



THE RWANDA MEDICAL AND DENTAL COUNCIL

(LAW N° 44/2012 of 14/01/2013)

APPLICATION FOR REGISTRATION OF RESIDENT

1. Names
2. Date of Birth
3. Nationality.....ID/Passport.....
4. Address.....Tel.....
5. Email.....
6. Degree (MBBS, BMBS, MBChB, MBBChor BDS, etc):
7. Working Place (Hospital):
8. Internship Evaluation score (%)
9. Internship Center (Name):

Required documents (To be attached and send to info@rmdc.rw or uploaded in the online system)

1. Application Form
2. Copy of ID/Passport
3. Colored passport size photo
4. Notarized copy of University Degree
5. Notarized copy of university transcripts
6. Current License to practice
7. Notarized copy of Internship completion certificate
8. Copy of admission letter into resident program
9. Degree Equivalence issued by HEC (For Foreign Trained applicants)
10. Updated CV
11. Evidence of payment of Registration fees of FRW 40,000 paid at RMDC's account No: 00040-0282401-67 in Bank of Kigali for Rwandans &EAC citizens or 100 USD for Foreigners paid at Bank Account: No.00040-00282400-66, in Bank of Kigali
12. Medical fitness certificate

Signature of applicant

.....Date.....

FOR RMDC OFFICIAL USE:

<p>Received BY: - Name:.....Position..... Signature.....Date.....</p> <p>CHECKED BY: - Name:.....Position..... Signature.....Date.....</p>	<p>APPROVED/NOT APPROVED Name..... Position..... Signature..... Date.....</p>
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NB: The RMDC *Registration Policy* gives detailed information and the process takes maximum 7 days