



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

MINISTRY OF HEALTH

P.O. Box 16115,

Kampala, Uganda.

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E-mail: registrar@umdpc.com

VERIFICATION OF DOCUMENTS FOR ADDITIONAL QUALIFICATION

DATE.....

Sn	Documents Presented	Available	Comments/Remarks
1.	Evidence of Transcripts (original, scanned or certified)		
2.	Current Certificate of Registration in Country of Origin (original, scanned or certified).		
3.	Certificate of Good Standing (for Ugandans who travelled abroad for the period they were out of Uganda)		
4.	Two (2) recent Passport size photographs		
5.	Duly filled-in application forms		
6.	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.		
7.	Registration fees		

Received by..... Verified by..... Approved by.....

Name..... Name..... Name.....
(Reg. Officer) (Accountant) (Registrar)