

**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.com](mailto:registrar@umdpc.com)  
Website: [www.umdpc.com](http://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. 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 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**