



# MEDICAL AND DENTAL COUNCIL – GHANA

## REQUIREMENTS FOR FULL REGISTRATION

1. Application Form (GH¢15)
2. Diploma(s) / Certificate(s) – Certified (Notarized) Copy (ies).
3. 1 Passport Photograph
4. 2 Letters of Recommendations
5. Registration Fees (GH¢80)-For 2010
6. Confidential Reports from Each department
7. Completed Log Books from Each department dully signed by HOD and CEO
8. Deadline for submission of all documents is **TWO WEEKS** after completion of Last Rotation.
9. Evidence of CPD

**NB: Practitioners are to note that Late Submission attracts an Administrative Cost.**

Please call **021-661620/661606** or Email:**mdcaccra@yahoo.co.uk** for further information or clarification