

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

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 that any Stanbic Bank Branch can receive the Payments