

APPLICATION FOR CERTIFICATION / RECERTIFICATION FORM

To be sent to <p style="text-align: center;">ACCB CERTIFICATION SDN. BHD.</p> <p style="text-align: center;">No. 77-2, Jalan MH1, Taman Muzaffar Height, Ayer Keroh, Mukim Bukit Katil, 75450 Melaka Tengah, Melaka.</p> <p style="text-align: center;">Telephone Number: 012-5892964 Email: info@accbcert.com</p>	(internal use) Registry Number: ACCB/RN- _____
Tick (✓) where applicable	
<input type="checkbox"/> New Certification	<input type="checkbox"/> Re-Seat Examination Re-seat: _____ time(s) <i>(Please indicate the number of re-sits attempts for this certification)</i>
<input type="checkbox"/> Recertification Certified Person Number: ACCB/CP - _____ <i>(Please attach the copy of competency certificate)</i>	
Code of Certification : <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"></table> <p><i>Please refer to the Candidate Handbook, EHB001, Item No. 7 – Scope of Examinations, available on ACCB's website at https://accbcertification.com</i></p> <p>Preferred Examination Date: 1. ____ / ____ / ____ 2. ____ / ____ / ____ 3. ____ / ____ / ____ (dd/mm/yyyy)</p>	
Candidate Information	
Applicant Name (Dr/Ir/Mr/Mrs) <table border="1" style="width: 100%; height: 40px;"></table> Birth Date <table border="1" style="width: 100%; height: 30px;"></table> Identification Card / Passport Number <table border="1" style="width: 100%; height: 30px;"></table> Citizenship <table border="1" style="width: 100%; height: 30px;"></table> Race <table border="1" style="width: 100%; height: 30px;"></table> Phone Number <table border="1" style="width: 100%; height: 30px;"></table> Email <table border="1" style="width: 100%; height: 30px;"></table>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: auto; display: flex; align-items: center; justify-content: center;"> Attach passport size photograph in colour. </div>
<div style="float: right; text-align: right;"> Gender (<i>Tick (✓) where applicable</i>) <input type="checkbox"/> Male <input type="checkbox"/> Female </div>	

Home Address

[illegible][illegible]

--	--	--	--	--	--	--	--

[illegible][illegible][illegible][illegible]

--	--	--	--	--	--	--	--

[illegible][illegible][illegible]

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

Revision No:10.0, 05 May 2025

APPLICATION FOR CERTIFICATION / RECERTIFICATION FORM

Eligibility and Background (Tick (✓) where applicable)

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

No	Name	Relationship

B. WORKING SETTING

<input type="checkbox"/> Hospital	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Regulatory agency	<input type="checkbox"/> Educator	<input type="checkbox"/> Other (please specify):
<div style="border-bottom: 1px solid black; margin-top: 5px;"></div>				

C. WORKING YEARS (in related field)

From _____ to _____, Number of years: _____

D. HIGHEST ACADEMIC LEVEL ATTAINED

<input type="checkbox"/>	PHD
<input type="checkbox"/>	Master Degree
<input type="checkbox"/>	Bachelor Degree
<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Certificate

E. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

☐ Yes (date: ____/____/____)
 ☐ No

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

<input type="checkbox"/>	Cash
<input type="checkbox"/>	Bank Transfer
<input type="checkbox"/>	Cheque (Payable to ACCB CERTIFICATION SDN BHD)

G. INVOICE ADDRESS PREFERRED

<input type="checkbox"/>	Home
<input type="checkbox"/>	Business

APPLICATION FOR CERTIFICATION / RECERTIFICATION FORM**Declaration**

I certify that I have read the Candidate Handbook, EHB 001 - Certification of Persons and I understand the content of the handbook. I confirm that this application form and all information I have entered on it are 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:

Head of ACCB

Name:

Date:

APPLICATION FOR CERTIFICATION / RECERTIFICATION FORM

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	BEM-CCMHAF01: Compulsory Competency Module for Human Anatomy and Physiology for Biomedical Technical Personnel (BTP)	
5.2	BEM-CCMIHC01: Compulsory Competency Module for Introduction of Healthcare for Biomedical Technical Personnel (BTP)	
5.3	BEM-CCMSHC01: Compulsory Competency Module for Safety Healthcare for Biomedical Technical Personnel (BTP)	
5.4	BEM-OEST03: Competency on Biomedical Engineering Maintenance for Electrical Safety Testing (IEC 60601, IEC 62353 & IEC 61010)	
5.5	BEM-ITHDU02: Competency on Biomedical Engineering Maintenance for Intermediate Active Medical Device (Therapeutic-Dialysis) Level 2	
5.6	BEM-ITVEN02: Competency on Biomedical Engineering Maintenance for Intermediate Active Medical Device (Therapeutic-Ventilator) Level 2	
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	
* For re-certification only		
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*