



THE RWANDA MEDICAL AND DENTAL COUNCIL
(LAW N° 44/2012 of 14/01/2013)

APPLICATION FOR CERTIFICATE OF STATUS/ GOOD STANDING

SECTION A - Identification

1. Names Reg.No.....
2. Date of Registration with RMDC.....Nationality.....
3. Address..... Tel.....
4. Email.....
5. Qualification.....
6. Name of Medical/Dental School.....
7. Reasons for Certificate of status.....
8. Intended country of stay/study/practice.....Institution.....
9. If certificate is for travel, when are you expected back into the country.....

SECTION B - REFEREE

I Dr./Prof. (Names in full).....
(indicate Full Names as they appear in the Register)
Reg. No.....of P O Box

Telephone (Mobile)..... Email.....

Being a practitioner of good standing, I do hereby declare that I have been and I am well acquainted with
the said Dr.....
Reg. No./Licence No.....
For the past.....years; and further declare that

During this time he/she: -

- (i) Has been engaged in Medical/Dental practice.
- (ii) Has conducted himself/herself well socially and in a responsible manner.
- (iii) His/Her character and conduct have been.....
- (iv) Reasons for certificate of status.....

Date.....Signed.....

Requirements

- (i) A recommendation by a registered practitioner of good status (in section B above)
- (ii) Attach copy of current license to practice
- (iii) Evidence that the practitioner is not under any investigation by the Council
- (iv) Application fee of 50,000Rwf
- (v) All payments should be made at any Bank of Kigali countrywide to RMDC's account No.
0040-0282401-67

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

Signature of Applicant.....Date

FOR RMDC OFFICIAL USE:

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

