

KUMITAT GHALL-APPROVAZZJONI
DWAR- SPECJALISTI
Our Ref
Your Ref
Communications to be addressed
To THE REGISTRAR



SPECIALISTS ACCREDITATION COMMITTEE
181, Melita Street,
Valletta VLT 1129
Malta

Tel: (00356) 21255538
Fax: (00356) 21255541
e-mail: sac@gov.mt
website: www.sahha.gov.mt/entities/sacdenal.html

**CALL FOR APPLICATION FOR THE
CERTIFICATE OF COMPLETION OF GENERAL PROFESSIONAL TRAINING
(CCGPT)
IN DENTAL SURGERY**

The Dental Specialist Accreditation Committee is issuing an open call for applications for the issue of the Certificate of Completion of General Professional Training (CCGPT) in Dental Surgery, in accordance with the document “Dental Training Program – General Professional Training” published on the SAC webpage: <http://www.sahha.gov.mt/entities/sacdenal.html>.

Letters of application including curriculum vitae showing fulfilment of the points hereunder and the associated evidentiary documentation must be submitted in triplicate and addressed to:

The Registrar,
Specialist Accreditation Committee
181, Melita Street,
Valletta, VLT 1129.

1. The applicant’s name should be on the EU List of the Medical Council of Malta. If it is found that applicant is not listed, the application will be considered null and void.

AND

2.1 Successful completion of a taught course at a medical and/or dental school leading to the award of a recognised clinical MSc or MClindent or MDentSci degree from an EU university.

Or

2.2 Successfully completion of an FDS, MFDS, MFGDP or MJDF of any of the Dental Faculties of the Royal Colleges of the United Kingdom (or equivalent).

Or

2.3 A total minimum of four years full-time (or part-time equivalent) working clinical experience (two years in hospital and two years in the health centres) with the Government Dental Services.

Or

2.4 A total minimum of six years full-time (or part-time equivalent) working clinical experience in private general dental practice.

Documentation to be submitted as applicable:

For points 2.1 and 2.2:

Certified true copies of claimed qualifications.

Originals and/or transcripts to be produced on demand.

For points 2.3 and 2.4:

Employers' (Principal/Director/Chairperson/Consultant) declaration/testimonials/references for work experience claimed with the Government Dental Services and/or as an associate dental surgeon. Contact details to be submitted for verification purposes.

Copy of yearly annual clinic licences and a signed declaration for self-employed practice. A sworn declaration to be produced on demand.