



**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

| RURAL                  |  | URBAN<br>(Town/municipality/City) |  |
|------------------------|--|-----------------------------------|--|
| Village/Trading Centre |  | Plot No./Street                   |  |
| Sub County             |  | Ward                              |  |
| County                 |  | Division                          |  |
| District               |  | Town                              |  |
|                        |  | 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
  - .....
  - .....
  - Official Seal/Stamp
  - Approved ...../ Registrar..... Date .....

**Bank Details**  
**Account Name:** Uganda Medical and Dental Practitioners Council (UMDPC)  
**Account No:** 9030005784785  
**Bank:** Stanbic Bank, Forest Mall Branch  
**\*Note that any Stanbic Bank Branch can receive the Payments\***