

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL
MINISTRY OF HEALTH



P.O. Box 16115,
 Plot 6, Lourdel Rd., Wandegeya,
 Kampala, Uganda.
 Tel: +256-414-345844
 E-mail: registrar@umdpc.com
 Website: www.umdpc.com

VERIFICATION OF DOCUMENTS FOR TEMPORARY REGISTRATION
(NON-UGANDANS)

Sn	Documents Presented	Available	Comments
1.	Duly filled and signed application form		
2.	Two (2) recent coloured passport size photographs		
3.	University degree/professional Medical or Dental qualification certificates		
4.	Transcripts of University degree/Professional Medical or Dental qualification Certificates		
5.	Current Certificate of Registration from Country of Origin		
6.	Certificate of Good Standing/Professional Status from Medical Council/Board		
7.	Letter of invitation/introduction from intended Ugandan employer		
8.	Curriculum Vitae		
9.	Three (3) reference letters from Professional Associates		
10.	For Specialists: Attach evidence of Postgraduate training three (3) years and above		
11.	All documents written in a language other than English MUST be accompanied by a copy of an official translation duly certified by a Notary		
12.	Letter of clearance from International Police (Interpol)		
13.	Pre-registration examination where appropriate		
14.	Registration fees: Public sector: \$200 Private sector: \$400		

Records Verification

Accounts Verification

Registrar Approval

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Bank Details

Account Name: Uganda Medical and Dental Practitioners Council (UMDPC)

Account No: 8702010712600

Bank: Standard Chartered Bank

Branch: Speke road

Note that any Standard Chartered Bank Branch can receive the Payments