

MEDICAL COUNCIL

St. Luke's Hospital, Outpatients Department, St. Luke's Square, Gwardamangia, PTA 1010, Malta
Tel: +356 21255540; Email: medicalcouncil@gov.mt

APPLICATION FOR PROVISIONAL REGISTRATION

I hereby apply to be listed on the Provisional Register of the Medical Council in accordance with Part II, Art. 11 (3) 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 phone No.....

Email address.....

Qualification awarded (abbreviation)

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

Signature of applicant

Date

Declaration: I authorize the Medical Council to request from any Health Institution I am employed therewith to request:

- (i) Confirmation of Approval from Foundation Program
- (ii) A report of any misconduct or disciplinary proceedings made against you while serving as a house physician according to Art. 11 (3) of the HCPA 2003 (Cap. 464) (if applicable)
- (iii) A breakdown of vacation leave, sick leave, sabbatical leave or maternity leave while serving as a house physician. (if applicable)

Signature

In accordance with Article 11 (3) of the HCPA a person who is provisionally registered is deemed to be registered in the position of a fully registered practitioner only so far as is necessary to enable him to be employed in a resident medical capacity in a Hospital recognized by the Medical Council.

Please enclose:

1. I.D. Card / Passport **
2. An original Birth Certificate (extract format).
3. An original Police Conduct Certificate / Good Standing Certificate (valid for 3 months since date of issue)
4. Your Primary Medical Diploma / Degree:
 - a) Graduates who are still waiting for their results should submit the Diploma/Degree by hand together with a payment of €51.30 at our office.
 - b) A Registration number will only be provided once all requested documents are handed in and application processed.

* 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.