



**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**