



APPLICATION FORM FOR ANNUAL PRACTICING LICENCE

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

NOTE: Please attach a copy of your last Annual Practicing Licence.

Signature: .....

Date: .....

Approved ...../ Registrar Date .....

**Payments:** Generalists – 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\***