



MEDICAL AND DENTAL COUNCIL – GHANA

REQUIREMENTS FOR TEMPORARY REGISTRATION

1. [Application Form](#) (GH¢38)
2. Diploma(s) / Certificate(s) – Certified (Notarized) Copy (ies).
3. 1 Passport Photograph
4. 2 Letters of Reference
5. Registration Fees (\$759)
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](#)

N.B. All documents in languages other than English should be translated to English.

Please call: **0302-661620/661606**

Email: registration@mdcghana.org or info@mdcghana.org