

## MALTA

### INFORMATION ON THE EMPLOYMENT OF NON-MALTESE TRAINED OTs

#### STEP 1:

ONE CANNOT WORK AS AN OCCUPATIONAL THERAPIST IN MALTA BEFORE HE/SHE WILL BE REGISTERED AS AN OCCUPATIONAL THERAPIST WITH THE COUNCIL OF PROFESSIONS COMPLEMENTARY TO MEDICINE (CPCM).

IF THE PROFESSIONAL WILL BE VISITING MALTA AND WILL BE WORKING TEMPORARILY HE.SHE ALSO MUST REGISTER UNDER THE TEMPORARY REGISTRATION.

VISIT [WWW.GOV.MT](http://WWW.GOV.MT) - HEALTH AND WEALL BEING – REGULATORY COUNCILS – REGULATORY COUNCILS LIST - CPCM

#### STEP 2:

**PROCESS OF REGISTRATION WITH THE CPCM:** SEND AN E-MAIL TO THE REGISTRAR OF THE COUNCIL WITH YOUR REQUEST AND YOU WILL BE GUIDED ON WHAT DOCUMENTS YOU NEED TO SEND TOGETHER WITH AN APPLICATION FORM TO THE COUNCIL. BELOW ARE THE DOCUMENTS REQUESTED PER APPLICANT.

E-MAIL: [GILLIAN.MIFSUD@GOV.MT](mailto:GILLIAN.MIFSUD@GOV.MT)

### REQUIREMENTS FOR REGISTRATION

1. Application form
2. **Original or authenticated copies of the following (English version):-**
  - (a) Birth and marriage (if applicable) certificates;
  - (b) Identification document – I.D. Card/Passport;
  - (c) **Recent** Police conduct certificate;
  - (d) Professional Document - Diploma/Degree;
  - (e) Letters of reference in English version;
  - (f) A detailed transcript of **Theoretical and Practical** Training and Studies **in hours** associated with the Profession and in relation with the profession syllabus performed by your Institution being the University/College. This has to be endorsed in the original format by the Head/Registrar of your Institution being the University/College;

- (g) A **recent (six months)** verification certificate of current registration and good standing with the Council you are registered with;
- (h) Curriculum Vitae in English version.

**All correspondence and interview will be carried out in Maltese or English**

**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.

**STEP 3:**

THE APPLICATION AND THE DOCUMENTS OF AN EU QUALIFICATION WILL FOLLOW THE EUROPEAN DIRECTIVE 89/48/EEC,92/51/EEC AND 2005/36/EC. UNDER THIS DIRECTIVE A TIME LIMIT OF FOUR MONTHS FOR A RESPONSE ONCE THE COMPLETED FILE WITH ALL THE REQUESTED INFORMATION HAS BEEN SUBMITTED.

NON EU APPLICATIONS WILL BE PROCESSED UNDER THE NATIONAL LAW AND THERE IS NO SPECIFIC TIME LIMIT FOR A RESPONSE.

**STEP 4:**

ONCE REGISTERED, THE INDIVIDUAL CAN APPLY TO ANY JOB VACANCY IN THE PUBLIC/PRIVATE AND VOLUNTARY SECTOR. HOWEVER THE LANGUAGE SPOKEN IN MALTA IS THE MALTESE LANGUAGE. ENGLISH IS ALSO SPOKEN AND WRITTEN. THE EMPLOYER OR DEPENDING ON WHAT THE APPLICATION FORM STATES AS REGARDS TO THE LANGUAGE REQUESTED, WILL THE INDIVIDUAL BE EMPLOYED.

IT IS ADVISABLE THAT BASIC KNOWLEDGE OF THE MALTESE LANGUAGE IS LEARNT.

STEPHANIE VELLA  
COTEC DELEGATE

