

# MEDICAL COUNCIL OF TANGANYIKA

(Communications to be addressed to THE REGISTRAR)

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Office of the Registrar  
6 Samora Machel Avenue  
P. O. Box 11478  
DAR ES SALAAM  
TANZANIA

## APPLICATION FOR TEMPORARY REGISTRATION

(Under S. 35A of the Medical Practitioners and Dentists Ordinance, Cap. 409 of the Laws of Tanzania)

### PART I

(To be completed by the Applicant)

1. NAMES:  
Last Name:.....  
First Name:.....  
Other Names: .....
2. Date of Birth: .....
3. Nationality: .....
4. ADDRESS:
  1. Permanent: .....
  2. Temporary .....
  3. Tel. No. ....
  4. E-mail: .....
  5. Employer in Tanzania.....
5. Qualification: .....
6. Awarding Authority/University.....  
.....  
.....
7. Year of award.....

I hereby apply for Temporary registration with the Medical Council of Tanganyika.

.....  
**Signature of Applicant**

.....  
**Date**

**PART II  
STATUTORY DECLARATION**

I,.....  
Do solemnly swear/affirm as follows:-

1. That I attended training and attained the qualification stated hereunder.

Training Institution	Course pursued	Duration of training	Qualification attained

2. That I have worked in the following places for more than three years since qualifying.

No.	Name of Institution	Address
1.		
2.		
3.		
4.		
5.		

3. That the attached **certified copies** of documents relating to my training (degree, certificate, diploma, etc) are true copies of the original.

1.	
2.	
3.	
4.	
5.	

4. That,  
 (a) I have never been barred from practicing my profession on the ground of professional misconduct.  
 (b) My name has never been removed from any register of members of my profession kept in accordance with the laws of countries or states in which I have practiced my profession, and  
 (c) No inquiry is pending which may result in the disciplinary action being taken against me.
6. And I solemnly make this declaration, conscientiously believing the same to be true and I am aware that false statement may lead to legal action taken against me.

.....  
**Signature of Applicant**

.....  
**Date**

***This form is to be submitted with the following:-***

1. Certified copy of qualifying diploma/degree (MD/MB.BS/MB.,ChB/DDS/BDS:
2. Certificate of verification of diploma /degree by the Tanzania Commission for Universities.
3. One passport size photograph.
4. Certificate of registration from the registering authority of the last jurisdiction of practice.(Certified)
5. Original Certificate of Good Standing from the registering authority of the last jurisdiction of practice. (Only acceptable within six months from the date of issue).
6. Curriculum Vitae.
7. Certified copy of passport.
8. A non refundable fee of USD. 500.0/=( payable to Medical Council of Tanganyika, Account Number **100-8686-005**, Twiga Bankorp Limited
9. Introductory /Covering letter from Host Institution/ Hospital in Tanzania.

**Note:** *i. Documents which are not in English Language must be interpreted by a recognized authority and attached to the documents of the original language.*  
*ii. An allowance of three months must be assumed to process the application.*

**PART III**

**(FOR OFFICIAL USE ONLY)**

**DECISION:**

1. This application has been approved/rejected for the following reasons:-

.....  
.....  
.....

.....  
**Signature of Registrar**

.....  
**Date**

Practitioners and Dentists (Fees and General) (Amendment of Schedule)

(contd.)

**B: ASSISTANT MEDICAL AND DENTAL PRACTITIONERS (AMO/ADO)**

No.	Item	Fee
)	Licence to practice	Tshs.75,000/=
)	Recognition of Additional Qualifications	Tshs.50,000/=
)	Certificate of Good Standing and extracts	Tshs.100,000/=
)	Practising Licence	Tshs.50,000/=
)	Restoration in the Register	Tshs.500,000/=
)	Retention in the Register	Tshs.50,000/=
)	Duplicate Certificate	Tshs.100,000/=

**C: REGISTERED FOREIGN MEDICAL AND DENTAL PRACTITIONERS (MD/DDS)**

No.	Item	Fee
)	Temporary Registration	USD \$ 500.00
)	Recognition of Additional Qualifications	USD \$ 200.00
)	Certificate of Good Standing and extracts	USD \$ 150.00
)	Restoration in the Register	USD \$ 1,000.00
)	Knowledge and skills evaluation	USD \$ 200.00
)	Annual Practising Licence	USD \$ 300.00
)	Renewal of Temporary Registration	USD \$ 250.00
)	Duplicate Certificate	USD \$ 100.00
)	Student doctor	USD \$ 100.00
)	Lecturer	USD \$ 300.00

**D: LETTER OF AUTHORISATION FOR MEDICAL AND DENTAL PRACTITIONERS**

No.	Item	Fee
)	Doctors intending to practice in Tanzania for not more than 10 days	USD \$ 200.00
)	Doctors intending to practice in Tanzania for not more than 3 months	USD \$ 300.00

Dr. es Salaam,  
26th June, 2015

SEIF SELEMAN RASHID,  
Minister for Health and Social Welfare

Medical Practitioners and Dentists (Fees and General)(Amendment of Schedule)

GOVERNMENT NOTICE No. 283 published on 30/6/2015

THE MEDICAL PRACTITIONERS AND DENTISTS ACT,  
(CAP. 152)

RULES

(Made under section 45)

THE MEDICAL PRACTITIONERS AND DENTISTS (FEES AND GENERAL)  
(AMENDMENT OF SCHEDULE) RULES, 2015

1. These Rules may be cited as the Medical Practitioners and Dentists (Fees and General)(Amendment of Schedule) Rules, 2015 and shall be read as one with the Medical Practitioners (Fees and General) Rules 1959 hereinafter referred to as the principal Rules.

Citation

2. The Schedule to the principal Rules is revoked and substituted with the following Schedule:

Revocation

FIRST SCHEDULE

REGISTRATION FEES

The various fees prescribed under this schedule shall be paid in respect of the matter set out opposite to such fees.

A: REGISTERED MEDICAL AND DENTAL PRACTITIONERS (MD/DDS)

No.	Item	Fee
	Provisional Registration	Tshs.40,000/=
	Temporary Registration	Tshs.60,000/=
	Full Registration	Tshs.150,000/=
	Recognition of Additional Qualifications	Tshs.200,000/=
	Certificate of Good Standing and extracts	Tshs.250,000/=
	Retention in the Register	Tshs.100,000/=
	Restoration in the Register	Tshs.500,000/=
	Knowledge and skills evaluation	
	(i) General Practitioners	Tshs.100,000/=
	(ii) Specialists	Tshs.200,000/=
	Practising Licence	Tshs.150,000/=
	Duplicate Certificate	Tshs.100,000/=