

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

Login/Sign In	Register/Sign Up	Guidelines	
Login			
Username			1
Please enter	your User Name		L
Password			1
Please enter	your Password		
Sign In 🐧			
Forgot Passwor	<u>d</u>		

After Successful login, kindly choose Apply for Evaluation

Department of Healthcare Professions



👤 User 🔑 Re

Create and Submit Requests	Welcome	:DHP Test -	You may p	perform the followin	ng actio	ons:				
Apply for Evaluation										
Apply for Additional Place of Work	View & tra	ck status of my	requests							
Apply for Temporary License	Search									Ť
Apply for Licensing	Request T	ype:	R	equest Status:		Request Date From	m:	Request Date	To:	
Print :	Select		•	Select	•		曲			曲
Contact Information	Request No	Request Type	Request Type	Applicant Submission Date	Date of s	submission to QCHP	Date of Completion	Current Status	Remove	Comments



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 Dec	laration				
l hereby declare th discrepancies in th	ne information and documents I p ne presented particulars.	rovide to QCHP are tr	rue and verifiable to the best of my k	nowledge and I bear responsibility	for any
l undertake that l jeopardize my abil aforementioned.	must inform QCHP of any past or ity to provide quality health care.	current criminal charg I also undertake that	es or convictions. I will also inform th as long as I am licensed by QCHP I w	ne Council of any physical or menta vill provide them with any updates	al conditions that regarding the
□ I hereby decla	re the above mentioned statem	ents.			
Please make sure	e you have the following scanne	ed documents before	e you proceed with the application	1:	
Passport					
🗆 Educational qu	alifications				
□ Work experien	ce certificates				
Licensing exam	n (if required by your scope of p	ractice)			
	ration/medical license				
Previous regist					
 Previous registr Primary source 	verification report				
 Previous registr Primary source 	verification report				
Previous regist Primary source	verification report				



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

sonal and Professional Information rsonal Information at Name on Passport*						
rsonal Information						
st Name on Passport*						
		Middle Name(s) on Passport			Last Name on Passport*	
st Name on Passport - Arabic		Middle Name(s) on Passport - Arabic			Last Name on Passport - Arabic	
nder*		Date of Birth*			Nationality*	
elect	•			⊞	Select	
					Passport Number*	
ssport Expiry Date*						
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rsonal Photo:						
Please select a file					No picture	
Maximum File Size is : 2 MB					available	
ase upload a passport sized photo with white background cular (04-2014) - Required Specifications of the Personal Photogr	aph for Medical License Car	ds				
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ofoscion*						
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ssport Scanned Copy		*	National Number			
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Maximum File Size is : 2 MB. Allowed file extensions are .PD	F, .JPG, .DOC/.DOCX, .PNC	3 & .GIF				
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No Attachments Available	Remove		Please select a file	0.110		
			Maximum File Size is	: 2 MB		
ace of work						
If your potential place of work is not already licensed, please	select "Under Process".					
titution Type			Institution			
Inder Process		•	Select			
intact Information						
e following information will be used to contact you. F	Please make sure you e	nter accurate and valid contacts				
bile Number*		Email Address*				
		DHPtest@moph.gov.qa				
uress / P.O BOX"						
				11		



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

Declaration	Information	Qualifications	Information	Informatio	on	Application
ıcational Qu	alifications					
You have applied	for the scope: "Registered General Nurse	9"				
. Please provide in	formation along with the supporting docume	nts about your educational qua	alifications relevant to your clinical practice and lice	ensing requirements. You can add	more than one qualified	ication.
alifications						
alifications *		Specialty *		Country *		
elect		▼ Select		▼ Select		
*		Institution *		Start Date *		
		•		•		
				End Date *		
initiation infor	mation Attachments					
Please make su	re you attach all the supporting documents f	or the qualifications you have	provided above. Please attach the transcripts for y	our educational qualifications spe	cifying the length of th	ne program.
Please make su Please attach yo	re you attach all the supporting documents f	or the qualifications you have	provided above. Please attach the transcripts for y mplate File Description	vour educational qualifications spe	cifying the length of th	ne program.
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4. Please fill Work Experience information and Registration Information History

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You have applied for t Please add all your wo									
Please add all your w	he scope: - "Internal medici	ne"							
	ork experience certificates.	You can add your inter	nships, residency training) and fellowship ex	perience in this section.				
ork Experience									
irt Date *			End Date *				Position *		
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tart Date	End Date	Position	Country	City	Place of Work		Contact Phone No	F	Remove
A No data is avalial	ble								
ork Experience A	ttachments								
Please make sure y	you attach all the supporting) documents for the wo	rk experiences you have	provided above.					
lease select a file									
Maximum File Size	is : 2 MB. Allowed file exter	isions are .PDF, .JPG,	.DOC/.DOCX, .PNG & .0	GIF					
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A No Attachments	Available								
Kindly attach all you untry elect	ur previous medical Registr	ation/Licenses with ful	details (which covers yo	our experience mer ensing Authority	ntioned above)		Registration/License	e Number	
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HP, MOPH Addres Box 7744 a. Qatar HPGoodSt@moph.gov + Add	s and Email: Ministry of I	, please request a Cer	uncate of Good Standing	to be sent directly	trom your registration author	rity to QCH	P either dy mail or email.		
ountry Regist	ration/Licensing Authority	r R	egistration/License Nu	mber	Current Status	Start E	Date End Date	Requested CoGS	Remove
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Please make sure	you attach all the registration	ns/medical licenses yo	ou have provided above.						
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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
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dditional Informatio	on:				*
Please attach the P	Primary Source Verification report. Pleas	e add any comments and/or atta	ach any supporting documents that are relevant to your	application.	
erification Report					
Please select a file			File Description		li li
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1. Click here to pay online.

nline Pa	yment	
	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 *	
Expiry month * Expiry year *	
Security code *	
Billing address Street 1	

Street 2		
City	State / Province	
Postcode / Zipcode	Country Select Country	
Order details		
e-Service		TO TAL QAR: 100.00ریال
		The next screen you see may be payment card verification through your card issuer.



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

Search							
Request Type		Request Status:	Reques	st Date From:	Request Date To	ō:	
Select		✓ Select	•		曲		曲
Q Search							
Q Search							
Q Search							
Q Search	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments

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: <u>DHPHelpDesk@moph.gov.qa</u>



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. <u>Temporary License User manual</u>

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

Enter Applicant DHP account Username and password on login Tab.

Login/Sign In	Register/Sign Up	Guidelines
Login		
Username		
Please enter	your User Name	
Password		
Please enter	your Password	
Sign In 🕇 Forgot Password	1	



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

Department of Healthcare Professions

											User 🔑 Rese
Create and Submit Requests	W	/elcome:D)HP Test -	You may	perform the followir	ng acti	ons:				
Apply for Evaluation				-	-	-					
Apply for Additional Place of Work	Vi	iew & track	status of my	requests							
Apply for Temporary License		Search									×
Apply for Licensing		Request Type	e:	I	Request Status:		Request Date From	m:	Request Date	To:	
e Print		Select		•	Select	•		曲			苗
Contact Information		Q Search Request No. I No data h	Request Type	Request Type	Applicant Submission Date	Date of s	submission to QCHP	Date of Completion	Current Status	Remove	Comments

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

Personal Declaration	Apply Temporary License
Personal Declaration	
I hereby declare the information and documents I provide to QCHP are true and verific discrepancies in the presented particulars.	iable to the best of my knowledge and I bear responsibility for any
I undertake that I must inform QCHP of any past or current criminal charges or convic jeopardize my ability to provide quality health care. I also undertake that as long as I a aforementioned.	tions. I will also inform the Council of any physical or mental conditions that am licensed by QCHP I will provide them with any updates regarding the
I further authorize the release of my license details and information shared with QCHI legitimate need for the information and release QCHP from all liability for the release	P, including derogatory information, to the concerned authorities having a of this information.
l hereby declare the above mentioned statements.	
Save Save and Close X Close C Reset	 ← →



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

Personal Declaration				Apply Temporary License	e	
mporary License Requirements						
Personal Information						-
First Name on Passport*	Middle Name(s) on Passport			Last Name on Passport*		
John				Doe		
irst Name on Passport - Arabic*	Middle Name(s) on Passport - A	rabic		Last Name on Passport -	Arabic*	
ج ون				دى		
Ĵender*	Date of Birth*			Nationality*		
Male 👻	25/01/1986		苗	QATAR		-
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A12356	04/04/2022		曲			
Passport Scanned Copy & Personal Photo						
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Employer account-Passport-207684,pdf					Û	
Personal Photo:						
Please upload a passport sized photo with white background						
Circular (04-2014) - Required Specifications of the Personal Photograp	ph for Medical License Cards					
Please select a file						
Maximum File Size is : 2 MB						
Photo1-Photo-1023361.JPG				A i		



Search					*
Do you have a Qatar National ID (QID)? ⊚ Yes ⊖ No					
Qatar ID Number*	QID Expiry Date*				
28635605506	08/12/2022		曲		
QID Scanned Copy					
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Undertaking Letter					
Please attach the practitioner undertaking letter for the temporary lie	ense.				
Circular (9-2018) - Updates on Temporary License Policy					
Undertaking Letter					
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B Save and Close X Close C Reset				🔶 Sub	mit 🖠

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

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

Request Type	91	Request Status:		Request Date	From:	Requ	est Date To:		
Select	-	Select	-						
Q Search									
Q Search	•								
Q Search	Request Type	Applicant Submission Date	Date of submission to	to QCHP	Date of Completion	Current Status		Remove	Comments
Q Search Inquest No.	Request Type Apply for Evaluation	Applicant Submission Date 07/02/2016	Date of submission to	to QCHP	Date of Completion 20/03/2019	Current Status Application Comp	oleted	Remove	Comments D

For	help please	contact	qchphelp	desk@moph.	gov.qa	+(974) 4	44070279
	Copyright @	2021 N	/inistry of	Public Health	n. All ric	hts rese	erved.

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: <u>DHPHelpDesk@moph.gov.qa</u>



B. <u>Change Place of Work User Manual</u>

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.

Login/Sign In	Register/Sign Up	Guidelines
Login		
Username		
Please enter	your User Name	
Password		
Please enter	your Password	
Sign In 1	d	
rorgot Passwor	<u>u</u>	

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

Requests	Welcome: T	est Account - You m	av perform the following	actions:					
Apply for Evaluation			.,						
Apply for Additional Place of Work	View & track st	atus of my requests							
Apply for Temporary License	Search								
Apply for Licensing	Request Type:		Request Status:		Request Date	From:	Request Date To	0.	
Apply for Change Place of Work	Select		▼ Select	•			 		曲
Print :	Q Search								
Contact Information									
Contact Information	Request No.	Request Type	Applicant Submission Date	Date of submission to 0	аснь	Date of Completion	Current Status	Remove	Comments
Contact Information	Request No.	Request Type Apply for Evaluation	Applicant Submission Date 29/03/2021	Date of submission to 0	QCHP	Date of Completion 30/03/2021	Current Status Application Completed	Remove	Comments
Contact Information	Request No.	Request Type Apply for Evaluation	Applicant Submission Date 29/03/2021	Date of submission to 0 29/03/2021	QCHP	Date of Completion 30/03/2021	Current Status Application Completed	Remove	Comments
Contact Information :	Request No.	Request Type Apply for Evaluation	Applicant Submission Date 29/03/2021	Date of submission to 0 29/03/2021	QCHP	Date of Completion	Current Status Application Completed	Remove	Comments

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

•			
Personal Declaration	Personal and Professional Information	Change Place Of Work Information	Pay Fees and Submit Application
Personal Declaration			
I hereby declare the information and do particulars.	ocuments I provide to QCHP are true and verifiable to th	ne best of my knowledge and I bear responsibility fo	r any discrepancies in the presented
undertake that I must inform QCHP or provide quality health care. I also under	f any past or current criminal charges or convictions. I wi take that as long as I am licensed by QCHP I will provid	ll also inform the Council of any physical or mental c e them with any updates regarding the aforementio	ronditions that jeopardize my ability to ned.
□ I hereby declare the above mentio	ned statements.		
Save Save and Close	X Close C ⁴ Reset		<



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

			Change Flace O	V WORK INION	lation	Pay Fees and Submit Application
sonal and Professional Inform	nation					
rsonal Information						
st Name on Passport*	Middle	Name(s) on Passport			Last Name on Pass	;port*
hn					Doe	
st Name on Passport - Arabic	Middle	Name(s) on Passport - /	Arabic		Last Name on Pass	port - Arabic
ender*	Date of	Birth*			Nationality*	
Male	▼ 14/05/1	977		曲	India	
assport Number*	Passpor	t Expiry Date*				
123456	22/11/2	022		曲		
rsonal Photo:						
Please select a file					-	
Maximum File Size is : 2 MB						
ioto1-Photo-289052.JPG						V
real (04-2014) - Required Specifications of the f	elsonal i notograpi nor medical cicens	e calus				
ofession						
rofession*	Scope C	Of Practice*				
Nurse	▼ Registe	ered General Nurse		•		
dly attach both sides of your QID in one file tar ID Number 635605506	QID Expiry Date	曲	QID Scanned Copy Please select a file			
			 Maximum File Size 	is : 2 MB		
			QID_Greeshma-QID-2890)52.jpg		
ssport Scanned Copy		*	National Number			
			National Number			
Please select a file Maximum File Size is : 2 MB, Allowed file extensions	are .PDF, .JPG, .DOC/.DOCX, .PNG & .GIF					
			National Id Copy Pl	lease upload your H	Home country National Id	
Attachments	Re	emove	Please select a file			•
assport Greesnma-Passport-zowoz.por		Ш	Maximum File S	iize is : 2 MB		
<i>c</i>						
titution Type			Institution			
Semi Governmental		-	Provisional-Compleme	entary Medicine		
ntact Information						
e following information will be used to contact	you. Please make sure you enter acc	urate and valid contacts				
bile Number*	Email Add	Iress*				
drase (DO Dau t	Abc@123					
aress / P.O Box*						
				10		



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

	Personal and Professional Information	Change Place Of Work Information	Pay Fees and Submit Application
ge Place Of Work Informatior	n		
ige Place Of Work			
nt Institution Type	Your Current Employer		
i Governmental	Provisional-Complementary Med	licine 🔻	
e Institution Type	Your Future Employer*		
ect	•	-	
se unload the resignation letter from	n current/previous employer and offer/employment lett	er from new employer	
ase select a file		File Description	
Maximum File Size is : 2 MB			
			-
:hments	Description		Remove
No Attachments Available			
Ive Click on Submit			← →
No Attachments Available	Personal and Professional Information	Change Place Of Work Information	Pay Fees and Submit Application
No Attachments Available	Personal and Professional Information	Change Place Of Work Information	Pay Fees and Submit Application
No Attachments Available	Personal and Professional Information	Change Place Of Work Information	Pay Fees and Submit Application
No Attachments Available	Personal and Professional Information requests, so please submit to proceed to the next stage. Request Transaction ID:	Change Place Of Work Information	Pay Fees and Submit Application
No Attachments Available	Personal and Professional Information requests, so please submit to proceed to the next stage. Request Transaction ID: 1023365	Change Place Of Work Information	Pay Fees and Submit Application

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 Typ	e:	Request Status:	Request	Date From:			Request Date To:		
Select	•	Select	•		苗				曲
Q Search									
Request No.	Request Type	Applicant Submission Date	Date of submission to QC	HP Date of Comp	etion	Curren	t Status	Remove	Comments

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		ρ
1023362	Apply for Evaluation	03/04/2021	03/04/2021	03/04/2021	Application Completed		Ω
1023366	Apply to Change Place of Work	03/04/2021			Under process with QCHP		ρ



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.

Login/Sign In	Register/Sign Up	Guidelines
Login		
Username		
Please enter	your User Name	
Password		
Please enter	your Password	
Sign In Ĵ	d	

1. After Successful login, kindly choose Apply for Licensing

Requests	Welcome: Te	est Account - You m	nay perform the following	q actions:				
Apply for Evaluation			•••	-				
pply for Additional Place of Vork	View & track st	atus of my requests						
pply for Temporary License	Search							
ply for Licensing	Request Type:		Request Status:	F	Request Date From:	Request Date 1	io:	
ply for Change Place of rk	Select		▼ Select	•		#		ŧ
rint :	Q Saarab							
Contact Information								
	Request No.	Request Type	Applicant Submission Date	Date of submission to QC	CHP Date of Completion	Current Status	Remove	Comment
		Apply for Evaluation	29/03/2021	29/03/2021	30/03/2021	Application Completed		0

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

Personal Declaration Are by 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 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 are paradize 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 formation. I there authorize the release of my license details and information shared with QCHP, including derogatory information, to the concerned authorities having a gittmate need for the information and release QCHP from all liability for the release of this information. I hereby declare the above mentioned statements. Are the the following scanned documents before you proceed with the application: Q and P blice Clearance from Qatar Are the following scanned documents before you proceed with the application: Q and P blice Clearance from Qatar P blice Clearance form P blice P	Personal Declaration	Personal and Professional Informatic	n Medical Information	Verification Report and Additional Information	Pay Fees and Submit Application
ersonal Declaration ersonal ersonal declaration ersonal ers					
 Preserve 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 server declars. Indertake 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 a polarity or publicy 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 orementioned. Inter authorize the release of my license details and information shared with QCHP, including derogatory information, to the concerned authorities having a gitnate need for the information and release QCHP from all liability for the release of this information. I hereby declare the above mentioned statements. I hereby declare the following scanned documents before you proceed with the application: QLD Police Clearance from Qatar Medical Fitness Report CPR certification report Confirmation that your certificate of good standing has been received by QCHP 	ersonal Declarati	ion			
Indertake 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 operafize 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 orementioned.	nereby declare the info screpancies in the pres	rmation and documents I provide to C sented particulars.	CHP are true and verifial	ble to the best of my knowledge and I bear respor	sibility for any
<pre>further authorize the release of my license details and information shared with QCHP, including derogatory information, to the concerned authorities having a gitimate need for the information and release QCHP from all liability for the release of this information. a) hereby declare the above mentioned statements. elease make sure you have the following scanned documents before you proceed with the application: a) Declaration from Qatar b) Police Clearance (as required by your scope of practice) b) Primary source verification report c) Confirmation that your certificate of good standing has been received by QCHP b) Police Decention b) Police Decention b) Police Decention b) Police Decention b) Police Clearance from Qatar b) Police Clearance from Qatar b) Police Clearance from Qatar b) Police Clearance (as required by your scope of practice) b) Primary source verification report c) Primary source verification freport c) Primary source verification freport c) Primary source verificate of good standing has been received by QCHP c) Police Decention c) Police Decention c) Police Decention c) Police Clearance from Police form c) Primary source verificate of good standing has been received by QCHP c) Police Clearance form c) Police Clearance form c) Police Clearance form Police c) Primary Police Clearance form c) Police Clearance form</pre>	undertake that I must ir opardize my ability to p forementioned.	nform QCHP of any past or current cri provide quality health care. I also unde	ninal charges or conviction rtake that as long as I an	ons. I will also inform the Council of any physical or n licensed by QCHP I will provide them with any up	r mental conditions that odates regarding the
I hereby declare the above mentioned statements.	further authorize the re gitimate need for the ir	lease of my license details and informan nformation and release QCHP from all	ation shared with QCHP, liability for the release o	including derogatory information, to the concerned of this information.	d authorities having a
ease 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	I hereby declare the	above mentioned statements.			
Lease make sure you have the following scanned documents before you proceed with the application: IQID IPolice Clearance from Qatar IMedical Fitness Report ICPR certificates (as required by your scope of practice) IPrimary source verification report IConfirmation that your certificate of good standing has been received by QCHP					
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	lease make sure you h	have the following scanned docume	ents before you procee	d with the application:	
Police Clearance from Qatar Medical Fitness Report ICPR certificates (as required by your scope of practice) IPrimary source verification report I Confirmation that your certificate of good standing has been received by QCHP	QID				
Medical Fitness Report I CPR certificates (as required by your scope of practice) I Primary source verification report I Confirmation that your certificate of good standing has been received by QCHP	Police Clearance from	n Qatar			
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	Medical Fitness Repo	ort			
Primary source verification report	CPR certificates (as re	equired by your scope of practice)			
Confirmation that your certificate of good standing has been received by QCHP	Primary source verific	cation report			
	Confirmation that you	ur certificate of good standing has b	een received by QCHP		
Save and Close Creset	Save Save	e and Close X Close C Re	et		← →



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

	•			V. 10 - 11			•
Personal Declaration Personal a	and Professional Information	on Medi	cal Information	Verificatio	n Report and	Additional Information	Pay Fees and Submit Application
Personal and Professional Information							
Personal Information							•
First Name on Passport*		Middle Name(s) on Passpor	t			Last Name on Passport*	
John						Doe	
First Name on Passport - Arabic*		Middle Name(s) on Passpor	t - Arabic			Last Name on Passport - Arabic*	
Gender* Male	-	Date of Birth*			曲	Nationality*	
Passport Number*		Passport Expiry Date*					
CM12345		04/04/2022			曲		
Personal Photo:							•
Please select a file							
Maximum File Size is : 2 MB							
Photo1-Photo-1023362.JPG						Ŵ	
Circular (04-2014) - Required Specifications of the Personal Photograph for	Medical License Cards						
Profession							`
Profession*	-	Scope Of Practice*			•		
	•				-		
Vien Dotaile							
Visa Details							
Kindly attach both sides of your QID in one file				OID Scanned Copy			
28635605506	08/12/2022		曲	Please select a file			
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				CM1-QID-207664.jpg			
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Employer account-Passport-207884.pdf		1		Maximum File Size is :	2 MB		
Place of work							
If your potential place of work is not already licensed, please select Institution Taxo	"Under Process".			Institution			
Semi Governmental			-	Provisional-Complementary N	/ledicine		-
Contact Information							
The following information will be used to contact you	J. Please make sure w	ou enter accurate and vali	id contacts				
Mobile Number*	sure sure y	Email Address*					
00918136880010		complementarymedicine®w	vipro.com				
Address / P.O Box*							
SCH							
					11		
Police Clearance Documents							
Presse attach your police clearance from Qatar.							
Maximum File Size is : 2 MB. Allowed file extensions are .PDF, J	PG, .DOC/.DOCX, .PNG & .GI	F					h
						-	
Attachments		Description				Remove	
Save and Close X Close	C Reset						← →



4. Please fill Medical Information and CPR course information

ersonal Declaration	Personal and Professional In	formation	Medical Information	Verification Report and Additional Infor	mation Pay Fees and Submit Applicat
dical Informatio	n & CPR				
R					
⊖ The CPR course is a	achieved O The CPR cours	e is not achiev	ved		
ood Test Results					
⊖ Blood Test Results	are available 🛛 Blood Test	Results will b	e sent Directly to MC	PH	
Save Save	and Close X Close	C Reset			\
Jpload Verifica	ition report				
				•	
ification Report	: and Additional Info	rmation			
ification Report ditional Information Please attach the Prin prification Report Please select a file Maximum File Size is .GIF	t and Additional Info	ease add any con	nments and/or attach any	supporting documents that are relevant to your a	application.
ification Report dditional Information Please attach the Prir arification Report Please select a file Maximum File Size is .GIF	t and Additional Infor	rmation	nments and/or attach any	supporting documents that are relevant to your a File Description	application.
ification Report dditional Information Please attach the Prin Prification Report Please select a file Maximum File Size is .GIF tttachments	t and Additional Infor	rmation	nments and/or attach any DC/.DOCX, .PNG & Description	supporting documents that are relevant to your a File Description	application.
ification Report dditional Information Please attach the Prin arification Report Please select a file Maximum File Size is .GIF Attachments Attachments Average provide addition	ailable	rmation	Description	supporting documents that are relevant to your a File Description R	application.
ification Report dditional Information Please attach the Prin Please select a file Maximum File Size is .GIF Attachments No Attachments Av ease provide addition Please select a file Maximum File Size is	t and Additional Infor n: nary Source Verification report. Ple : 2 MB. Allowed file extensions are al information(if required) : 2 MB. Allowed file extensions are	rmation	Description	supporting documents that are relevant to your a File Description	application. emove
ification Report dditional Information Please attach the Prin Please select a file Maximum File Size is .GIF Attachments No Attachments Ave ease provide addition Please select a file Please select a file Maximum File Size is .GIF	a and Additional Information report. Ple	ease add any con a .PDF, .JPG, .DC	Description	supporting documents that are relevant to your a File Description	emove
rification Report dditional Information Please attach the Prin Please select a file Maximum File Size is .GIF Attachments No Attachments Av ease provide addition Please select a file Maximum File Size is .GIF	t and Additional Infor n: nary Source Verification report. Ple : 2 MB. Allowed file extensions are al information(if required) : 2 MB. Allowed file extensions are	rmation	Description	supporting documents that are relevant to your a File Description	emove emove
 ification Report dditional Information Please attach the Print Please attach the Print Please select a file Maximum File Size is .GIF Attachments No Attachments Avages a provide addition Please select a file Maximum File Size is .GIF Maximum File Size is .GIF Maximum File Size is .GIF No Attachments Avages a select a file Maximum File Size is .GIF 	t and Additional Infor n: nary Source Verification report. Ple : 2 MB. Allowed file extensions are railable al information(if required) : 2 MB. Allowed file extensions are allable	rmation	Description	supporting documents that are relevant to your a File Description	emove emove



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

Personal Declaration Personal a	d Professional Information Medical Information Ver	ification Report and Additional Information	Pay Fees and Submit Application
Pay Fees and Submit Appli	cation		
Please note that there is no payment for sent b	ack requests, so please submit to proceed to the next stage.		
Request Type:	Request Transaction ID:	Request Fees:	
Apply for Licensing	1061840	1000 QR	
 Prease note that the tees are non-refundable confirm that I have attached the below di Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of Previous registration/medical license Primary source verification report 	ocuments in the application: f practice)		
Save Save and Close	se C'Reset		← Submit Ĵ

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

Card number *	card		
Billing address Street 1 Street 2 City Postcode / Zipcode	State / Province Country Select Country		
Order details e-Service		The	TO TAL QAR: 100.00 بيال next screen you see may be payment card verification through your card issuer.

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

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

/iew & track	status of my reques	ots							
Search									*
Request Typ	be:	Request Status:		Request	Date From:		Request Date T	0:	
Select		▼ Select	-			曲			曲
	_								
Request No.	Request Type	Applicant Submission Date	Date of submission to	QCHP	Date of Completion	Current St	atus	Remove	Comments
207664	Apply for Evaluation	07/02/2016			20/03/2019	Applicatio	n Completed		Q
1023362	Apply for Evaluation	03/04/2021	03/04/2021		03/04/2021	Applicatio	n Completed		Q
1023367	Apply for Licensing	03/04/2021				Under pro	cess with QCHP	1	0

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