



**THE RWANDA MEDICAL AND DENTAL COUNCIL**  
**(LAW N° 44/2012 of 14/01/2013)**  
**APPLICATION FOR REGISTRATION OF SPECIALISTS**

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](mailto: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 or Degree Equivalence for foreign trained applicants
5. Notarized copy of university transcripts (3 years minimum residency Program duration)
6. Primary degree (Bachelor of General Medicine and Surgery or Bachelor of Dental Surgery)
7. Residency logbook
8. Clinical portfolio
9. Peer Review Report
10. Certificate of Good standing/ status
11. Police clearance
12. For Foreign Medical Doctors or Dental Surgeons who have completed their residency programs, the Evidence of having successfully passed the written exam and considered as an active candidate is required (Basic vs advanced training).
13. 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
14. Medical fitness certificate

**Signature of applicant** .....Date.....

**FOR RMDC OFFICIAL USE:**

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