KUMITAT GĦALL-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 PAEDIATRICS

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 Paediatrics.

4. Official proof of successful completion of MRCPCH Clinical exam.

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