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**PHOTO**

**THE RWANDA MEDICAL AND DENTAL COUNCIL**

(**LAW** **Nº 44/2012 of 14/01/2013***)*

**APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN DOCTORS**

1. Surname ………………………………………………………………Other 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 applicant …………………………………………………………………Date……………………………………………

**FOR OFFICIAL USE:**

The process takes a maximum of two (2) weeks

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| **PREPARED BY:** -   |  | | --- | | Name:………………………………………Designation……………..  Signature…………………………………..Date…………………………  **CHECKED BY:** -  Name:………………………………………Designation……………….  Signature…………………………………..Date………………………… | | **APPROVED/NOT APPROVED**   |  | | --- | | Name……………………………………………………………  Designation……………………………………………………  Signature………………………………………………………  Date……………………………………………………………… | |