RWANDA ALLIED HEALTH PROFESSIONS COUNCIL

"In pursuit of Quality Healthcare services"

LIST REQUIREMENTS FOR STUDENT INDEXING

1. Fill a Student registration Form (You get it on our website)
2. Copy of ID or Valid Passport
3. Provide a copy of a valid student card.
4. Certificate of Secondary School Studies
5. One Passport Photo
6. Bank Deposit Slip as proof of payment of Application fee of:

   - Registration: 5,000 Frw

Account Number

RWF 00262-0494227-39 / Bank of Kigali / RAHPC

USD 00262-060194-48 / Bank of Kigali / RAHPC

Send all documents to

application.rahpc@rahpc.org.rw