



# MEDICAL & DENTAL COUNCIL, GHANA

"GUIDING THE PROFESSION, PROTECTING THE PUBLIC"

## INSPECTION FOR THE RECOGNITION OF FOREIGN TRAINING INSTITUTIONS

### RFTI FORM I

1. Name of University: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
Province/Region/State/City: \_\_\_\_\_  
\_\_\_\_\_  
Country: \_\_\_\_\_
3. Email Address: \_\_\_\_\_
4. Website: \_\_\_\_\_
5. Telephone Numbers: \_\_\_\_\_  
\_\_\_\_\_
6. Programme:    *Medical*                       *Dental*
7. Status of Institution: Public/Government                       Private
8. Is the Institution Accredited in the Country of Origin? Yes     No   
Name of Accreditation Body and Expiry Date of Accreditation If Yes: \_\_\_\_\_  
\_\_\_\_\_
- Explain, if No: \_\_\_\_\_
9. Duration of Training: \_\_\_\_\_
10. Degree Title: \_\_\_\_\_
11. No. of Ghanaian Students Currently in Training (*if any*): \_\_\_\_\_
12. Language of Training (*English Medium*): Yes     No:  \_\_\_\_\_

13. Name(s) of Affiliate Hospital(s):

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_
- iv. \_\_\_\_\_
- v. \_\_\_\_\_
- vi. \_\_\_\_\_

14. Name of Contact Person: \_\_\_\_\_

15. Email Address: \_\_\_\_\_

16. Telephone No. \_\_\_\_\_

17. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY: to be completed by the Medical and Dental Council, Ghana**

1. Received by \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

3. Application Checked by: \_\_\_\_\_

4. Signature of Officer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Registrar's Approval: \_\_\_\_\_

6. Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NB: Institutions interested in Council's inspection of their University/School for possible recognition of their students should complete and submit this form to the Address below:**

**The Registrar,**  
Medical and Dental Council, Ghana,  
P. O. Box AN 10586,  
Accra, Ghana.

Tel.: +233 302 661 620 / +233 302 661 606

Email: [registrar@mdcghana.org](mailto:registrar@mdcghana.org)

Website: [www.mdcghana.org](http://www.mdcghana.org)

The **Inspection Fee** would be communicated to the University/School on receipt of the completed form. Inspection of the University/School **is dependent on the payment of the approved fee.**