

THE MEDICAL COUNCIL

MALTA

Correspondence to be
addressed to
'The Registrar'

181,
Melita Street,
Valletta CMR 02

TEL: 21 255 540
FAX: 21 255 541
E-MAIL: mary.a.scicluna@gov.mt
WEBSITE: <http://www.sahha.gov.mt>

European Certificate of Current Professional Status

Name:

Nationality:

Professional ID Number/ Unique Identifier:

Gender:

Date of Birth:

Date and Description of Primary Qualification(s) of Health Professional:

Qualification of Specialisation:

Registered address:

Registration Status: current restriction to practice YES/NO

Full Registration

I FURTHER CERTIFY that no disciplinary proceedings under Part VII (Disciplinary Action, Offences and Erasure of Names) of the Health Care Professions Act, 2003 (Cap.464 of the Laws of Malta), are in progress against the practitioner named above.

The Registrar
Medical Council - Malta