



MEDICAL AND DENTAL COUNCIL – GHANA

REQUIREMENTS FOR TEMPORARY REGISTRATION

1. Application Form (¢150,000)
2. Diploma(s) / Certificate(s) – Certified (Notarized) Copy (ies).
3. 1 Passport Photograph
4. 2 Letters of Reference
5. Registration Fees (\$400)-For 2008
6. Letters of Experience
7. Certificate of Good Standing or Current license to Practice (applicable to all applicants not provisionally registered with Council)
8. C.V./Resume
9. Letter from **Regional Director of Health Services (RHDS)** of the Region in which the Practitioner would be working
10. Evidence of selection for employment

Please call **021-661620/661606** or Email:registration@mdcghana.org for further information or clarification