Request with the MCM for a "LETTER OF INTENT" to be presented to the FSM

NOTES:
- This is not an application for registration with the MCM but only an assessment for registrability
- The LETTER Of INTENT does not guarantee registration if inaccuracies are later discovered
- Late or Incomplete forms will not be considered
- Degrees obtained prior to the Medical Course are not deemed as an integral part of the course duration
- The Course requirements listed below are in accordance to EU and Maltese Law
- If in doubt, refer to the FAQ or contact MCM at medicalcouncil@gov.mt

Medical Council Reference Number:
(For Office Use)

NAME and SURNAME:

(kindly include any changes)

DATE OF BIRTH:
(dd/mm/yyyy)

NATIONALITY:

(kindly include multi-nationalites)

PASSPORT No:
Date of Issue:
Date of Expiry:

E-MAIL ADDRESS:

RESIDENTIAL ADDRESSES: (Please list current and other addresses for past five years)

UNIVERSITY:

Name and Address:

MEDICAL SCHOOL/FACULTY:

(if different from above)

ADDRESS OF CAMPUS:

COURSE TITLE:

(as listed by University, including Code if available)

THE ABOVE MENTIONED COURSE DETAILS:	DATES OF START AND END OF COURSE		
	DURATION OF COURSE IN YEARS	YRS	
	DURATION OF COURSE IN HOURS	HRS	
	SUPERVISED BY UNIVERSITY	YES	NO
	CAMPUS IS WITHIN THE EU	YES	NO

Proceed to Page 2:	SIGNATURE:	DATE:

Continues from Page 1.

STATE ANY PREVIOUS DEGREES WITH START AND END DATES(Include Transcripts in correspondence)

Additional Information:

I, the undersigned, confirm that I have read all instructuions and the Frequently Asked Questions section. I, also guarantee that the above information is correct.

I, the undersigned, consent that all information supplied may be kept by the Medical Council Malta and may be utilised for official purposes.

DATE: Signature:

FRAUDULENT DECLARATIONS WILL BE REPORTED TO THE RESPECTIVE RESPONSIBLE AUTHORITIES