



UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

MINISTRY OF HEALTH

P.O. Box 16115,
Plot 6, Lourdel Rd., Wandegaya,
Kampala, Uganda.
Tel: +25 6-414-345844
E-mail: registrar@umdpc.com

VERIFICATION OF DOCUMENTS FOR TEMPORARY REGISTRATION

DATE.....

Sn	Documents Presented	Available	Comments/Remarks
1.	University Degree/Professional Medical Qualification Certificates (original, scanned or certified)		
2.	Transcripts of University degree/Professional Medical Qualification Certificates (original, scanned or certified)		
3.	Current Certificate of Registration in Country of Origin (original, scanned or certified).		
4.	Certificate of Good Standing (original, scanned or certified)		
5.	Curriculum Vitae		
6.	Reference letters from three (3) Professional Associates		
7.	Letter of introduction/invitation from intended Employment/Place of Work in Uganda		
8.	For Specialists:-Evidence of Postgraduate Training of not less than three(3) years		
9.	Two (2) recent Passport size coloured photographs		
10.	Duly filled-in application forms		
11.	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.		
12.	Registration fees		

Received by..... Verified by..... Approved by.....
Name..... Name..... Name.....
(Reg. Officer) (Accountant) (Registrar)

Payments: Non Ugandans in **Public Sector** - \$200 Renewal - \$100
Non Ugandans in **Private Sector/NGO** - \$400 Renewal - \$200

Bank Details

Account Name: Uganda Medical and Dental Practitioners Council (UMDPC)

Account No: 8702010712600

Bank: Standard Chartered Bank, Speke Road Branch