



## Surgical/Dental Privilege Application Requirements

### Checklist

• Surgical/Dental Privileges Form for the specific specialty, signed by the physician and the medical director of the facility where the applicant will perform the privileges	<input type="checkbox"/>
• Separate letter for the list of the required privileges written by the physician/dentist (if there is no surgical/dental privilege form for that specialty available on the website)	<input type="checkbox"/>
• Copy of valid medical license or copy of valid evaluation	<input type="checkbox"/>
• No objection letter signed and stamped by the medical director of the facility mentioned in applicant's license to perform the privilege in their facility or another facility with a theater or day care (if required for different scopes of practice)	<input type="checkbox"/>
• Request Letter from the facility where the applicant will perform the privileges (if it is different from the one mentioned in the license)	<input type="checkbox"/>
• "Request for approval to perform surgical privilege" form signed and stamped by the medical director of the facility where the applicant will perform the privileges. (Applicable for physicians)	<input type="checkbox"/>
• Copy of official surgical logbook for the last 3 years, attested by Ministry of Foreign Affairs (MOFA) in Qatar or verified by a PSV company. (Applicable for physicians)	<input type="checkbox"/>
• "Case submission Declaration" form (Applicable for Dentists)	<input type="checkbox"/>
• Logbook or Treated Cases on a CD or USB. (Applicable for Dentists)	<input type="checkbox"/>
• Copy of training certificates/courses undertaken in the practice of requested privilege	<input type="checkbox"/>
• "Personal declaration" for surgical/dental privileges	<input type="checkbox"/>
• Copy of Curriculum Vitae (C.V.)	<input type="checkbox"/>
• Copy of bachelor's degree or equivalent	<input type="checkbox"/>
• Copy of post graduate degrees or equivalent	<input type="checkbox"/>
• Recommendation letters (if any)	<input type="checkbox"/>
• Copy of valid facility license with the list of approved services	<input type="checkbox"/>
• Copy of surgical privilege approval letter issued by DHP if the applicant is applying for an additional surgical privilege request.	<input type="checkbox"/>

### Notes

- Please note that any incomplete request will not be processed
- Please arrange your application in order of the above-mentioned list of requirements
- The original attested surgical logbook must be assessed by the concerned medical licensing officer in the final stage
- Supporting documentation for the application must be maintained and presented upon request.
- Original documents must be presented upon request
- Documents presented must be in Arabic or English (documents in other languages must be translated and presented along with copy of the original documents)
- The applicant must present two copies of all the required documents as 2 separate folders

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_