



RWANDA ALLIED HEALTH PROFESSIONS COUNCIL

“In pursuit of Quality Healthcare services”

LIST OF REGISTRATION REQUIREMENTS

1. Application Letter addresses to the Chairperson of Rwanda Allied Health Professions Council
2. Fill a Registration form properly found on our website(www.rahpc.org.rw).
3. Provide 1 Passport Photos in color on a white Background (Good Quality Scan)
4. Copy of ID or Valid Passport
5. Provide all qualifications notified copies (color), bring the originals and notified scanned on collection of your documents
6. Academic Transcripts (Bulletins) not notified
7. Employer's Certificate (Attestation de service)
8. Equivalence for those who studied outside Rwanda
9. Criminal record Clearance (Extrait du Casier Judiciaire)
10. Provide proof of previous registrations for those who were working outside Rwanda
11. Bank Deposit Slip as proof of payment of Registration fee of:

- Account Number: **RWF 00262-00494227-39 / Bank of Kigali / RAHPC**

RWF 4401863496 KCB / RAHPC

USD 00262-0670194-48 / Bank of Kigali / RAHPC

For any Inquiry contact:

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