CONFIRMATION OF COMPLETION OF DENTAL SPECIALTY TRAINING PROGRAMME (OVERSEAS)

Division Secretary Training
Division
Ministry of Health Malaysia
Level 6, No. 26 Persiaran Perdana, Presint 3
62675 Putrajaya

Name : ……

IC. Number : ……

Position : ……

Grade : ……

Course Level : ……

Course Duration : ……

Thesis Title/ Dissertation : ……

Institute : ……

It is hereby certified that the above officer has successfully completed this course.

……
(Signature of Supervisor / Dean of University)

Date : ……

Official Stamps : ……

Required documents:

☐ Copy of the thesis's front page certified by the supervisor; and

☐ Certificate of graduation; or

☐ Copy of Final Examination Result

REMINDER

The officer shall be considered to have **FAILED** to complete the studies, and **penalty actions** will be imposed if the **final examination results** and/or **certificate of completion** are not submitted to the Training Management Division (BPL) within the following period:

(i) **Four (4) years** for the **Area of Special Interest** programme, effective from the date of commencement of studies; and

(ii) **Seven (7) years** for the **Master of Dentistry** programme, effective from the date of commencement of studies.