

APPLICATION FOR ADDITIONAL TECHNICAL PERSONNEL CAB

Any additional personnel who wish to be extending their registered scope as Technical Personnel of the CAB of the Act 737 shall apply the registration to the Authority. Please download, fill in and submit the CAB Personnel Form with the required documents and application fee to Authority.

Conditions and Fee Structure:

- (i) An application is only for one (1) personnel only. If more than one (1) personnel, please use another application form. This is not applicable to the non-registered CAB.
- (ii) Personnel who are applying under one (1) application must be from one (1) CAB. If the CABs are different, please apply and use in separate application form.
- (iii) All applications will be charged RM 100 per scope applied per personnel.

Application

- (i) Section 1 is for information of the CAB.
- (ii) Section 2 is for details of personnel.
- (iii) Section 3 is for scope applied of personnel. Please tick the relevant scope based on your qualification and working experiences.
- (iv) Section 4 is for total amount of application fee.
- (v) Please find the **Attachment A** for the required documents to be submitted.
- (vi) Payment advice will be sent through email. Payment must be submitted together with the payment advice and made within 14 days after date of payment advice issued from MDA. Kindly be informed that payment only for one (1) personnel in one bank draft.
- (vii) Certificate of Technical Personnel inclusive the attachment that stated the list of registration scope will be issued. Certificate will be issued if payment is cleared. Validity of the registration is until the due date of the CAB registration itself.

Method of Payment

The payment shall be made through bank draft. The Authority will not accept cash payment. The bank draft shall be made payable to "KUMPULAN WANG PIHAK BERKUASA PERANTI PERUBATAN" and courier to;

KETUA EKSEKUTIF
PIHAK BERKUASA PERANTI PERUBATAN
KEMENTERIAN KESIHATAN MALAYSIA
TINGKAT 5 MENARA PRISMA
62675 PRESINT 3, W. P. PUTRAJAYA
U/P: CIK NURAFNAN BINTI MOHD KAMAL

Information on submission purpose of "Technical Personnel Registration Fee" and Phone No. of the Person Responsible must be written at the back of the bank draft but not in the table. A receipt of payment will be issued once the bank draft is accepted by the Authority.

Enquiry

Any enquiries can be contacted to person in charge of CAB Registration Unit or contact general line at 603-8892 2400.

ATTACHMENT A

REQUIRED DOCUMENTS FOR REGISTERING TECHNICAL PERSONNEL

GDPMD CERTIFICATION	DOCUMENT NUMBERING
I. Copy of Curriculum Vitae II. Copy of Identity Card or Passport III. Copy of Service-Appointment Agreement or Contract Agreement IV. Copy of Education Certificate (Bachelor's Degree) V. Copy of Proficiency Certificate of MDA's Sanctioned Training Course VI. Copy of Attendance Certificate of ISO 9001 Lead Auditor Training Course VII. Copy of Attendance Certificate of ISO 14971 Training Course VIII. Copies of Certificates of Related Medical Device Areas Training Courses IX. Copy of Audit Log (in man-day or man-hour) of ISO 9001	

GDPMD CERTIFICATION	DOCUMENT NUMBERING
I. Copy of Curriculum Vitae II. Copy of Identity Card or Passport III. Copy of Service-Appointment Agreement or Contract Agreement IV. Copy of Education Certificate (Bachelor's Degree) V. Copy of Proficiency Certificate of MDA's Sanctioned Training Course VI. Copy of Attendance Certificate of ISO 13485 Lead Auditor Training Course VII. Copy of Attendance Certificate of ISO 14971 Training Course VIII. Copies of Certificates of Related Medical Device Areas Training Courses IX. Copy of Audit Log (in man-day or man-hour) of ISO 9001/GDPMD or ISO 13485	

MEDICAL DEVICE TECHNICAL AREAS	DOCUMENT NUMBERING
I. Copy of Curriculum Vitae II. Copy of Identity Card or Passport or Work Permit III. Copy of Service-Appointment Agreement or Contract Agreement IV. Copy of Education Certificate (Bachelor's Degree) V. Copy of Proficiency Certificate of MDA's Sanctioned Training Course VI. Copy of Attendance Certificate of ISO 14971 Training Course VII. Copies of Certificates of Related Medical Device Areas Training Courses VIII. Copy of Audit Log (in man-day or man-hour) of full technical assessment activity.	

< End of List >

Note:

- (1) To be approved as Verification auditors, please provide a Copy of Proficiency Certificate of MDA's Verification Training Course.
- (2) Please indicate the numbering for all submitted documents as declared at the column of 'DOCUMENT NUMBERING'.