

RWANDA MEDICAL AND DENTAL COUNCIL

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ORDRE DES MEDECINS ET DES DENTISTES  
DU RWANDA

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## APPLICATION FOR CPD COURSE ACCREDITATION

### Notice:

- ✚ Before conducting *Category I CPD activity*, accredited CPD provider should apply for the Course accreditation.
- ✚ Completed forms should be sent to Rwanda Medical and Dental Council Secretariat/CPD office or email it to [info@rmdc.rw](mailto:info@rmdc.rw) copy [vuguziga@gmail.com](mailto:vuguziga@gmail.com)

### 1. Course information

Course Name: <b>Training of MD Clinical Mentors on Continuous Quality Improvement and HIV Drug Resistance Mutations</b>	
Start Date:	End Date:
Start time:	End time:
Venue / Location:	
Fee(s) to be charged to the delegates:	
Number of hours (excluding break times):	
CPD Provider and provider No:	
Course facilitator (s):	
Course organizer Contact Name:	Contact E-mail:
Contact Tel No:	

### 2. Course purpose, objectives, teaching and evaluation methodology

Details of **primary purpose** of event:

**Teaching methods;**

Educational content of the event **evaluation** by participants;

### **3. Target Audience**

Audience for whom the event is meant (in details);

Completed and Signed by the **course organizer:**