

ALLIED HEALTH PROFESSIONALS COUNCIL

P.O BOX 7272, KAMPALA TEL: +256 41 4345688

Website: www.ahpc.ug

APPLICATION FOR RENEWAL OF REGISTRATION OF HEALTH UNIT

1. Calendar year applied for:
2. Name Health Unit:.....
3. Name of Professional:
4. Cadre:
5. Telephone Number: Email:
6. Category of Health Unit (tick)
 - a) Medical Clinic(day care clinic)
 - b) Dental Clinic
 - c) Medical Diagnostic Laboratory
 - d) Diagnostic X-ray
 - e) Ultra sound Scan
 - f) Physiotherapy
 - g) Orthopaedic Clinic
 - h) Ophthalmic/eye clinic
 - i) Psychiatric Clinic
 - j) Drug Dispensary
 - k) Others specify

7. Health Unit Locality

Rural		Urban (Town/Municipality)	
Village/Trading Centre		Plot No./Street	
Sub county		Division	
County		Town	
District		District	

8. Signature: Date:

FOR OFFICIAL USE ONLY

Recommendation from Supervisory Authority:

Name: Signature: Date:.....