



THE RWANDA MEDICAL AND DENTAL COUNCIL
(LAW N° 44/2012 of 14/01/2013)
APPLICATION FOR TEMPORARY LICENSE FOR INTERN

- 1. Names
- 2. Date of Birth.....Nationality.....
- 3.Address.....Tel.....
- 4.Email.....ID/Passport.....
- 5. Degree, Diploma or Licence held (provide translation if necessary)
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- 6. Name of Medical/Dental School.....Address.....
Email.....Website.....
- 7. Name of Internship Training CentreAddress.....

Requirements:

- 1.Application Form (signed)
- 2.Copy of ID/Passport
- 3.Coloured passport size photo
- 4.Certified copy of University Degree or Degree Equivalence issued by the High Education Council for foreign trained intern doctors.
- 5.Certified copies of Academic transcripts
- 6.Detailed Current CV
- 7.Indexing certificate
- 8.Medical fitness certificate
- 9.Proof of successful passing Council Qualifying Examinations
- 10.Proof application fees of 30,000 FRW paid to the RMDC account No. 00040-0282401-67 in Bank of Kigali.
- 11.Police Clearance (Extrait du casier judiciaire)
- 12.Study leave (for those who were in service)

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

Signature of applicantDate.....

FOR OFFICIAL USE:

<p>PREPARED BY: - Name:.....Position..... Signature.....Date.....</p> <p>CHECKED BY: - Name:..... Position</p> <p>Signature.....Date.....</p>	<p>APPROVED/NOT APPROVED Name..... Position</p> <p>Signature..... Date.....</p>
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