



**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.....

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 Centre .....Address.....  
Email.....

**Requirements:**

- (i) Copy of ID/Passport
- (ii) Colored passport size photograph
- (iii) Evidence of completing Medical/Dental Training in an accredited University in Rwanda
- (iv) Evidence of having completed Medical/Dental Training in an institution within the EAC that qualifies for reciprocal recognition (if necessary).
- (v) Proof of application fees of 30,000Frw to the RMDC account No. 00040-0282401-67 in Bank of Kigali.
- (vi) Police clearance (Extrait du casier judiciaire).
- (vii) Recommendation letter

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

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

**FOR OFFICIAL USE:**

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