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

…….....……

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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: …….....……..……

Signature: ……..…… Applicant Date: …….……

Approved ……..…….. Registrar Date ……

NOTE: The 31st day of December 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**