



CQP008
CQF031

APPLICATION FOR CERTIFICATION / RECERTIFICATION FORM

To be sent to <p style="text-align: center;">ACCB CERTIFICATION SDN. BHD. No. 77-2, Jalan MHI, Taman Muzaffar Height, Ayer Keroh, Mukim Bukit Katil, 75450 Melaka Tengah, Melaka Telephone Number: 012-5892964 Email: info@accbcert.com</p>	(internal use) Registry Number: ACCB/RN - _____
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Tick (✓) where applicable

<input type="checkbox"/> New Certification	<input type="checkbox"/> Re-Seat Examination Re-seat: _____ time(s) (Please insert number of times re-seat for the certification)	<input type="checkbox"/> Recertification Certified Person Number: ACCB/CP-_____ (Please attach the copy of competency certificate)
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Code of Certification :

 (Please refer to Candidate Handbook (EHB001, Revision No: 1.0), Item no.7(Certification Scheme))

Preferred Examination Date: 1. ____/____/____
 (dd/mm/yyyy) 2. ____/____/____
 3. ____/____/____

Candidate Information

<p>Applicant Name (Dr/Ir/Mr/Mrs)</p> <table border="1" style="width: 100%; border-collapse: collapse; height: 30px;"> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> <p>Birth Date</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td> <td style="text-align: center;">/</td> <td><input type="text"/></td> <td style="text-align: center;">/</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>Identification Card / Passport Number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>Citizenship</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>Race</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>Phone Number</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> <td style="text-align: center;">-</td> <td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td> </tr> </table> <p>Email</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input style="width: 95%;" type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input style="width: 95%;" type="text"/>	<div style="border: 1px solid black; padding: 10px; width: 80%; margin: auto;"> <p>Attach passport size photograph in colour.</p> </div> <p style="margin-top: 20px;">Gender (Tick (✓) where applicable)</p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><input type="checkbox"/> Male</td> <td style="text-align: center;"><input type="checkbox"/> Female</td> </tr> </table>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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APPLICATION FOR CERTIFICATION / RECERTIFICATION FORM

Home Address

Home Address- Number and street

City

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Zip/Postal Code

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State & Country

Business Address

Company Name

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Number and Street

City

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Zip/Postal Code

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State & Country

Phone Number (Do not put dash or parenthesis; Number Only)

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Fax Number (Do not put dash or parenthesis; Number Only)

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Training Details

NO	DATE OF TRAINING		TYPE OF TRAINING	TITLE OF TRAINING	NAME OF TRAINING PROVIDER	NAME OF TRAINER
	FROM	TO				
1						
2						
3						
4						
5						

*TYPE OF TRAINING: 1-Internal, 2-Training Provider, 3-Manufacturer

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Eligibility and Background (Tick (✓) where applicable)

A. DECLARATION OF FAMILY MEMBERS IN ACCB CERTIFICATION SDN. BHD.

No	Name	Relationship

B. WORKING SETTING

Hospital	Manufacturer	Regulatory agency	Educator	Other (please specify):

C. HIGHEST ACADEMIC LEVEL ATTAINED

	PHD
	Master Degree
	Bachelor Degree
	Diploma
	Certificate

D. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

Yes (date: ___/___/___)
 No

E. PAYMENT: (Please attach proof payment upon register/submission)

	Cash
	Bank Transfer
	Cheque (Payable to ACCB CERTIFICATION SDN BHD)

F. INVOICE ADDRESS PREFERRED

	Home
	Business

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Declaration

I certify that I have read the Candidate Handbook (*EHB001, Revision No.:2.0*) for Certification of Person and I understand the content of the handbook. I confirm that in this application form and all information I have entered on this application is accurate, correct and complete.

Applicant Signature : _____ Date : _____

FOR INTERNAL USE:

Recommended Not Recommended KIV

Comment :

Reviewed By:

Head, Certification

Name:

Date:

FOR INTERNAL USE:

	Approved
	Rejected

Approved By:

Senior Manager

Name:

Date:

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Supporting Document Checklist

No	Item	Remarks
1.	Passport sized photograph	
2.	Copy of Identification Card/ Passport*	
3.	Copy of Highest Education Certificate*	
4.	Copy of Full Academic Transcript*	
5.	Copy of Competency Training Certificate*	
5.1	Compulsory Competency Module for Human Anatomy and Physiology for Biomedical Technical Personnel (BTP) BEM-CCMHAF01	
5.2	Compulsory Competency Module for Introduction of Healthcare for Biomedical Technical Personnel (BTP) BEM-CCMIHC01	
5.3	Compulsory Competency Module for Safety Healthcare for Biomedical Technical Personnel (BTP) BEM-CCMSHC01	
5.4	Competency on Biomedical Engineering Maintenance for Electrical Safety Testing (IEC 60601, IEC 62353 & IEC 61010) BEM-OEST03	
5.5	Competency on Biomedical Engineering Maintenance for Intermediate Active Medical Device (Therapeutic-Dialysis) Level 2 BEM-ITHDU02	
5.6	Competency on Biomedical Engineering Maintenance for Intermediate Active Medical Device (Therapeutic-Ventilator) Level 2 BEM-ITVEN02	
5.7	Others: _____ _____	
6.	Copy of Fee Payment Slip	
7.	Employment Confirmation Letter by Employer	
8.	Copy of Trainer Information such as CV / Training Brochure / etc.	
9.	Personal Data Protection Form	
<i>*for recertification only</i>		
10.	Copy of Competency Certificate	
11.	Copy of Safety Training Certificate	
12.	Copy of Regulatory Training Certificate	
13.	Copy of Technical Training Certificate	
14.	Copy of Soft Skill Training Certificate	
15.	Copy of Job/Work Record (Minimum fifteen (15) records of planned preventive maintenance and fifteen (15) breakdown repair attended.)	
16	Copy of Evidence as a Trainer Related to the Competency (On job training / internal training / external training)	

* All copies must be Certified True Copy by Employer