



Medical Council Malta

Declaration Form

I the undersigned (*insert name*) Dr/Mr/Prof. _____,

Medical Council Registration No. _____ declare that I have read Legal Notice 84 of 2014 of the Health Act, Chapter 528 of the Laws of Malta, "Indemnity Insurance for Healthcare Professionals Regulations" and the "Frequently Asked Questions" issued by the Medical Council.

I therefore declare that from the month of _____ year _____ till the month of _____ year _____ (*insert details as per insurance cover*), **kindly cross through**

where not applicable in the following statements:

1. I am covered by a professional indemnity insurance policy, or a guarantee or similar arrangement that is equivalent or essentially comparable as regards its purpose, which is appropriate to the nature and extent of the risk which I undertake when providing healthcare services to patients.

Or

2. I am **not** covered by a professional indemnity insurance policy, or a guarantee or similar arrangement that is equivalent or essentially comparable as regards its purpose, which is appropriate to the nature and extent of the risk which I undertake when providing healthcare services to patients, **since I don't practice my Medical/ Dental Profession in Malta.**

I'm therefore also declaring that I've complied with all the requirements as established by the "Indemnity Insurance for Healthcare Professionals Regulations" (L.N.84 of 2014 under the Health Act, Chapter 528 of the Laws of Malta).

Signature: _____ I.D. No. _____ Date: _____

**Kindly note that this form, which may be downloaded from our website, must reach the Medical Council's office by the end of January of each year.*

**The Medical Council has drafted a set of Frequently Asked Questions (FAQs) for your guidance which can be accessed online or by sending an e-mail to us requesting a copy.*

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