



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

APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN PRACTITIONERS (VOLUNTARY MISSION)

1. Names
2. Date of Birth.....Nationality.....
3. Address.....Tel.....
4. Email.....
5. Degree, Diploma or Licence held (provide official translation if necessary).....
6. Name of medical/dental school.....Dates qualified.....
7. Particulars of Experience (e.g. posts held, type of practice in which the applicant has been engaged, countries in which the applicant has practiced).....
7. Recognized Speciality:.....
8. Testimonials Covering the Period(s) of Experience
9. Name of employer:.....Address.....
Email.....Tel No.....
10. Is this New Application or Renewal?Licence No.....

Requirements:

1. Relevant Application Form
2. Copy of ID/Passport
3. Colored pass port size photo
4. Certified copies of Degree/professional certificates and transcripts
5. Certificate of Status
6. Introduction (recommendation)letter/job offer from the institution
7. Copy of registration certificate from respective Medical Boards/Councils
8. Copy of current/last license to practice
9. Copy of current CV
10. License fees of **50USD** for a period not exceeding 1 month (paid at Bank of Kigali : RMDC account No.00040-0282400-66 in USD)

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