



THE RWANDA MEDICAL AND DENTAL COUNCIL

(LAW N° 44/2012 of 14/01/2013)

APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN DOCTORS

1. SurnameOther Names
2. Date of Birth.....Nationality.....
3. Address.....Code.....Town.....Tel.....
4. Email.....
5. Degree, Diploma or Licence held (provide official translation)
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:.....
8. Testimonials Covering the Period(s) of Experience
9. Name of employer:.....Address.....Code.....
Email.....Tel No.....
10. Is this New Application or Renewal?Licence No.....

Requirements

- (i) Copy of ID/Passport
- (ii) Colored pass port size photo
- (iii) Certified copies of professional certificates and transcripts
- (iv) Certificate of Status
- (v) Introduction letter/job offer from the institution
- (vi) Copy of registration certificate from respective medical Board/Council
- (vii) Copy of current/last practice license
- (viii) Copy of current CV
- (ix) Administration fees: 10.000 frw for a short registration of less than one month
- (x) All payments should be made at any BK Branch countrywide to RMDC account No.00040-0282401-67,

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:

The process takes a maximum of two (2) weeks

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