



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

MINISTRY OF HEALTH

P.O. Box 16115,

Kampala, Uganda.

Tel/Fax: +25 6-41-345844

E-mail: registrar@umdpc.com

VERIFICATION OF DOCUMENTS FOR RENEWAL OF HEALTH UNIT LICENCE

DATE.....

Sn	Documents Presented	Available	Comments/Remarks
1.	Duly filled application form endorsed by local authority		
2.	Doctors commitment letter		
3.	Valid Annual Practising License		
4.	Previous copy of an Operating License.		
5.	Experience of 3 years.		
6.	Doctor. not supervising another Clinic		
7.	Application fees		

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

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