



KEMENTERIAN KESIHATAN MALAYSIA
MAJLIS PROFESION KESIHATAN BERSEKUTU MALAYSIA

BORANG PENGESAHAN AMALAN
PRACTICE VERIFICATION FORM

Borang ini perlu dilengkapkan bagi maksud pengesahan pengamalan sebagai pengamal kesihatan bersekutu di Malaysia untuk pendaftaran pengamal di bawah Akta Profesion Kesihatan Bersekutu, 2016 (Akta 774). This form must be completed for the purpose of verifying practice as an allied health practitioner in Malaysia for practitioner registration under the Allied Health Professions Act, 2016 (Act 774).

Sila tandakan (/) diruang yang berkenaan/Please mark (/) in the appropriate space: -

Bermajikan/Employed ☒	Bekerja sendiri / Self-Employed ☐
---	--

A) MAKLUMAT PENGAMAL / PRACTITIONER INFORMATION

Nama (seperti dalam kad pengenalan): Name (as in identification card):	LEE YONG WEI
No. Kad Pengenalan: Identification Card No.:	000000 - 00 - 0163
Gelaran (Jika ada, contoh: Dato', Datin, Prof, Dr dll): Title (If any, example: Dato', Datin, Prof, Dr etc):	
Jawatan/Profesion: Position/ Profession:	PHYSIOTHERAPIST
No. Telefon: Telephone No.:	010 - 7684570
Alamat Emel: Email Address:	yongweilee319@gmail.com
Tarikh Mula Bekerja: Date of Employment:	1 June 2024
Nama Organisasi: Organization name:	Shine PHYIO & REHAB CENTRE
Alamat Organisasi: Organization Address:	PUSAT PERNIAGAAN RAJA UDA, GROUND FLOOR OF 120, BLOCK H, JALAN RAJA UDA, 12300 BUTTERWORTH, PULAU PINANG.

B) I. KLASIFIKASI TUGAS/DUTIES CLASSIFICATION

MAHPC/UP/BPA-01

Klinikal/Clinical	☒	Pengurusan dan Pentadbiran/ Management and administration	☐
Kesihatan Awam/Public Health	☐	Pengajaran dan Pembelajaran/ Teaching and Learning	☐
Makmal Perubatan/Medical Laboratory	☐	Penyelidikan/Research	☐
Lain-lain (Sila Nyatakan)/ Others (Please specify)			
<u>PHYSIOTHERAPIST</u>			

Bagi pengamal Ahli Sains Makmal Perubatan, sila tandakan disiplin amalan dalam kotak di bawah: /For Medical Laboratory Scientist practitioners, please indicate the discipline of practise in the box below:

Biokimia/ Biochemistry	☐	Genetik Perubatan/ Medical Genetic	☐
Bioperubatan/ Biomedical	☐	Mikrobiologi/ Microbiology	☐
Embriologi/ Embryology	☐	Forensik/ Forensic	☐

Lain-lain (Sila Nyatakan)/ Others (Please specify)

II. DESKRIPSI TUGAS (Sila Senaraikan)/ Job Description (Please list down)

see attachment behind.

*Sila sertakan lampiran jika perlu/ Please attach appendix if necessary

C) MAKLUMAT PENGESAH/ VERIFIER INFORMATION *

Nama: Name:	SEAH WEI SHENG
No. Kad Pengenalan: Identification Card No.:	940331-07-5735
Jawatan: Position:	HR - Manager
No. Telefon: Telephone No.:	043131133 / 019-590 1848
Alamat Emel: Email Address:	shinephysio.rehab@gmail.com

***Pengesah/Verifier:**

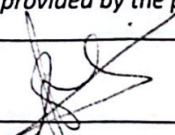
- i. Majikan/ Employer
- ii. Bagi yang bekerja sendiri, pengesah boleh terdiri daripada / For self-employed individuals, verifier can be from:
 - a) Pengamal Perubatan Berdaftar; atau/ Registered Medical Practitioner; or
 - b) Pengamal Pergigian Berdaftar; atau/ Registered Dental Practitioner; or
 - c) Pengamal Kesihatan Bersekutu Yang Berkelayakan/berdaftar; atau/ Qualified/Registered Allied Health Practitioner; or
 - d) Persatuan Profesional Yang Berdaftar Dengan Jabatan Pendaftaran Pertubuhan Malaysia/ Professional Associations Registered with the Register Society of Malaysia.

Nota: Majlis Profesion Kesihatan Bersekutu Malaysia boleh menghubungi tuan/puan untuk menentusahkan maklumat berhubung dengan perakuan ini.

Note: The Malaysian Allied Health Practitioners Council may contact you to authenticate the information in relation to this verification.

D) PENGESAHAN/ CONFIRMATION

Saya, sebagai pengesah, dengan ini mengaku bahawa, sepanjang pengetahuan saya, maklumat yang diberikan oleh pengamal di atas adalah benar. / I, as a verifier, hereby attest that, to the best of my knowledge, the information provided by the practitioner above is true.

Tandatangan: Signature:	
Cop Rasmi Jawatan/Organisasi: Official Stamp of Position/Organization:	
Tarikh: Date:	19/6/2024.



陽光物理治疗与复健中心 Shinze Physio & Rehab Center

☎ 04-313 1133
④ Ground Floor of 120, Block H,
Pusat Perniagaan Raja Uda,
Jalan Raja Uda, 12300 Butterworth,
Pulau Pinang.
✉ shinephysiohab@gmail.com

Clinical job description - Physiotherapist

Position summary

To carry out assessment and to institute physio-therapeutic rehabilitation to patients.

Duties and Responsibilities

1. To carry out assessment of patients.
2. To provide safe and effective treatment for patients.
3. To follow up and progress treatments of patients.
4. To records assessment and treatment of patients.
5. Patient Education
6. Undergo training as provided by the center and continuous professional education
7. Public education.



17 JUN 2024

Kepada Sesiapa Yang Berkenaan.

Tuan/ Puan,

Surat Pengesahan Jawatan dan Butiran Perkhidmatan

Dengan ini disahkan bahawa penama dibawah merupakan Ahli FISIOTERAPI di
Shine Physio & Rehab Center.

Berikut merupakan butir-butir perkhidmatan baliau.

Nama: LEE YONG WEI

No Kad pengenalan : 000222-02-0163

Tarikh Perkhidmatan : 01-06-2024 sehingga masa surat ini.

Sekian Terima kasih.

Yang benar,

NSL REHABILITATION SDN. BHD.
202101017756 (1418056-W)
No 120 H Pusat Perniagaan Raja Uda,
Jalan Raja Uda, 12300 Butterworth, Pulau Pinang.

Seah Wei Sheng

Pengurus Sumber Manusia