

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL
MINISTRY OF HEALTH



P.O. Box 16115, Kampala
Block 5 Plot 442
Kafeero Zone road – Mulago Hill
Tel: +256-414-345844
E-mail: registrar@umdpc.com
Website: www.umdpc.com

REQUIREMENTS FOR PROVISIONAL REGISTRATION (BEFORE INTERNSHIP)

1. Duly filled and signed registration form
2. Recent coloured passport size photograph
3. Clear copy of deployment letter
4. Clear copy of university identity card and/or transcript (both faces)
5. Clear copy of refugee identity card – both faces (for refugees only)
6. Registration fees
 - a. 50,000= for Ugandans
 - b. \$100 for non-Ugandans

REQUIREMENTS FOR FULL REGISTRATION (AFTER INTERNSHIP)

1. Duly filled and signed registration form
2. Recent coloured passport size photograph
3. Certified copy of University Degree Certificate
4. Certified copy of University Degree Transcript
5. Clear copy of Provisional Registration Certificate
6. Duly signed original copy of internship completion forms in General Medicine, Paediatrics, General Surgery, Obstetrics and Gynaecology or Dentistry
7. Curriculum Vitae
8. Registration fees of 100,000=

REQUIREMENTS FOR ANNUAL PRACTISING LICENSE (APL)

1. Duly filled and signed application form
2. Recent coloured passport size photograph
3. Copy of previous year's APL or Full Registration Certificate (for first time applicants)
4. Evidence of CPD points (Duly signed CPD Book/Copy of University admission letter)
5. Payments
 - a. 100,000= Registered General Practitioners
 - b. 200,000= Registered Specialists

NB: Payments done after 31st December for renewal of APL attract a penalty of 30,000=

REQUIREMENTS FOR NEW HEALTH UNIT REGISTRATION

1. Duly filled, signed and stamped checklist by the District Health Office of UMDPC Inspector
2. Copy of valid APL of supervising Doctor (with 3 years from date of Full Registration with the Council)
3. Duly filled and signed commitment letter by the supervising doctor
4. Registration fees

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REQUIREMENTS FOR RENEWAL OF HEALTH UNIT LICENSE

1. Duly filled, signed and stamped checklist by the District Health Office or UMDPC Inspector
2. Copy of valid APL of supervising Doctor (with 3 years' experience from date of Full Registration with the UMDPC)
3. Duly filled and signed commitment letter by the supervising doctor
4. Clear photocopy of previous Operational License
5. Registration fees

REQUIREMENTS FOR CERTIFICATE OF GOOD STANDING

1. Duly filled and signed application form
2. Recent coloured passport size photograph
3. Copy of valid APL or last temporary registration certificate (for non-Ugandans)
4. Payment of 100,000=

REQUIREMENTS FOR ADDITIONAL QUALIFICATION

1. Duly filled and signed registration form
2. Recent coloured passport size photograph
3. Certified copy of additional qualification degree certificate
4. Certified copy of additional qualification degree transcript
5. Copy of valid APL
6. Registration fees
 - a. Postgraduate Diploma: 75,000=
 - b. Fellowships (> 9months): 100,000=
 - c. Masters, Phds: 100,000=

REQUIREMENTS FOR TEMPORARY REGISTRATION (NON – UGANDANS)

1. Duly filled and signed registration form
2. Recent coloured passport size photograph
3. Notarised/Certified copies of University transcript and degree certificate
4. Notarised/Certified copies of Registration Certificate
5. Certificate of Current Professional Status (Good Standing)
6. Detailed Curriculum Vitae
7. 3 letters from Professional referees
8. Letter confirming employment in Uganda
9. Letter from Interpol
10. Renewal fees
 - a. \$200: Public Sector (Government entity, Students)
 - b. \$400: Private Sector, NGOs

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REQUIREMENTS FOR RENEWAL OF TEMPORARY REGISTRATION

1. Duly filled and signed renewal form
2. Recent coloured passport size photograph
3. Clear photocopy of last temporary registration certificate
4. Certificate of Current Professional Status (Good Standing)
5. Letter confirming employment in Uganda
6. Renewal fees
 - a. \$100: Public Sector (Government entity, Students)
 - b. \$200: Private Sector, NGOs

REQUIREMENTS FOR MEDICAL LICENSURE EXAMINATIONS (FOREIGN TRAINED MEDICAL GRADUATES)

1. Duly filled and signed registration form
2. Recent coloured passport size photograph
3. Notarised/Certified copies of University transcript and degree certificate
4. Notarised/Certified copies of Registration Certificate where applicable
5. Registration fees
 - a. \$200: Ugandans
 - b. \$500: Non-Ugandans

NOTE: ALL REFUGEES ATTACH CLEAR COPIES OF REFUGEE IDENTITY CARD – BOTH FACES FOR EVERY APPLICATION.

BANK DETAILS

Account Name: Uganda Medical and Dental Practitioners Council

Account number: 9030005784785 (shillings account)

8702010712600 (dollar account)

Bank: Stanbic Bank – Forest Mall Branch (shillings)

Standard Chartered Bank – Speke road (dollars)