and Print Application Form. The main area displays the 'STATUS' for Application ID : A00197. It contains a table with columns: STATUS, DATE, and NOTES. The table has one row with the value 'DRAFT' under STATUS and '-' under DATE and NOTES.

Skrin Application Status

The screenshot shows the 'Application Status' screen for Application ID : A00038. The menu on the left is the same as the previous screenshot, with 'Application Status' highlighted. The main area displays the 'STATUS' for Application ID : A00038. It contains a table with columns: STATUS, DATE, and NOTES. The table has one row with the value 'PROCESS BY CKAPS JKN/WP' under STATUS, '18-08-2020' under DATE, and an empty cell under NOTES. Below this table is a section titled 'PART 1 : GENERAL INFORMATION (MEDICAL CLINIC)' which contains a table with columns: NO., TYPE OF DOCUMENTS, VERSION, STATUS, and REMARKS. The table lists 8 documents, all with a status of 'Complied' and a date of '18/8/2020'.

Skrin Application Status

STATUS	ULASAN
DRAFT	Permohonan masih di peringkat pemohon, belum submit
SUBMITTED TO CKAPS JKN/WP	Permohonan telah dikemukakan ke CKAPS JKN/WP
PROCESS BY CKAPS JKN/WP	Permohonan sedang diproses di peringkat CKAPS JKN/WP
SUBMITTED TO CKAPS HQ	Permohonan telah diproses di peringkat CKAPS HQ
PROCESS BY CKAPS HQ	Permohonan sedang diproses di peringkat HQ
APPROVE	Permohonan telah diluluskan

10.0 SEMAK TARIKH LAWATAN PRA-PENDAFTARAN

- 10.1 Skrin ini akan memaparkan tarikh lawatan pra-pendaftaran yang akan dijalankan oleh CKAPS JKN/WP
- 10.2 Pemohon akan menerima emel memaklumkan tarikh lawatan

AKTA & ATURAN	NO	PERKARA	PELAN LANTAI PEMATUHAN YA / TIDAK	ULASAN
A. INFRASTRUKTUR				
INFRASTRUCTURE				
	1	TAJUK PELAN LANTAI FLOOR PLAN TITLED		
	2	PAPAN TANDA KLINIK CLINIC SIGNBOARD	<input type="checkbox"/>	MEMENUHI KRITERIA
	3	PERSEKITARAN ENVIRONMENT	<input type="checkbox"/>	MEMENUHI KRITERIA
P 34(1), (2)	a.	Lokasi tidak berdekatan kepada asap, bau busuk habuk atau bunyi bising yang berlebihan Location free from undue noise or exposure to excessive smoke etc	<input type="checkbox"/>	MEMENUHI KRITERIA
	4	PINTU MASUK ENTRANCE	<input type="checkbox"/>	MEMENUHI KRITERIA
P 17(1)	a.	Bukaan laluan pintu >= 1.2m dan tidak berayun masuk ke dalam koridor	<input type="checkbox"/>	MEMENUHI KRITERIA

Skrin Site Visit Status



Skrin Notification Email Site Visit