Applicant User Manual

Guidelines on using the Registration & Licensing System

A. Apply for Evaluation (https:// dhpportal.moph.gov.qa)

Enter username and password on login tab

After Successful login, kindly choose Apply for Evaluation

1. Please read through the declaration statements and click on the required points

| Personal Declaration | Personal and Professional Information | Educational Qualifications | Work Experience and Registration Information | Verification Report and Additional Information | Pay Fees and Submit Application |

Personal Declaration

I hereby declare the information and documents I provide to QCHP are true and verifiable to the best of my knowledge and I bear responsibility for any discrepancies in the presented particulars.

I undertake that I must inform QCHP of any past or current criminal charges or convictions. I will also inform the Council of any physical or mental conditions that jeopardize my ability to provide quality health care. I also undertake that as long as I am licensed by QCHP I will provide them with any updates regarding the aforementioned.

☐ I hereby declare the above mentioned statements.

Please make sure you have the following scanned documents before you proceed with the application:

☐ Passport

☐ Educational qualifications

☐ Work experience certificates

☐ Licensing exam (if required by your scope of practice)

☐ Previous registration/medical license

☐ Primary source verification report

🖫 Save   🖫 Save and Close   ✕ Close   ↻ Reset   ←   →

2. Please fill out all the information as per the highlighted asterisks

● Personal Declaration	● Personal and Professional Information	○ Educational Qualifications	○ Work Experience and Registration Information	○ Verification Report and Additional Information	○ Pay Fees and Submit Application

Personal and Professional Information

Personal Information ⌄

First Name on Passport*

Middle Name(s) on Passport

Last Name on Passport*

First Name on Passport - Arabic

Middle Name(s) on Passport - Arabic

Last Name on Passport - Arabic

Gender*
[Select ▼]

Date of Birth*
[📅]

Nationality*
[Select ▼]

Passport Number*

Passport Expiry Date*
[📅]

Personal Photo: ⌄

[Please select a file] [📁]

ℹ Maximum File Size is : 2 MB

[No picture available]

Please upload a passport sized photo with white background
Circular (04-2014) - Required Specifications of the Personal Photograph for Medical License Cards

Profession ⌄

Profession*
[Select ▼]

Passport Scanned Copy ⌄

[Please select a file] [📁]

ℹ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Remove
⚠ No Attachments Available	

National Number ⌄

National Number

National Id Copy Please upload your Home country National Id
[Please select a file] [📁]

ℹ Maximum File Size is : 2 MB

Place of work ⌄

ℹ If your potential place of work is not already licensed, please select "Under Process".

Institution Type
[Under Process ▼]

Institution
[Select ▼]

Contact Information ⌄

The following information will be used to contact you. Please make sure you enter accurate and valid contacts

Mobile Number*

Email Address*
[DHPtest@moph.gov.qa]

Address / P.O Box*

[💾 Save] [💾 Save and Close] [✕ Close] [↻ Reset]   [←] [→]

3. Please fill Education Qualification information and Qualifying Examination (Prometric)

Personal Declaration — **Personal and Professional Information** — **Educational Qualifications** — **Work Experience and Registration Information** — **Verification Report and Additional Information** — **Pay Fees and Submit Application**

Educational Qualifications

ⓘ You have applied for the scope: "Registered General Nurse"

ⓘ . Please provide information along with the supporting documents about your educational qualifications relevant to your clinical practice and licensing requirements. You can add more than one qualification.

Qualifications ⌄

Qualifications *	Specialty *	Country *
Select ▾	Select ▾	Select ▾

City *	Institution *	Start Date *
▾	▾	📅

End Date *

📅

+ Add   **↻ Reset**

Qualification Information Attachments ⌄

ⓘ Please make sure you attach all the supporting documents for the qualifications you have provided above. Please attach the transcripts for your educational qualifications specifying the length of the program.

ⓘ Please attach your latest CV on the QCHP template as per the link below : QCHP's CV template

Please select a file	📁	File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
11g-QInfo-1061840.pdf		🗑

Prometric Exam Deatils ⌄

Have you taken the QCHP Licensing exam relevant to your scope? ◉ Yes ○ No

Licencing Examination:

Exam Appoinment Id *	Exam Date *	Exam Score*
	📅	

ⓘ Please attach the Qualifying Exam results (Score report)

Please select a file	📁	File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

💾 Save   **💾 Save and Close**   **✕ Close**   **↻ Reset**   ← →

4. Please fill Work Experience information and Registration Information History

Work Experience and Registration Information

ⓘ You have applied for the scope: - "Internal medicine"

ⓘ Please add all your work experience certificates. You can add your internships, residency training and fellowship experience in this section.

Work Experience ▾

Start Date *

End Date *

Position *

Country *
Select ▾

City *
▾

Place of Work *

Contact Phone No *

[+ Add] [↻ Reset]

Start Date	End Date	Position	Country	City	Place of Work	Contact Phone No	Remove
⚠ No data is avaliable							

Work Experience Attachments

ⓘ Please make sure you attach all the supporting documents for the work experiences you have provided above.

Please select a file [📁] | File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

Registration/License Information ▾

ⓘ Kindly attach all your previous medical Registration/Licenses with full details (which covers your experience mentioned above)

Country
Select ▾

Registration/Licensing Authority

Registration/License Number

Current Status
Select ▾

Start Date

End Date

ⓘ Before you apply for your licensing application, please request a Certificate of Good Standing to be sent directly from your registration authority to QCHP either by mail or email.

QCHP, MOPH Address and Email: Ministry of Public Health

P.O Box 7744
Doha ,Qatar
QCHPGoodSt@moph.gov.qa

[+ Add] [↻ Reset]

Country	Registration/Licensing Authority	Registration/License Number	Current Status	Start Date	End Date	Requested CoGS	Remove
⚠ No data is avaliable							

Registrations/Medical Licenses Attachments

ⓘ Please make sure you attach all the registrations/medical licenses you have provided above.

Please select a file [📁] | File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

[💾 Save] [💾 Save and Close] [✗ Close] [↻ Reset]   [←] [→]

5. Verification report and Additional Information

| Personal Declaration | Personal and Professional Information | Educational Qualifications | Work Experience and Registration Information | Verification Report and Additional Information | Pay Fees and Submit Application |

Verification Report and Additional Information

Additional Information:

ⓘ Please attach the Primary Source Verification report. Please add any comments and/or attach any supporting documents that are relevant to your application.

Verification Report

Please select a file 📁 | File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

Please provide additional information(if required)

Please select a file 📁 | File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

🖫 Save   🖫 Save and Close   ✕ Close   ↻ Reset   ← →

6. While completing Primary Evaluation - Kindly follow below steps for online payment

| Personal Declaration | Personal and Professional Information | Educational Qualifications | Work Experience and Registration Information | Verification Report and Additional Information | Pay Fees and Submit Application |

Pay Fees and Submit Application

ⓘ Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type:	Request Transaction ID:	Request Fees:
Apply for Evaluation	1061840	100 QR

Payment Method

◉ Online payment Pay Application Fees ⟵

ⓘ Please note that the fees are non-refundable

☐ confirm that I have attached the below documents in the application:

- Passport
- Educational qualifications
- Work experience certificates
- Licensing exam (if required by your scope of practice)
- Previous registration/medical license
- Primary source verification report

🖫 Save   🖫 Save and Close   ✕ Close   ↻ Reset   ← Submit ⬆

1. *Click here to pay online.*

Online Payment

⚠ Important Information: QCHP online payment has been modified for security reasons.
Please read the below steps
- Click below link to Pay Online. This will open in new tab
- The below link will only be clickable once.
- If want to try to pay again, close this small windows and start from "Pay Fees and Submit Application" screen
- Once you finish the payment in the new tab, come back here and close this window
- Proceed and submit the request to QCHP

Click here to Pay Online

2. Enter your Credit card information and Click on *Pay Now*"

Qatar e-Government

Secure payment 🔒

Card number *

[   ]

AMEX MasterCard VISA

Expiry month * **Expiry year** *

[MM ▼] [YY ▼]

Cardholder name *

[   ]

Security code *

[   ] ▭ 3 digits on back of your card

Billing address

Street 1

[   ]

Street 2

[   ]

City   **State / Province**

[   ]   [   ]

Postcode / Zipcode   **Country**

[   ]   [Select Country ▼]

Order details

e-Service

TOTAL QAR: 100.00ر.ق

The next screen you see may be payment card verification through your card issuer.

Cancel   **Pay now**

After payment, your request will show (Pending with employer) which means your authorized focal point should approve your request via the institution account.

After Employer approval, the request will be evaluated by DHP.

On completion of the evaluation process by DHP, an email and SMS will be sent.

You can do the following according to evaluation decision mentioned below

1. *Send back*: - Click on "Apply for evaluation" and provide missing information according to the comments mentioned by DHP.
2. *Rejected*: - Contact your employer representative.
3. *Approved:* - Check below to see the requests you will be able to do next.

If you face any technical issues, please send an email to our technical support helpdesk: DHPHelpDesk@moph.gov.qa

On Approval of evaluation by DHP, the applicant will receive an SMS and email for their evaluation status - applicant can perform the below requests.

A. Apply for Temporary License
B. Change Place of Work.
C. Apply for Licensing

A.   Temporary License User manual

On Approval of evaluation by DHP, the applicant can apply for temporary license.

Enter Applicant DHP account Username and password on login Tab.

1. After Successful login, kindly choose Apply for Temporary license.

2. Please read through the below points and click on the highlighted points

Personal Declaration

I hereby declare the information and documents I provide to QCHP are true and verifiable to the best of my knowledge and I bear responsibility for any discrepancies in the presented particulars.

I undertake that I must inform QCHP of any past or current criminal charges or convictions. I will also inform the Council of any physical or mental conditions that jeopardize my ability to provide quality health care. I also undertake that as long as I am licensed by QCHP I will provide them with any updates regarding the aforementioned.

I further authorize the release of my license details and information shared with QCHP, including derogatory information, to the concerned authorities having a legitimate need for the information and release QCHP from all liability for the release of this information.

☑ I hereby declare the above mentioned statements.

1. Please fill out all the information as per the highlighted asterisks

| Personal Declaration ●━━━━━━━━━━━ ● Apply Temporary License |

Temporary License Requirements

Personal Information ⌄

First Name on Passport*	Middle Name(s) on Passport	Last Name on Passport*
John		Doe

First Name on Passport - Arabic*	Middle Name(s) on Passport - Arabic	Last Name on Passport - Arabic*
جون		دو

Gender*	Date of Birth*	Nationality*
Male	25/01/1986	QATAR

Passport Number*	Passport Expiry Date*	
A12356	04/04/2022	

Passport Scanned Copy & Personal Photo ⌄

Passport Scanned Copy

| Please select a file | 🗁 | File Description |

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
Employer account-Passport-207664.pdf		🗑

Personal Photo:

ⓘ Please upload a passport sized photo with white background

ⓘ Circular (04-2014) - Required Specifications of the Personal Photograph for Medical License Cards

| Please select a file | 🗁 |

ⓘ Maximum File Size is : 2 MB

Photo1-Photo-1023361.JPG

Search   ⌄

Do you have a Qatar National ID (QID)?
● Yes ○ No

Qatar ID Number*	QID Expiry Date*
28635605506	08/12/2022

QID Scanned Copy

Please select a file   📁

ℹ Maximum File Size is : 2 MB

CM1-QID-207664.jpg

Undertaking Letter

ℹ Please attach the practitioner undertaking letter for the temporary license.

ℹ Circular (9-2018) - Updates on Temporary License Policy

Undertaking Letter

Please select a file   📁   File Description

ℹ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
Photo-EmploymentLetter-1023361.JPG	Undertaking letter	🗑

💾 Save   💾 Save and Close   ✕ Close   ↻ Reset   ←   Submit ⬆

After Successful submission the request status will show as under process with DHP.

Welcome: Test Account - You may perform the following actions:

View & track status of my requests

Search   ⌄

Request Type:	Request Status:	Request Date From:	Request Date To:
Select ▾	Select ▾	🗓	🗓

🔍 Search

Request No.	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
207664	Apply for Evaluation	07/02/2016	-----	20/03/2019	Application Completed		💬
1023361	Apply for Temporary License	03/04/2021	-----	-----	Under process with QCHP		💬

For help please contact qchphelpdesk@moph.gov.qa +(974) 44070279

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On completion of the temporary license process by DHP, an email and SMS will be sent.

You can do the following according to the evaluation decisions mentioned below

1. *Send back*: - Click on "Apply for Temporary license" and provide missing information according to the comments mentioned by DHP.
2. *Rejected*: - Contact your employer representative.
3. *Approved:* - Click on "Temporary license" and Print license.

If you face any technical issues, please send an email to our technical support helpdesk: DHPHelpDesk@moph.gov.qa

B.   Change Place of Work User Manual

On approval of evaluation by DHP, the applicant can apply for a change place of work request.

Enter applicant's DHP account username and password on login Tab.

1. After Successful login, kindly choose Apply for Change Place of Work

2. Please read through the declaration statements and click on the required points

1. Please fill out all the information as per the highlighted asterisks

Personal Declaration — Personal and Professional Information — Change Place Of Work Information — Pay Fees and Submit Application

Personal and Professional Information

Personal Information

First Name on Passport*	Middle Name(s) on Passport	Last Name on Passport*
John		Doe

First Name on Passport - Arabic	Middle Name(s) on Passport - Arabic	Last Name on Passport - Arabic

Gender*	Date of Birth*	Nationality*
Male	14/05/1977	India

Passport Number*	Passport Expiry Date*
A123456	22/11/2022

Personal Photo:

Please select a file

Maximum File Size is : 2 MB

Photo1-Photo-289052.JPG

Circular (04-2014) - Required Specifications of the Personal Photograph for Medical License Cards

Profession

Profession*	Scope Of Practice*
Nurse	Registered General Nurse

Visa Details

Kindly attach both sides of your QID in one file

Qatar ID Number	QID Expiry Date	QID Scanned Copy
28635605506	08/12/2021	Please select a file

Maximum File Size is : 2 MB

QID_Greeshma-QID-289052.jpg

Passport Scanned Copy

Please select a file

Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Remove
Passport_Greeshma-Passport-289052.pdf	🗑

National Number

National Number

National Id Copy Please upload your Home country National Id

Please select a file

Maximum File Size is : 2 MB

Place of work

Institution Type	Institution
Semi Governmental	Provisional-Complementary Medicine

Contact Information

The following information will be used to contact you. Please make sure you enter accurate and valid contacts

Mobile Number*	Email Address*
12345678	Abc@123.coom

Address / P.O Box*

test

Save

3. Please Choose your future institution type and employer and upload the required documents.

Change Place Of Work Information

Change Place Of Work ⌄

Current Institution Type	Your Current Employer
Semi Governmental ▾	Provisional-Complementary Medicine ▾

Future Institution Type	Your Future Employer*
Select ▾	▾

Please upload the resignation letter from current/previous employer and offer/employment letter from new employer

Please select a file ▮ File Description

ⓘ Maximum File Size is : 2 MB

Attachments	Description	Remove
⚠ No Attachments Available		

🖫 Save ← →

4. Click on Submit

Pay Fees and Submit Application

ⓘ Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type:	Request Transaction ID:
Apply to Change Place of Work	1023365

🖫 Save ← Submit ⬆

After Successful submission, the request status will show as under process with DHP.

Welcome: Test Account - You may perform the following actions:

View & track status of my requests

Search ⌄

Request Type:	Request Status:	Request Date From:	Request Date To:
Select ▾	Select ▾	📅	📅

🔍 Search

Request No.	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
207664	Apply for Evaluation	07/02/2016	-----	20/03/2019	Application Completed		💬
1023362	Apply for Evaluation	03/04/2021	03/04/2021	03/04/2021	Application Completed		💬
1023366	Apply to Change Place of Work	03/04/2021	-----	-----	Under process with QCHP		💬

C.   Apply for Licensing User manual

On approval of evaluation from DHP, the applicant can apply for licensing.

Enter applicant's DHP account Username and password on login tab.

1. After Successful login, kindly choose Apply for Licensing

2. Please read through the declaration statements and click on the required points

Personal Declaration

I hereby declare the information and documents I provide to QCHP are true and verifiable to the best of my knowledge and I bear responsibility for any discrepancies in the presented particulars.

I undertake that I must inform QCHP of any past or current criminal charges or convictions. I will also inform the Council of any physical or mental conditions that jeopardize my ability to provide quality health care. I also undertake that as long as I am licensed by QCHP I will provide them with any updates regarding the aforementioned.

I further authorize the release of my license details and information shared with QCHP, including derogatory information, to the concerned authorities having a legitimate need for the information and release QCHP from all liability for the release of this information.

☑ I hereby declare the above mentioned statements.

Please make sure you have the following scanned documents before you proceed with the application:

☑ QID

☑ Police Clearance from Qatar

☑ Medical Fitness Report

☑ CPR certificates (as required by your scope of practice)

☑ Primary source verification report

☑ Confirmation that your certificate of good standing has been received by QCHP

3. Please fill out all the information as per the asterisks

| Personal Declaration | Personal and Professional Information | Medical Information | Verification Report and Additional Information | Pay Fees and Submit Application |

Personal and Professional Information

Personal Information ⌄

First Name on Passport*
John

Middle Name(s) on Passport

Last Name on Passport*
Doe

First Name on Passport - Arabic*

Middle Name(s) on Passport - Arabic

Last Name on Passport - Arabic*

Gender*
Male

Date of Birth*
25/01/1986

Nationality*
India

Passport Number*
CM12345

Passport Expiry Date*
04/04/2022

Personal Photo: ⌄

Please select a file
ⓘ Maximum File Size is : 2 MB
Photo1-Photo-1023362.JPG

Circular (04-2014) - Required Specifications of the Personal Photograph for Medical License Cards

Profession ⌄

Profession*
Nurse

Scope Of Practice*
Registered General Nurse

Visa Details ⌄

Kindly attach both sides of your QID in one file

Qatar ID Number*
28635605506

QID Expiry Date*
08/12/2022

QID Scanned Copy
Please select a file
ⓘ Maximum File Size is : 2 MB
CM1-QID-207664.jpg

Passport Scanned Copy ⌄

Please select a file
ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Remove
Employer account-Passport-207664.pdf	🗑

National Number ⌄

National Number

National Id Copy Please upload your Home country National Id
Please select a file
ⓘ Maximum File Size is : 2 MB

Place of work ⌄

ⓘ If your potential place of work is not already licensed, please select "Under Process".

Institution Type
Semi Governmental

Institution
Provisional-Complementary Medicine

Contact Information ⌄

The following information will be used to contact you. Please make sure you enter accurate and valid contacts

Mobile Number*
00918136880010

Email Address*
complementarymedicine@wipro.com

Address / P.O Box*
SCH

Police Clearance Documents ⌄

ⓘ Please attach your police clearance from Qatar.

Please select a file
File Description
ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

💾 Save | 💾 Save and Close | ✕ Close | ↻ Reset | ← | →

4. Please fill Medical Information and CPR course information

Personal Declaration — Personal and Professional Information — Medical Information — Verification Report and Additional Information — Pay Fees and Submit Application

Medical Information & CPR

CPR	⌄

○ The CPR course is achieved   ○ The CPR course is not achieved

Blood Test Results	⌄

○ Blood Test Results are available   ○ Blood Test Results will be sent Directly to MOPH

[Save] [Save and Close] [✕ Close] [↻ Reset]   [←] [→]

5. Upload Verification report

Personal Declaration — Personal and Professional Information — Medical Information — Verification Report and Additional Information — Pay Fees and Submit Application

Verification Report and Additional Information

Additional Information:	⌄

ⓘ Please attach the Primary Source Verification report. Please add any comments and/or attach any supporting documents that are relevant to your application.

Verification Report

Please select a file	📁		File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

Please provide additional information(if required)

Please select a file	📁		File Description

ⓘ Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments	Description	Remove
⚠ No Attachments Available		

[Save] [Save and Close] [✕ Close] [↻ Reset]   [←] [→]

6. Payment (if applicable) and Licensing application submission - Kindly follow the below steps for online payment

Personal Declaration   Personal and Professional Information   Medical Information   Verification Report and Additional Information   Pay Fees and Submit Application

Pay Fees and Submit Application

ⓘ Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type:	Request Transaction ID:	Request Fees:
Apply for Licensing	1061840	1000 QR

Payment Method

🔘 Online payment Pay Application Fees ⟵

ⓘ Please note that the fees are non-refundable

☐ confirm that I have attached the below documents in the application:

- Passport
- Educational qualifications
- Work experience certificates
- Licensing exam (if required by your scope of practice)
- Previous registration/medical license
- Primary source verification report

[🖫 Save]   [🖫 Save and Close]   [✕ Close]   [⟳ Reset]   [←]   [Submit ↥]

1. *Click here to pay online.*

Online Payment   ✕

⚠ Important Information: QCHP online payment has been modified for security reasons.
Please read the below steps
- Click below link to Pay Online. This will open in new tab
- The below link will only be clickable once.
- If want to try to pay again, close this small windows and start from "Pay Fees and Submit Application" screen
- Once you finish the payment in the new tab, come back here and close this window
- Proceed and submit the request to QCHP

Click here to Pay Online

2. Enter your Credit card information and Click on *Pay Now"*

Qatar e-Government

Secure payment 🔒

Card number *

[_____]

AMEX   MasterCard   VISA

Expiry month * **Expiry year** *

[MM ∨]   [YY ∨]

Cardholder name *

[_____]

Security code *

[_____]   [💳] 3 digits on back of your card

Billing address

Street 1

[_____]

Street 2

[_____]

City   **State / Province**

[_____]   [_____]

Postcode / Zipcode   **Country**

[_____]   [Select Country   ∨]

Order details

e-Service

TOTAL QAR: 100.00ريال

The next screen you see may be payment card verification through your card issuer.

Cancel   **Pay now**

After successful payment submission, the request status will show as under process with DHP.

Welcome: **Test Account** - You may perform the following actions:

View & track status of my requests

Search   ∨

Request Type: Request Status: Request Date From: Request Date To:

[Select   ▾]   [Select   ▾]   [_____ 📅]   [_____ 📅]

🔍 Search

Request No.	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
207664	Apply for Evaluation	07/02/2016	-----	20/03/2019	Application Completed		💬
1023362	Apply for Evaluation	03/04/2021	03/04/2021	03/04/2021	Application Completed		💬
1023367	Apply for Licensing	03/04/2021	-----	-----	Under process with QCHP		💬

If you face any technical issues, please send an email to our technical support helpdesk: DHPHelpDesk@moph.gov.qa