

RWANDA MEDICAL AND DENTAL COUNCIL

P.O Box: 7496 KIGALI, RWANDA

TEL: +250788388452



ORDRE DES MEDECINS ET DES DENTISTES
DU RWANDA

E-mail: info@rmdc.rw

Website: www.rmdc.rw

CPD PROVIDER APPLICATION FORM

1.Name of Institution/Organization/Association:

2.Contact Details

Country:

City:

Po.Box:

Telephone No:

Email address:

Website:

3.Category of Organization (use \surd)

Public: ()

Private: ()

Non for profit: ()

4.Type of Accreditation Requested

Basic Medical Sciences:

Specify.....

Medical/Dental Surgery

(Specify).....

Administration/Management

(Specify).....

Information and Communication Technology

(Specify).....

Law/Medico-Legal

(Specify).....

E-learning

(Specify).....

Other

(Specify).....

5.Evidence of previous performance or training activities (to be attached)

6.List of Prospective Persons to deliver CPD

(Attach notified copy of degree, evidence of Qualifications and Expertise).

Notice: All medical doctors involved must hold current License to Practice

Names	Qualifications	Council Registration Number

.....

Full Names and Signature + Stamp of Head of Institutions/Organization

Date

FOR RMDC OFFICE USE ONLY

I certify that..... Fulfilled /Not Fulfilled
the requirements of necessary for the purpose of serving as **CPD Provider** in the area of

.....

.....

Name and Signature of the Chairman of CPD Coordination Committee

Date

Therefore, is hereby Accredited/ Not Accredited as
CPD Provider in the area of.....

.....

Name and Signature of the Chairman of CPD Coordination Committee

Date