Request with the MCM for a "LETTER OF INTENT" to be presented to the FSM

NOTES:
This is an application for the assessment for registrability but does not guarantee registration.
The LETTER Of INTENT does not guarantee registration if inaccuracies are later discovered
Degrees obtained prior to the Medical Course are not deemed as an integral part of the course duration
The Course requirements listed below are in accordance to EU and Maltese Law
If in doubt, refer to the FAQ or contact MCM at medicalcouncil@gov.mt

Strictly, All sections of the form have to be filled-in. Insert 'not applicable' should it be the case.
Incomplete or late applications will NOT be considered.

Medical Council Reference Number:
(For Office Use)

NAME and SURNAME:

(kindly include any changes)

DATE OF BIRTH:
(dd/mm/yyyy)

NATIONALITY:

(kindly include multi-nationalites)

PASSPORT No:
Date of Issue:
Date of Expiry:

E-MAIL ADDRESS:

RESIDENTIAL ADDRESSES: (Please list current and other addresses for past five years)

Name and Address of University/Medical School (**list country clearly for each year**):

	Year 1	Year 2	Year 3	Year4	Year 5	Year 6
Start Date						
End Date						
University Name						
University Location by Country						

MEDICAL SCHOOL/FACULTY. GIVE FULL ADDRESS OF MEDICAL SCHOOL/UNIVERSITY:

(if different from above)

ADDRESS OF CAMPUS:

COURSE TITLE:

(as listed by University, including Code if available)

THE ABOVE MENTIONED COURSE DETAILS:			
	DATES OF START AND END OF COURSE		
	DURATION OF COURSE IN YEARS	YRS	
	DURATION OF COURSE IN HOURS	HRS	
	SUPERVISED BY UNIVERSITY	YES	NO
	CAMPUS IS WITHIN THE EU	YES	NO

Proceed to Page 2:

SIGNATURE:

DATE:

Continues from Page 1.

STATE IF YOU ARE REGISTERED IN ANY OTHER COUNTRY WITH ANY MEDICAL COMPETENT AUTHORITY/ MEDICAL COUNCIL
Kindly put down the date of registration and if still registered.

STATE ANY PREVIOUS DEGREES WITH START AND END DATES(Include Transcripts in correspondence)

Additional Information:

I, the undersigned, confirm that I have read all instructuions and the Frequently Asked Questions section. I, also guarantee that the above information is correct.

I, the undersigned, consent that all information supplied may be kept by the Medical Council Malta and may be utilised for official purposes.

DATE: Signature:

FRAUDULENT DECLARATIONS WILL BE REPORTED TO THE RESPECTIVE RESPONSIBLE AUTHORITIES

Checklist of Documents (TO BE SUBMITTED IN ENGLISH) required:
1. Transcript of Studies
Note: Applicants who transferred to an EU university course after the first year must submit transcripts for the years completed at the previous university
2.Signed letter from the Dean of University stating conformity with Annex V, start and (expected) end dates of course.

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.