## 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

## **INTERNSHIP REQUIREMENTS 2019**

- 1. Download and fill two forms from the website www.umdpc.com
  - a. Medical Internship Programme application
    Form
  - b. UMDPC Provisional Registration Form
- 2. Attach the following
  - a. Clear copy of National Identity Card (for Ugandans) or Passport (for Non Ugandans)
  - b. Clear copy of University Identity Card
  - c. Coloured Passport size photograph
  - d. Clear copy of Advanced Level Certificate or its equivalent
  - e. Details of your Bank Account
- 3. Submit application and register.