



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

**APPLICATION FOR TEMPORARY LICENCE FOR FOREIGN PRACTITIONERS**

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:.....
8. Recognized Specialty:.....
9. Testimonials Covering the Period(s) of Experience
10. 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 passport size photo
4. Certified copies of Degree/professional certificates and transcripts
5. Certificate of Status/Good standing
6. Introduction (recommendation) letter/job offer from the institution
7. Copy of registration certificate from respective medical Board/Council
8. Copy of current/last license to practice
9. Copy of current CV
10. For Medical Doctors who have completed their residency programs, the Evidence of having successfully passed the written exam and considered as an active candidate is required
11. Degree Equivalence issued by the Higher Education Council (HEC) confirming recognition of the medical/dental school(Where applicable)
12. License fees of 300 USD for the period exceeding 1 month and 50USD for a period of 1 month or less (paid at Bank of Kigali : RMDC account No.00040-0282400-66 in USD or 00040-0282401-67 in Rwf)

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:**

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