



**THE RWANDA MEDICAL AND DENTAL COUNCIL**  
**(LAW N° 44/2012 of 14/01/2013)**  
**APPLICATION FOR ANNUAL LICENSE TO PRACTICE**

1. Names ..... Reg.No.....
2. Date of Birth.....Nationality.....
3. Address.....Tel.....
4. Email.....
5. Working Place (Health Facilities)..... Address .....
5. Basic Qualifications ..... Postgraduate qualifications.....
6. Recognized specialty .....
7. Recognized sub specialty .....

**Requirements**

- (i) Acquire a minimum of **50 CPD credits** in the calendar year
- (ii) Evidence of Recognized Specialty or Subspecialty
- (iii) Renewal fee **FRW 60,000** for Rwandan, EAC & CEPGL citizens and **300USD** for foreigners.

**\* Late application will attract penalties as stated in RMDC Internal Rules and Regulations.**  
**\* Payments at Bank of Kigali countrywide to RMDC’s account No: 00040-0282401-67FRW & 00040-0282400-66 USD**

Computer generated and stamped banking slip together with renewal form should be, within the first week, either emailed to licenserenewal@rmdc.rw or posted to the RMDC Office.

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

Signature.....Date.....

**FOR OFFICIAL USE:**

The process takes a maximum of One (1) week.

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