

# 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](mailto:registrar@umdpc.go.ug)

Website: [www.umdpc.go.ug](http://www.umdpc.go.ug)

## REQUIREMENTS FOR PRE-REGISTRATION EXAMINATIONS – MEDICAL LICENSURE EXAMINATION (MLEB) REGISTRATION

1. University Degree/Professional Medical Qualification Certificate and transcript (Original, scanned or certified)
2. All documents written in a language other than **English** must be accompanied by a copy of an official translation of the document, which is duly certified by a Notary.
3. All applicants will be required to sit appropriate Council Examinations before Licensure (Written and Clinical)
4. Verification of academic documents with the National Council for Higher Education.
5. Proficiency in English language is a must.
6. Payment of fees: **\$200 and \$100** for **Ugandans** and **\$500 & 250** for **Non-Ugandans** for first attempt and subsequent attempts accordingly.

Forms can be accessed on the website: [www.umdpc.go.ug](http://www.umdpc.go.ug)

### Bank Details

**Account Name:** Uganda Medical and Dental Practitioners Council

**Account No:** 8702010712600

**Bank:** Standard Chartered Bank

**Branch:** Speke Road

**Payments:** Ugandans: \$200                      Non - Ugandans: \$500

**\*NOTE:** Any branch can receive the payments