

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**

APPLICATION TO CONDUCT SURGICAL/MEDICAL/DENTAL CAMP(S)

SECTION 1: DETAILS OF THE APPLICANT

a) Individual Application

Name (as it appears on the National ID/Passport):

ID Number/Passport No.: _____ Nationality: _____

P.O. Box _____ Town _____ District _____

Email address _____

Telephone No.: _____ Mobile No.: _____

b) Institutional Application

Name of the institution (as it appears on registration certificate/certificate of incorporation) where appropriate

Country of Registration, where appropriate _____

P.O. Box _____ Town _____ District _____

Physical Location:

Email address _____

Telephone No.: _____ Mobile No.: _____

SECTION 2: DETAILS OF THE CAMP

Name of Surgical/medical/dental Camp Coordinator:

ID Number/Passport No.: _____ Nationality: _____

Duration of the surgical/medical/dental camp:

From: _____ To: _____

Location:

District _____ Sub-District _____

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Further details of the surgical/medical/dental camp site (include details of the specific _____ location):

Name of sponsoring entity _____

Country of registration of sponsoring entity, where appropriate _____

Estimated no. of patients to be seen _____

Services to be offered during the camp:

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____
- (v) _____

SECTION 3: REQUIREMENTS

Attach the following documents, to this application form, in the prescribed order:

1. Copies of up-to-date licenses of **ALL** medical/dental practitioners involved in the surgical/medical/dental camp;
2. Copies of up-to-date licenses of **ALL** other health personnel involved in the surgical/medical/dental camp;
3. List of **ALL** medical/dental personnel involved in the surgical/medical/dental camp;
4. A copy of the registration certificate of the applying Institution
5. Letter of authorization from the Local Government/Authority;
6. List of **ALL** Surgical/medical/dental Equipment/infrastructure and drugs (Note that any drugs brought from outside the country will need NDA approval);
7. Referral mechanism;
- 8.** Waste management and disposal arrangements

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SECTION 4: DECLARATION

I solemnly and sincerely declare that the information given above is true to the best of my knowledge and belief.

Name and Signature of Applicant: _____

Date: _____

FOR OFFICIAL USE:

The process will take a maximum of **two (2) weeks**.