

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL



MINISTRY OF HEALTH
P.O. Box 16115, Kampala
Block 5. Plot 442 Kafeero Zone road
Off Mawanda road, Mulago Hill
Tel: +256-414-345844
E-mail: registrar@umdpc.com
Website: www.umdpc.com

**ATTACH
RECENT
COLOURED
PASSPORT SIZE
PHOTOGRAPH**

APPLICATION FORM FOR ANNUAL PRACTICING LICENCE

- 1. Calendar year applied for.....
- 2. Surname: First names:
- 3. Telephone No..... E-mail.....
- 4. Current Ugandan Employer
- b) Current Postal Address
- c) Current Position
- d) Employment Date: From To
- 5. Medical/Dental Qualifications, Year attained & institution.

For example: MBChB 2011 MUST / BDS 2010 MUK

.....
.....

7. Are you actively Practising or not? Yes No

8. Current Employment: (tick)

1=Full-time Private 2=Part-time Private 3=Full-time Government/NGO

9. CME hours attained during last year: (*attach evidence*)

Verified by:

NOTE: Please attach a copy of last year's Annual Practicing Licence.

Signature: Applicant Date:

Approved Registrar Date

NOTE: The 31st day of March is the deadline for renewal of APL or else a surcharge of 30,000/= is imposed.

Payments: General Practitioners – 100,000/= Specialists – 200,000/=

Bank Details

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

Account No: 9030005784785

Bank: Stanbic Bank

Branch: Forest Mall

***Note: any Stanbic Bank Branch can receive the Payments**