# Application for Recommendation for Direct Inclusion in the Specialist Register

Doctors who have undergone the greater part of their training outside 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) | |
| Sex | 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

**SPECIALIST ACCREDITATION COMMITTEE**



**Section B**

Medical Council Number* _____
Speciality¶ Applied for_____

Nationality_____

Are you on the specialist register of any other country in the speciality being applied for? Y/N
If the answer to the above question is yes, kindly state of which country_____

Are you in possession of a certificate of specialization issued by the competent authority of the country where you have undertaken the greater part of your training? Y/N
If the answer to the above question is yes, kindly state of which country_____

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

¶ See Appendix A for list of specialities that you can apply for

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.

Date: _____ Signature: _____

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

1. Please fill in an application form for each speciality you are applying for.

2. The application form should reach our offices at the Medical Specialist Accreditation Committee, Office of the Superintendence of Public Health, 252, Level 1, Triq Misrah il-Barrieri, Sta Venera, SVR 1759, Malta together with:

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

   b) The following supporting documents:
   - A detailed curriculum vitae, including qualifications, training experience including a detailed transcript of the Training leading to the award of the specialist certificate and publications.
   - Authenticated copy of the certificate of specialization issued by the competent authority of the country where you have undertaken the greater part of your training
   - Authenticated copies of any certificates claimed.
   - Certified translations into Maltese or English of any Certificate not written in either in Maltese or English
   - Proof of nationality

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

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

4. 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.

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

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

# APPENDIX A

1. Anaesthetics and Intensive Care Medicine
2. Audiology/Phoniatry
3. Baromedicine
4. Cardio-thoracic Surgery
5. Cardiology
6. Chemical Pathology
7. Clinical Neurophysiology
8. Clinical/Medical Genetics
9. Clinical Pharmacology and Therapeutics
10. Dermato – Venereology
11. Dermatology
12. Emergency Medicine
13. Endocrinology and Diabetes
14. Family Medicine
15. Forensic Medicine
16. Gastroenterology
17. General/Internal Medicine
18. General Surgery
19. Genito-Urinary Medicine
20. Geriatrics
21. Haematology
22. Histopathology including Cytopathology
23. Immunology
24. Infectious Disease
25. Microbiology/Bacteriology
26. Neonatology
27. Nephrology
28. Neurology
29. Neurosurgery
30. Nuclear Medicine

31. Obstetrics and Gynaecology
32. Occupational Medicine
33. Oncology and radiotherapy
34. Ophthalmology
35. Oral and Maxillo-facial Surgery
36. Orthopaedic Surgery
37. Otorhinolaryngology – Head and Neck Surgery
38. Paediatric Surgery
39. Paediatrics
    i. Community Paediatrics
    ii. Paediatric Cardiology
    iii. Paediatric Endocrinology and Diabetes
    iv. Paediatric Gastroenterology, Hepatology and Nutrition
    v. Paediatric Infectious Diseases and Immunology
    vi. Paediatric Nephrology
    vii. Paediatric Neurology
    viii. Paediatric Oncology
    ix. Paediatric Respiratory Medicine
40. Palliative Medicine
41. Plastic Surgery
42. Psychiatry
43. Public Health Medicine
44. Radiology
45. Rehabilitation Medicine
46. Respiratory Medicine
47. Rheumatology
48. Sports and Exercise Medicine
49. Urology
50. Vascular Surgery
51. Virology
52. Medical Oncology