

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL
MINISTRY OF HEALTH



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

**VERIFICATION OF DOCUMENTS FOR RENEWAL OF ANNUAL PRACTISING
LICENSE – APL**

Sn	Documents Presented	Available	Comments
1.	Duly filled and signed application form		
2.	Recent clear coloured passport size photograph		
3.	Clear photocopy of previous year's APL		
4.	Filled CPD diary with minimum 48 hrs		
5.	Certificate of Good Standing where appropriate		
6.	Renewal fees: General practitioners: 100,000= Specialists: 200,000=		

Records Verification

.....
.....
.....

Accounts Verification

.....
.....
.....

Registrar Approval

.....
.....
.....

Bank Details

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

Account No: 9030005784785

Bank: Stanbic Bank

Branch: Forest Mall

Note that any Stanbic Bank Branch can receive the Payments