

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 ADDITIONAL QUALIFICATION

Sn	Documents Presented	Status	Comments
1.	Duly filled and signed application form		
2.	Recent coloured passport size photograph		
3.	Clear Certified copy of University Degree Certificate (either by University or Notary)		
4.	Clear Certified copy of University degree transcript (either by University or Notary)		
5.	Clear Certificate of Good Standing (for Ugandans who studied from outside Uganda)		
6.	Clear photocopy of valid Annual Practising License		
7.	Curriculum vitae		
8.	Registration fees: Postgraduate Diploma: 75,000= Fellowships (> 9 mths): 100,000= Master's degree: 100,000=		

Records Verification

Accounts Verification

Registrar Approval

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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