KUMITAT GĦALL-APPROVAZZJONI
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Communications to be addressed
To THE REGISTRAR

SPECIALIST ACCREDITATION COMMITTEE
Office of the Superintendence of Public Health
252, Level 1,
Triq Misrah il-Barrieri,
Sta Venera SVR 1759,
Malta.
Tel:25953362
E-mail: sac.medical@gov.mt

APPLICATION FORM FOR THE ISSUE OF THE CERTIFICATE OF COMPLETION OF BASIC SPECIALIST TRAINING IN PSYCHIATRY

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
252, Level 1,
Triq Misrah il-Barrieri,
Sta Venera SVR 1759,
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. Official Documentation that you have successfully passed all parts of the MRCPsych examination or equivalent with prior written approval by your specialty PGTC.

4. Letter duly signed by the Postgraduate Training Co-ordinator certifying completion of the three years as Basic Specialist Trainee in Psychiatry.

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