



APPLICATION FOR RENEWAL OF REGISTRATION OF HEALTH UNIT

1. Calendar year applied for:
2. Name of Health Unit:
3. Owner's Name:
4. Owner Phone No.....
5. Owner Email.....
6. Supervisor's Name:
7. Supervisor Phone No
8. Supervisor Email.....
9. Health Unit Locality (Fill in the spaces below)

RURAL AREA		URBAN (Town/municipality/City)	
Village/Trading Centre		Plot No./Street/Ward	
Sub County		Division	
County		Town	
District		District	

10. Category of health unit (tick)
 - a. Medical
 - b. Dental
 - c. Medical and Dental
 - d. Hospital
 - e. Nursing Home
 - f. Maternity
 - g. Others
11. Is the Health Unit Under (tick)
 - a. Private
 - b. Public
 - c. Religious Bodies
 - d. NGOs
12. Is the Health Unit
 - a. Outpatient Centre
 - b. In-Patient Centre

Bed Capacity
13. Available support facilities:
 - 1= Laboratory services 2= X-ray/ Ultra sound services
 - 3= Radiotherapy 4= Ambulance
 - Others.....

Signature of Inspecting Officer.....
Full names of Inspection Officer.....
Date of Inspection.....
Recommendations of DHO
.....
.....
Approved/ Registrar..... Date

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