

THE MEDICAL COUNCIL

MALTA

Correspondence to be
addressed to:
'The Registrar'

SLH-OPD, Level 1,
St. Luke's Square,
G'Mangia, Malta
WEBSITE: <https://ehealth.gov.mt>

TEL: 21 255 540
FAX: 21 255 541
E-MAIL: medicalcouncil@gov.mt

Medical Council Application Form For the Inclusion in the Specialist Register

To Registrar
Medical Council

I hereby apply to be included in the Specialist Register of the Medical Council Malta for the Speciality hereunder, having obtained the relative document from the Specialist Accreditation Committee (SAC).*

Name of Speciality:

.....

Title: Dr., Mr., Ms., Prof. (delete as appropriate)

Name and Surname (in block letters):.....

Medical Council Registration No.:

Address:.....

..... Postal Code:.....

Identity Card No./Passport No.:

Signature: Date:

Note:

- There is a registration fee of €51.30 for each registration in any of the Specialist Registers as per HCPA 2003, Chap. 464, L.N. 330/2006. Please refer to the procedure for full information.
- The date of the inclusion in the Specialists Register will read the date of the SAC Certificate only if the application and the subscription payment are received within one (1) month from the receipt of the letter of acceptance. Applications which fail to meet these criteria will read the date on which the application form and the subscription payment are received.

* Please show evidence: (1) a copy of the letter received from the Specialist Accreditation Committee, or (2) a copy of the decision of the Health Care Professions Appeals Committee.

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.