



# GUIDELINES FOR NON-EU CITIZENS TO REGISTER WITH THE COUNCIL FOR NURSES AND MIDWIVES OF MALTA

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## Section One

### *Introduction*

These guidelines explain the process and requirements of registration of nurses domiciled in non-Member States with the Council for Nurses and Midwives (NCM) of Malta, as First Level Nurses in terms of Chapter 464 of the Laws of Malta.

### *Qualifying Criteria*

1. **Applicants shall have successfully completed at least a three-year study period comprising at least four thousand and six hundred (4,600) hours in topics specifically mentioned in Article 2 hereunder, of which at least one-third ( $\frac{1}{3}$ ) should be theoretical training and at least one half ( $\frac{1}{2}$ ) clinical training.**
2. Nurses will only be eligible for registration as First Level Nurses if the training programme includes at least the following subjects:
  - A. Theoretical Instruction
    - i. Nursing:
      - Nature and ethics of the profession
      - General principles of health and nursing
      - Nursing principles in relation to:
        - General and specialist medicine
        - General and specialist surgery
        - Child care and paediatrics
        - Maternity care
        - Mental health and psychiatry
        - Care of the old and geriatrics
    - ii. Basic sciences:
      - Anatomy and physiology
      - Pathology

- Bacteriology, virology and parasitology
- Biophysics, biochemistry and radiology
- Dietetics
- Hygiene
- Preventive medicine
- Health education
- Pharmacology

iii. Social sciences:

- Sociology
- Psychology
- Principles of administration
- Principles of teaching
- Social and health legislation
- Legal aspects of nursing

B. Practical Instructions

- Nursing in relation to:
  - General and specialist medicine
  - General and specialist surgery
  - Child care and paediatrics
  - Maternity care
  - Mental health and psychiatry
  - Care of the old and geriatrics
  - Home nursing

3. The applicant shall provide a recent (dated not more than 3 months prior to the date of submission of the application) police conduct certificate/report which should show that s/he has a clean conduct and at least one reference showing that applicant is of good moral character.
4. Verification certificate of current registration and good standing from the original registering body/competent authority, issued not earlier than three months prior to the date of application.
5. Applicants should be legally entitled or authorized to work in Malta.
6. Applicants shall have good communication skills in at least the English language, wherein both the verbal and the written skills are a must.
7. Applicants must apply for registration by means of the CNM's latest Application Form.
8. Documents submitted must be either in Maltese or in English. Documents in any other language shall be presented together with a duly authenticated translation in the Maltese or English language.

Documents to be submitted shall include:

- a) Completed Application Form with a passport-size photograph;

- b) A transcript of nursing studies endorsed by the education authority where studies were carried out. The transcript must clearly explain the number of hours followed in theory and practice including a breakdown in the different topics as explained in note No. 2;
- c) A police conduct certificate issued not earlier than three months prior to the submission of the application;
- d) A birth certificate
- e) Reference documents indicating the periods during which the applicant has practiced the profession. (If an applicant has performed duties in more than one hospital and/or home, a document for each period should be submitted.)
- f) The Degree or Diploma certificate of the study course undertaken;
- g) An authenticated copy of the passport or the identity card of the applicant;
- h) The applicant's Europass curriculum vitae;
- i) A verification certificate of current registration and good standing issued by the original registering body/competent authority, issued not earlier than three months prior to the application date;
- j) Receipt of the relevant fee. (Vide Section Two for the Method of Payment);
- k) An International English Language Testing System (IELTS) Academic level certificate, with a result showing an average score of 6.0; or OET certificate with at least a score of B in speaking and at least C+ in listening, reading and writing.
- l) It is the responsibility of applicants in possession of qualifications awarded by foreign universities to produce a recognition statement on comparability of qualifications issued by the Malta Qualifications Recognition Information Centre (MQRIC) [www.ncfhe.gov.mt](http://www.ncfhe.gov.mt), within the Ministry of Education and Employment, which statement should be submitted with the application. An MQF Level Rating of less than Level 5, will not be considered as valid by the Council.

Applications which do not contain a full set of documents together with the prescribed Form duly filled in, as above indicated, shall not be processed. Copies of any documents submitted must be authenticated by a legal person i.e. a lawyer or a notary public.

All the documents submitted with the application will become the property of the Council and cannot be retrievable by the applicant.

The Council for Nurses and Midwives of Malta reserves the right to refuse any applications not in conformity with the above process.

9. Should an applicant be requested, during the assessment of his/her application, to submit further documents and fails to comply within three months from the date such documents have been requested, it is normal practice for the relative application not to be considered

further.

10. Once the application, together with the requested documents, is submitted to the office of the Council, it will be forwarded for the consideration of the designated committee, who will in turn report their recommendations to the Council.
11. The Council will only communicate with the person submitting an application. No information will be divulged to third parties, including agencies.
12. It is recommended that all applicants will be subjected to a two-month adaptation/orientation period. Such courses will be organized by the office of the Council and applicants will be subject to a fee as decided by the Council.

## Section Two

### ***Methods of Payment***

In terms of Legal Notice 178/2008, the registration fee for non-EU citizens should be Euros 192.50.

No applications will be accepted without the relative registration fee.

Payments may be effected through a bank transfer in favour of the Council for Nurses and Midwives Malta.

Bank Transfers should be forwarded to:

Bank Name: Central Bank of Malta

Account Number: 40001EURCMG5001H

IBAN: MT55MALT011000040001EURCMG5001H

BIC: MALTMTMT

Applicants have to send the bank statement showing that the transfer was successful and if possible the receipt of payment.

Any bank charges or any other charges are to be incurred by the applicant.

Receipts are only valid for three months as shown on the date of the receipt or bank statement. If three months from this date have elapsed, applicants have to effect payment again.

Registration fees of €192.50 are invariably not refundable.

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## Section Three

### ***General Information***

If the applicant is not eligible for registration he or she shall be notified without unnecessary delay.

If the applicant is eligible for registration he or she shall also be notified without unnecessary delay. These applicants may be required to progress to the second phase of the application process, namely a language and professional proficiency test which is carried out through a face to face interview.

Successful candidates will be invited to attend an Adaptation Course which consists of at least 120 hours practice under supervision of a preceptor and at least 2 weeks theory and against a payment of €400.00.

The candidates will then sit for a nursing exam so as to assess their nursing



skills.

The Council for Nurses and Midwives may exempt applicants who have completed recognized local courses in Nursing /Midwifery studies approved by the Council for Nurses and Midwives from attending the Adaptation Course organized by the said Council.

In terms of the Health Care Professions Act (464) article 24 (3), the Council for Nurses and Midwives shall keep separate registers for nurses who are not citizens of Malta or citizens of a Member State, for a period not exceeding two years and subject to any condition as the Council for Nurses and Midwives may deem necessary.

## **List of documents required on submitting an application with the Council for Nurses and Midwives of Malta**

- 1.** Application form (8. a))
- 2.** Transcript (8. b))
- 3.** Birth certificate (8. d))
- 4.** Professional Certificates / Diplomas (8. f))
- 5.** IELTS Certificate average score of at least 6 (8. k)
- 6.** Passport document (8. g))
- 7.** Curriculum Vitae in English (8. h))
- 8.** Police conduct certificate (8. c))
- 9.** Reference letter (8. e))
- 10.** Verification certificate (8. i))   
(Registration and Good Standing certificate)
- 11.** Receipt received (8. j))
- 12.** MQRIC Recognition Letter (8. l))
- 13.** Midwives are to submit the documents mentioned above as well as a LOG Book of births assisted during their training period

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### NOTES

Out Patients Department  
Level 1  
St. Luke's Hospital  
St. Luke's Square  
Guardamangia PTA 1012  
Malta



**Please  
Affix  
Photo  
Here**

### Application for Registration as a Nurse

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Surname \_\_\_\_\_ Full Name \_\_\_\_\_

Maiden Surname \_\_\_\_\_ Status \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Passport or Identity Card Number: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Nationality: \_\_\_\_\_

Qualification: \_\_\_\_\_

Name of Educational Institute: \_\_\_\_\_

Address of Educational Institute: \_\_\_\_\_  
\_\_\_\_\_

Date course was commenced: \_\_\_\_\_ Date of Qualification: \_\_\_\_\_

Professional Registration Authority: \_\_\_\_\_

Address of Professional Registration Authority: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you registered or have you applied for registration with another Health Care Professions' Council? If in the affirmative, kindly give details \_\_\_\_\_

Do you hold a valid work permit for the Maltese islands? \_\_\_\_\_

If not, have you applied for one? \_\_\_\_\_ When: \_\_\_\_\_

## DECLARATION OF APPLICANT

I bind myself and declare that in the event of being registered to the Code of Ethics for Nurses and Midwives and any instructions or directives that may be issued by CNM during the currency of my registration.

I bind myself to inform the Council of any changes regarding the information given within one week of its occurrence

I declare that the information given is accurate and complete as per the Registration Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Please ensure that all the requested documents are attached, as your application will not be considered without them.**

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**Disclaimer: Information Protected - personal information provided on this form is protected and used in accordance with the Data Protection Act (Cap 440 of the laws of Malta) & Health Care Professions Act (Cap 464 of the Laws of Malta)**



Out Patients Department  
Level 1  
St. Luke's Hospital  
G'Mangia



**Please  
Affix  
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### Application for Registration as a Midwife

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Surname \_\_\_\_\_ Full Name \_\_\_\_\_

Maiden Surname \_\_\_\_\_ Status \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Passport or Identity Card Number: \_\_\_\_\_

Date of Birth: \_ / \_ / \_ Nationality: \_\_\_\_\_

Qualification: \_\_\_\_\_

Name of Educational Institute: \_\_\_\_\_  
\_\_\_\_\_

Address of Educational Institute: \_\_\_\_\_  
\_\_\_\_\_

Date course was commenced: \_\_\_\_\_

Date of Qualification: \_\_\_\_\_

Professional Registration Authority: \_\_\_\_\_

Address of Professional Registration Authority: \_\_\_\_\_  
\_\_\_\_\_

Are you registered or have you applied for registration with another Health Care Professions' Council? If yes, kindly give details \_\_\_\_\_

Do you hold a valid work permit for the Maltese islands? \_\_\_\_\_

If not, have you applied for one? \_\_\_\_\_ When: \_\_\_\_\_

## DECLARATION OF APPLICANT

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I declare that the information given is accurate and complete as per the Registration Guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please ensure that all the requested documents are attached, as your application will not be considered without them.

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