

MEDICAL COUNCIL MALTA

St. Luke's Hospital, Outpatients Department, Level 1, St. Luke's Square, Gwardamangia, PTA1010. Malta
Tel: +356 21255540; Email: medicalcouncil@gov.mt

APPLICATION FOR FULL REGISTRATION: DENTAL SURGEON

I apply to be registered under ARTICLE 12 (1) (a) of the **Health Care Professions Act (HCPA) 2003 (Chap. 464 of the Laws of Malta)**

NAME IN FULL

(Give full name/surname in Capital letters)

Date of Birth I.D./Passport No. Nationality

Home or permanent address* for entry in the Register:

.....

Telephone No. Mobile No.

Email address:

Qualification awarded (abbreviation)

Year of completion of studies..... University.....

Signature of applicant

Date

Please enclose:

- 1) I.D. Card / Passport **
- 2) An original transcript from the University of Malta of the Diploma / Degree.
 - a) Graduates from the University of Malta are to provide an original transcript from the University of Malta, and then to produce the Diploma/Degree Certificate in December**. If a transcript cannot be provided in time with the application, please provide a printout of your final results from eSIMS, such providing your details in full.
 - b) Graduates from other Universities are requested to produce the Diploma/Degree Certificate **
 - a) An original Birth Certificate (extract format)
 - b) An original Police Conduct Certificate (valid for 3 months upon the date of issue)

* Please provide your address in full. Please note that once registered, you are obliged to inform the Medical Council of any change of address in the future.

** Please provide us with the original document and its copy for verification, or else an authenticated copy (this is to be signed by a Notary or a Lawyer).

Data Protection Statement: All Data collected is processed in accordance with legal provisions, the Data Protection Act (Cap. 586) and the EU Regulation 2016/679 General Data Protection Regulation. Personal Data is not disclosed to third parties if not required by Maltese Law or by other EU obligations.