

**KUMITAT GHALL-APPROVAZZJONI
DWAR SPEĊJALISTI**

Our Ref

Your Ref

Communications to be addressed

To THE REGISTRAR



SPECIALIST ACCREDITATION COMMITTEE

Office of the Superintendence of Public Health

Department for Health Regulation

Triq il-Kappillan Mifsud,

Sta Venera SVR 1851,

Malta.

Tel:25953362

E-mail: sac.medical@gov.mt

**APPLICATION FORM FOR THE ISSUE OF THE
CERTIFICATE OF COMPLETION OF BASIC SPECIALIST TRAINING IN
HISTOPATHOLOGY INCLUDING CYTOPATHOLOGY**

Surname _____ Name _____

ID No. _____ MC Reg. No. _____ Gender _____

Country & Institution of Primary Qualification _____

Date of Birth _____ Nationality _____

Address _____

Home Tel. No. _____ Mobile No. _____

E-mail address _____

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.

Signature _____ Date _____

This form is to be returned to the

Registrar

Medical Specialist Accreditation Committee

Office of the Superintendence of Public Health,

Department for Health Regulation,

Triq il-Kappillan Mifsud,

Sta Venera, SVR 1851

Malta.

Documentation to be submitted with this form
(Original or authenticated copies*)

1. ID card/Passport.
2. Certificate of registration and licence to practise as a Medical Practitioner from the Malta Medical Council.
3. Letter duly signed by the Postgraduate Training Co-ordinator certifying completion of the two years as Basic Specialist Trainee in Histopathology including Cytopathology.
4. Official proof of successful completion of Part 1 FRCPath in Histopathology, Royal College of Pathologists UK or Part 1 of the European Board of Pathology or equivalent

*Authenticated by a legal professional (notary public/lawyer/solicitor) or the Registrar Specialist Accreditation Committee