SPECIALIST ACCREDITATION COMMITTEE

Application for Certificate of Completion of Specialist Training (CCST)

Only doctors who have undergone the greater part of their training within the territory of the Republic of Malta should apply using this form.

Application Number: ___/ ___
For Office Use

Please read the notes on page 4 before filling in the Application Form.

Section A: Demographic Details:

1. Please fill in all this section;

2. Every applicant should fill in the Identity Card Number or, if this is not available, the Passport Number.

It is very important that you inform the Registrar of the Specialist Accreditation Committee of any changes in the information given, because this will allow us to communicate with you when required. Thanking you in advance.

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.

SPECIALIST ACCREDITATION COMMITTEE

Surname*	
Name*	
Title	Prof./Dr./ Mr./Ms.
Identity Card Number (where applicable)	
Passport Number including the date when issued and the country (where Identity Card is not available)	
Gender	Female/Male/Other
Date of Birth (DD/MM/YY)	
Nationality	
Address: Number/ House Name	
Street	
Town/ City	
Postal Code	
Country	
Home telephone Number(s)	
Work Telephone Number(s)	
Mobile phone Number	
Fax Number	
E-Mail Address	

Details which have an asterix (*) will be published in the Specialist Register

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Section B

Malta Medical Council Number*_____

Speciality Applied for_____

Date of Certificate of Completion of Basic Specialist Training¶_____
_____ (DD/MM/YYYY)

Date of Entry into Higher Specialist Training in Speciality Applied for (if applicable) ¶
_____(DD/MM/YYYY)

Date of Completion or Expected Date of Completion of Training_____(DD/MM/YYYY).

Please indicate any breaks in training (other than statutory vacation leave) and any periods of training undertaken at less than full-time……..
(Use extra sheets if necessary; if none write 'none'.)

Are you in possession of a recommendation by the training committee in the specialty you are applying for? Y/N

References
In this section, give the full names and email addresses of 2-3 references who have supervised your training.
1._____
_____
2._____
_____
3._____
_____

Through the submission of this application, the applicant, concedes and acknowledges that for the processing of the same application, confidential references on the same applicant may be requested and obtained by the SAC. The applicant agrees and accepts not to request/be granted access and disclosure to the contents of such references given their confidential nature.

¶ If there is no common trunk (basic training) in the speciality that you are applying for write "Not Applicable" here.

Date: _____ Signature: _____

NOTES - The Registrar is available during office hours from Monday to Friday by appointment

1. A Certificate of Completion of Specialist Training can only be awarded when the bulk of training has taken place in a recognized training institution/s within the territory of the Republic of Malta.

2. You are advised to apply 3 months before the expected date of completion of training so as to allow time for processing of your application.

3. Please submit a separate application form for each speciality you are applying for.

4. The application form should reach our offices at the Medical Specialist Accreditation Committee, Office of the Superintendence of Public Health, Department for Health Regulation, Triq il-Kappillan Mifsud, Sta Venera, SVR 1851 together with:

   a) A fee of €100 for each application;**

   b) The following supporting documents:
   - A detailed curriculum vitae, including qualifications, training experience and publications
   - Authenticated copies of any certificates claimed. If the Certificates are neither in Maltese nor in English, please supply a certified translation into Maltese or English
   - Proof of competence in all core competencies listed in the respective training programme.
   - Service and Leave Record Form (GP 47)

   (A detailed checklist can be obtained from the Registrar of the Medical Specialist Accreditation Committee)

5. The SAC and the Association which represents the specialization you are applying for, have the right to ask for more information from the applicant.

6. Applicants whose applications are not approved can appeal to the Appeals Committee according to the Health Care Professions Act (HCPA) (2003); Cap. 464; Part IX.

7. Details which have an asterix (*) near them will be published in the Specialist Register.

**Specialist Accreditation Committee (Fees) Regulations - Subsidiary Legislation 464.07