



THE RWANDA MEDICAL AND DENTAL COUNCIL
(LAW N° 44/2012 of 14/01/2013)
APPLICATION FOR FULL LICENSE AS A MEDICAL OR DENTAL PRACTITIONER

1. Names.....

2. Date of Birth..... Nationality.....

3. ID No./Passport No.....

4. Address..... Cell Phone.....

5. Email.....

6. Degree, Diploma or Licence held(official translation if necessary).....
 Dates qualified.....

7. Name of medical/dental school..... Email.....

8. Name of Internship Training Centre..... Email.....
 Period of internship from..... to.....

9. Particulars and testimonials covering the period(s) of experience.....

10. Professional Category:.....

11. Name of employer/organisation..... Address.....
 Email..... Tel.....

Requirements:

1. Relevant Application form
2. Copy of ID/Passport
3. Colored passport size photo
4. Certified copies of Degree
5. Academic transcripts
6. Internship completion certificate
7. Curriculum Vitae
8. Evidence of employment/job offer in a recognized institution.
9. Degree Equivalence issued by the Higher Education Council (HEC) confirming recognition of the medical/dental school (if foreign trained)
10. Police clearance/Extrait du casier judiciaire
11. Evidence of payment of Registration fees of 60,000Rwf paid at RMDC's account No. 00040-0282401-67 in Bank of Kigali
12. Evidence of registration from EAC Partner States Board's and councils (for those applying for reciprocal registration)
13. Medical and Mental examination report

I hereby certify that the above information is correct to the best of my knowledge and that I have met the above requirements.

II

Signature of applicantDate.....

FOR OFFICIAL USE:

RECEIVED BY: - Name:.....Position..... Signature.....Date.....	APPROVED/NOT APPROVED Name..... Position..... Signature..... Date.....
CHECKED BY: - Name:.....Position..... Signature.....Date.....	