

Reg.



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

- 1. Names .....
- 2. Date of Birth.....
- 3. Nationality.....
- 4. Address.....Tel.....
- 5. Email.....
- 6. Degree (MD or BDS, or Mmed): .....

**Requirements (To be attached)**

- 1. Copy of ID/Passport
- 2. Coloured passport size photo
- 3. Certified copy of University Degrees or Degree Equivalence issued by the High Education Council for foreign trained (if necessary).
- 4. Certified Academic Transcripts
- 5. Internship completion certificate
- 6. Curriculum Vitae(CV)
- 7. Evidence of payment of Registration fees of **USD 100** paid at RMDC's account N°: **00040-0282400-66** in Bank of Kigali
- 8. Medical fitness certificate

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

**FOR RMDC OFFICIAL USE:**

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