



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

APPLICATION FOR REGISTRATION OF GENERAL PRACTITIONERS

1. Names
2. Date of Birth
3. Nationality..... ID/Passport.....
4. Address..... Tel.....
5. Email.....
6. Degree (MBBS, BMBS, MBChB, MBBChor BDS, etc):
7. Working Place (Hospital):
8. Internship Evaluation score (%)
9. Internship Center (Name):

Required documents (To be attached and send to rwandamedicalanddentalcouncil1@gmail.com)

1. Application Form
2. Copy of ID/Passport
3. Colored passport size photo
4. Notarized copy of University Degree
5. Notarized copy of university transcripts
6. Notarized copy of Internship completion certificate
7. Degree Equivalence issued by HEC (For Foreign Trained applicants)
8. Updated CV
9. Evidence of payment of Registration fees of FRW 40,000 paid at RMDC's account No: 00040-0282401-67 in Bank of Kigali for Rwandans & EAC citizens or 100 USD for Foreigners paid at Bank Account: No.00040-00282400-66, in Bank of Kigali
10. Medical fitness certificate

Signature of applicant
Date.....

FOR RMDC 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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NB: The RMDC *Registration Policy* gives detailed information and the process takes maximum 7 days