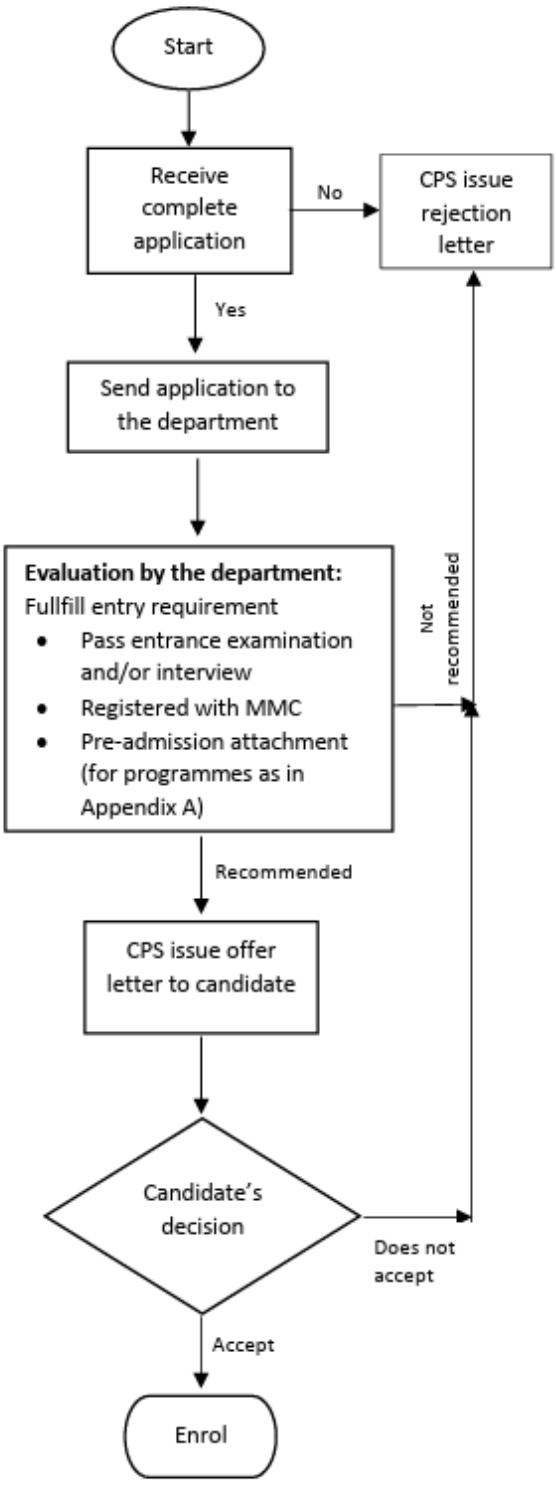
Title	SOP Application for Admission from International Candidate into IIUM Postgraduate Clinical Programme
Endorsement	KPGC 1/2024
Version No	1
Effective Date	19 January 2024

Responsibility	*Flowchart*	*Remarks*
CPS DDPG office Department DDPG office CPS		**Entry Requirement** ➢ Pass the entrance exam and/or interview (specific to each programme) ○ Medex examination ○ http://apps.mpm.edu.my/medex/public/register ➢ Clinical experience (specific requirement based on each programme) ➢ Registered with MMC ○ https://mmc.gov.my/certification/ ○ https://mmc.gov.my/wp- ➢ Pre-admission attachment ar SASMEC@IIUM for programme as in Appendix A ○ Application for attachment for medical officer or specialist at SASMEC ○ New Application for Credentialing and Privileging ○ Charges (by SASMEC) **Fees** Management fee: USD 20 Temporary card: USD 5 Attachment fee (per-day): USD 50

APPENDIX A: PREADMISSION ATTACHMENT REQUIREMENT BY PROGRAMME

Preadmission Attachment	Duration
Master of Orthopaedic Surgery	3 months
Master of Obstetrics and Gynaecology	6 months
Master of Medicine (Internal Medicine)	3 months
Master of Medicine (Anaesthesiology)	6 months
Master of Medicine (Psychiatry)	6 months
Master of Surgery (ORL-HNS)	3 months
Master of Surgery (Ophthalmology)	3 months

PREADMISSION ATTACHMENT FOR PROSPECTIVE INTERNATIONAL STUDENTS FOR MASTER OF …

1. **Course Overview**
   - **Course Title:** Preadmission attachment for Master of …..
   - **Duration:** … months
   - **Objective:** To assess the competency of prospective candidates in clinical settings to determine their suitability for admission to clinical postgraduate programs.

2. **Learning Outcomes**
   - By the end of the attachment, candidates should be able to:

3. **Course Structure**

4. **Evaluation Criteria**

Appendix 1

KULLIYYAH OF MEDICINE
PRE-ADMISSION ATTACHMENT EVALUATION FORM
FOR PROSPECTIVE INTERNATIONAL POSTGRADUATE CANDIDATE

Part A: Candidate's information
To be filled by the candidate

Name .....

Country ..... Passport No. .....

Programme .....

Department .....

Date start ..... Date end .....

Part B: Evaluation
To be filled by Head of Department

	Poor	Acceptable	Good	Excellent
Overall attitude				
Interest to learn				
Teamwork				
Effective communication skill				
Basic medical/clinical knowledge				
Baseline clinical competencies				

Comment:

.....

.....

Recommendation: Yes ☐ No ☐

.....
Name:
Official stamp:
Date: