To: **Quality Improvement Program**

The Academy of Family Physicians of Malaysia

Unit 1-5, Level 1 Enterprise 3B Technology Park Malaysia (TPM)

Jalan Innovasi 1 Lebuhraya Puchong-Sungai Besi

Bukit Jalil Kuala Lumpur 57000

**Attn: Prof. Dr. Kwa Siew Kim**

E-mail: qipadmin@afpm.org.my

Fax: 03-89939187 Date:

**REQUEST PERMISSION TO CONDUCT QIP PRACTICE VISIT FOR GCFM TRAINEE**

**THE ACADEMY OF FAMILY PHYSICIANS OF MALAYSIA**

We are **pleased / regret** to inform that we are **able / unable** to accept the visit request for:

Trainee Name:

I/C No:

H/P No:

Email:

(a) With reference to the acceptance/ rejection of the above request, the Management of AFPM can contact:

Officer’s Name:

Position:

Address:

Tel No:

Fax No:

Email:

Thank you,

\*Office/ Company Stamp