

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

**VERIFICATION OF DOCUMENTS FOR HEALTH UNIT REGISTRATION**

<b>Sn</b>	<b>Documents Presented</b>	<b>Available</b>	<b>Comments</b>
<b>1.</b>	Duly filled and signed application form endorsed by local authority/regional inspector		
<b>2.</b>	Clear photocopy of valid Annual Practising License of the Supervising Doctor		
<b>3.</b>	Duly filled and signed Commitment Letter by the Supervising Doctor		
<b>4.</b>	Supervising Doctor must have three (3) years' experience from date of full registration with UMDPC		
<b>5.</b>	Registration fees		

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\***