



APPLICATION FORM FOR ANNUAL PRACTICING LICENCE

1. Calendar year applied for.....
2. Surname: First names:
Telephone No.....E-mail.....
 - a) Current Ugandan Employer
 - b) Current Postal Address
 - c) Current Position
 - d) Employment Date
From..... To
5. Qualifications, Year attained & institution.
.....
.....
.....
7. Are you actively Practising or not? ☐ Yes ☐ No
8. Current Employment: (tick)
1=Full-time Private 2=Part-time Private 3=Full-time Government/NGO
9. CME hours attained during last year:.....

Verified by:.....

NOTE: Please attach a copy of your Registration
Certificate or last Annual Practicing Licence.

Signature:.....

Date:.....

Approved/ Registrar Date

APL 2014

Payments: Generalists – 100,000/= Specialists – 200,000/=

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