



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL
MINISTRY OF HEALTH

P.O. Box 16115,
Plot 6, Lourdel Rd., Wandegaya,
Kampala, Uganda.
Tel: +256-414-345844
E-mail: registrar@umdpc.com
Website: www.umdpc.com

**REQUIREMENTS FOR PRE-REGISTRATION EXAMINATIONS – MEDICAL
LICENSURE EXAMINATION BOARD (MLEB) REGISTRATION**

1. University Degree/Professional Medical Qualification (Original, scanned or certified)
2. Evidence of transcripts (Original, scanned or certified)
3. All documents written in a language other than **English** must be accompanied by a copy of an official translation of the document, which is duly certified by a Notary
4. All applicants will be required to sit appropriate Council Examinations before Licensure (Written and Clinical)
5. Council has designated **two (2)** examinations per year commencing **March** and **August** of every year
6. Council approved to a maximum of **four (4)** attempts for all candidates after being unsuccessful, thereafter you shall be referred to the University of your Choice for retraining.
7. Payment of fees: **\$200** for **Ugandans** and **\$500** for **Non Ugandans** should be deposited in the **UMDPC** Account details as below:
Bank: Standard Chartered Bank
Branch: Speke Road Branch (Dollar account ONLY)
Account No.: 8702010712600
8. Applicants' documents should be received at least **three (3)** months in advance in order to allow for timely processing of the request.