

**APPLICATION FORM FOR REGISTRATION IN THE REGISTER OF THE
COUNCIL FOR THE PROFESSIONS COMPLEMENTARY TO MEDICINE – MALTA**

Application for Registration in the Register

I apply to be registered under article 28 of the Health Care Professions Act.

My name is
(Give full name in capital letters, surname underline)

I was born at on
(day, month, year)

Nationality I.D. No./Passport No.

My home or permanent address* for entry in the Register is
.....
.....

The address* to which my certificate of Registration should be sent is
.....
.....

Tel. No. and, or Mobile No. E-mail

Description of qualification(s)

Date on which conferred

University or entity by which granted

* Give these addresses in full.

I declare that I am/am not registered in another Health Care Profession Register (Malta).

If yes indicate which Register

Signature of applicant

Date of application

The applicant authorizes the Council to make use of the data in accordance to the Data Protection Act (Cap. 440).

The Council reserves the right to refuse to give details of the registered persons in its discretion, which discretion cannot be unreasonable withheld.