

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: +256-200-904427
E-mail: registrar@umdpc.go.ug
Website: www.umdpc.go.ug

**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. National Identification Number (NIN):
- b) Passport Number (*Non-Ugandans*):
- 5. Tax Identification Number (TIN):
- 6. Current Ugandan Employer
- b) Current Postal Address
- c) Current Position
- 7. Medical/Dental Qualifications, Year attained & institution.
For example: MBChB 2011 MUST / BDS 2010 MUK
.....
.....
- 8. Are you actively Practising or not? Yes No
- 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 for the following year or else a surcharge of 50,000= 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**