

ALLIED HEALTH PROFESSIONALS COUNCIL



MINISTRY OF HEALTH P.O.BOX 7272, KAMPALA
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APPLICATION FOR RENEWAL OF REGISTRATION OF MEDICAL LABORATORY

1. Calendar year applied for:
2. Lab in-charge's Name:.....
3. Registered Title of the Lab in-charge:.....
4. Registration Number:Registration date:.....
5. Name of Laboratory:.....
6. Level of Laboratory:
6. Owner of Laboratory:.....
7. Postal Address:.....Mob:.....
9. Locality:District:.....

Date:Name.....Signature:.....

Note: Please attach the following documents:

- Copy of Current Annual Practicing license for lab in-charge
- Copy of Laboratory registration certificate
- Copy of final academic transcript and Registration certificate in case of a new laboratory in-charge

FOR OFFICIAL USE ONLY

Recommendation from Office of the Registrar

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Name.....Signature: Date: