

Employer User Manual

Guidelines on using the Registration & Licensing System



Step1. Visit dhp.moph.gov.qa and click on Registration & Licensing System (Highlighted below).

E Home × +			
\leftarrow $ ightarrow$ C $ heta$ https://dhp.moph.gov.qa/en	1/Pages/Home.aspx		
e-Services B-Serv	Registration and Licensing System Learn More →	The National CME/CPD Accreditation System	Image: Complaints System Learn More →

Step 2. Choose appropriate tab as per following -

- LOGIN/SIGN IN If you already have a Username and Password as an Employer Representative (provided by DHP)
- ▶ REGISTER/SIGN UP If you want to create a new account as an Employer Representative
- GUIDELINES For Guidelines on Using the System and Process Overviews

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

To REGISTER/ SIGN UP

Click on "Sign up as an Employer Representative" to sign up as an Employer Representative



Fill the details required for registration and Click on "Sign Up", on submission an activation email will be sent to the provided email address.



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E-mail			
Confirm E-mail*			
Please re-enter email			
Password*			
Please enter a password			
Confirm Password*			
First Name*			
Middle name			
Last Name*			
National Id / Qatar Id*			
Enter Code* 323689			
On submission, an account activation	on email will be sent t	o your email address.	
f you have a previous account or are alrea	dy licensed, please c	ontact qchphelpdesk@	moph.gov.qa to get your

Please open the provided email account and click on Activation link to activate the account to login.

Please visit: DHP Website / Registration & Licensing System to SIGN IN.

Login/Sign In	Register/Sign Up	Guidelines	
Login			٦
Username			
Please enter	your User Name		
Password			
Please enter	your Password		
Sign In 1	d		-

Please enter registered Email/Username and Password and click on "Sign In" to login to the system.

You will be navigated to your facility page where you can do the following

- View/Edit applications of practitioners registered with your facility
- Approve/Reject/Send back applications of practitioners registered with your facility
- Print Evaluation letters, Moi Letter, Temporary Licenses, Medical licenses.
- View all details such as Requests, Documents, Profile etc... of all practitioners
- Apply for different types of requests on behalf of a practitioner
- Issue e-Jazas on behalf of a practitioner



The following page will appear after login

irtment of Health	care Professions						and a						liser Preset Passwor
anage Request		_											
ew		Provisional	I-Complementary Medicin	e - Employer	Landing Page								
		View & Track	status of Practitioner's request	s									
int		Search										*	
hers		Request No	L.		1	Request Type:			Applicant/P	ractitioner Name :			
onfact Information						Select			•				
		Licence Nur	mber:			Request Date From:			Request Da	ite To:			
			_					曲				曲	
		Q Searc	h Applicant/Practitioner Name	Licence Number	Radiation Licence Number	Licence Expiry Date	RequestType	Profession	Category	Scope of Practice	Request Creation Date	Status	
		Q Searco Request No. 1081840	Applicant/Practitioner Name John Doe	Licence Number	Radiation Licence Number	Licence Expiry Date	Request Type Apply for Evaluation	Profession Physician	Category Specialty	Scope of Practice Internal medicine	Request Creation Date 27/03/2021	Status Pending with employer	
		Q Searco Request No. 1081840 036478	ApplicantPractitioner Name John Doe App App	Licence Number	Radiation Licence Number	Licence Expiry Date N/A N/A	Request Type Apply for Evaluation Apply for Evaluation	Profession Physician Physician	Category Specialty Specialty	Scope of Practice Internal medicine Audio vestibular Medicine	Request Creation Date 27/03/2021 07/01/2020	Status Pending with employer Pending with employer	
		Q Searco Request No. 1061840 030478 93003	Applicant/Practitioner Name John Doe Abo Abo Complementary Test Medicine Test	Licence Number	Radiation Licence Number	Licence Expiry Date N/A N/A N/A	Request Type Apply for Evaluation Apply for Evaluation Apply for Licensing	Profession Physician Physician Alled Health Practitoner	Category Specialty Specialty NA	Scope of Practice Internal medicine Audio vesibular Medicine Ayunveda	Request Creation Date 27/03/2021 07/01/2020 01/06/2020	Batus Panding with employer Panding with employer Under process with DCHP	
		Request No. 1081840 038478 930003 846084	ApplicatelPastitionerName John Doe Ade Ade Complementay Test Medicine Test John Doe	Licence Number	Radiation Licence Number	Licence Expiry Date NA NA 2.01-2022	Request Type Apply for Exclusion Apply for Livensing Apply to Livensing Apply to Livensing	Profession Physician Physician Alled Health Practioner Physician	Category Specialty Specialty NA Specialty Cased Categories	Scope of Practice Internal medicine Audio vestibular Medicine Ayurveda Urology	Request Creation Date 27/03/2021 07/01/2020 01/00/2020 00/03/2020	Status Panding with employer Panding with employer Under process with DCHP Completed Completed	
		Request No. 1081840 036478 930003 846084 629338 566084	Applicate/Practitioner Name John Doe Ado Ado John Doe Al Zadi John Doe	Licence Number P10044 P10044	Radiation Licence Number	Licence Expiry Date N/A N/A 2-01-2022 N/A 2-01-2022	Request Type Apply for Evaluation Apply for Evaluation Apply to Lipstan Personal Information Apply to Lipstan Personal Information Apply to Lipstan Personal Information	Profession Physician Alled Health Practioner Physician P	Category Specialty Specialty NA Specialty General Practitioner Specialty	Scope of Practice Internal medicine Audio vestibular Medicine Ayunedia Urology NA	Request Creation Date 27/03/2021 07/01/2020 00/03/2020 00/03/2020 17/12/2010 17/12/2010	Batus Panding with employer Panding with employer Under process with OCHP Completed Applant Completing Completed	
		Request No. 1001540 030478 00003 84004 020338 560003 560000	Applicant@Practitioner Name John Doe Abn Abo Unite Doe Al Zacki John Doe John Doe	Licence Number P10044 P10044	Radiation Licence Number	Licence Expiry Date N/A N/A 2-01-2022 N/A 2-01-2022 2-01-2022	Request Type Adoly for Evaluation Apply for Evaluation Apply for Evaluation Apply for Evaluation Apply for Evaluation Apply for Evaluation Apply for Evaluation	Profession Physican Alled Health Practices Alled Health Practices Physican	Category Specialty Specialty NA Specialty General Practiconer Specialty Specialty	Scope of Practice Internal medicine Auforestibuler Medicine Auroneda Unology NA Unology Unology	Request Creation Date 27/03/2021 07/01/2020 00/03/2020 00/03/2020 17/12/2019 17/10/2019	Status Panding with employer Under process with DCHP Completed Co	
		Request No. 1001840 030478 030003 846004 020338 060003 506000 672583	Applicant@Practitioner Name John Doe Ador Ador John Doe Al Zash John Doe John Doe	Licence Number P10044 P10044	Radiation License Number	Licence Expiry Date NA NA 2-01-2022 NA 2-01-2022 2-01-2022 2-01-2022 NA	Request Type Apply for Saluation Apply for Saluation Apply for Saluation Apply for Saluation Apply for Saluation Apply for Saluation	Profession Frysician Alice Hash Practiconer Physician Alice Hash Practiconer Physician Physician Physician Physician Strength Physician Physician Strength Physician P	Category Specialty Specialty NA Specialty General Practicer Specialty Specialty	Scope of Practice Internal matchine Audio vestibular Medicine Audro vestibular Medicine Auronada Urology Urology Urology	Request Creation Date 27/03/02/1 07/01/0200 00/03/0200 00/03/0200 17/12/03/9 17/10/02/9 25/00/210	Batus Panding with employer Under process bit OC/PP Completed	

Click in on *Manage Request to* Review /Edit & Approve/Reject/Send back

epartment of Healthcare Pro	ofessions	A TE OF COMMENT	💄 User 🔎 R
Manage Request	Previsional Complementar	Medicine Franksvar Londing Dave	
Short Notice Requests	Provisional-Complementar	y Medicine - Employer Landing Fage	
Add/Change Scope of Practice	View & Track status of Practition	er's requests	
Evaluations, Licensing & Other Requests	Search		~
Renewals			
Change Place Of Work	Request No.	Request Type:	Applicant/Practitioner Name :
Removal from the Registry		Select	▼
Pestoration to the Registry	Liconce Number:	Request Data From:	Poquest Date To:

Click on the "*Evaluation, Licensing & Others Request*" link to review/edit/approve/reject/send back the following:

• Applications for Evaluation.

Note: Apply for Licensing, Renewal, Change Place of Work, Change Scope of Practice, Removal from Registry and other requests do not need employer approval on the system

Click on the "Restoration to the Registry" link to review/edit/approve/reject/send back Restoration to the Registry requests.

By clicking the links under the "Review and Submit Requests" section, the following screen appears:



Click on "Request No." under *Edit Request Info* to *Review/Edit* the request and the request appears the same way it appears in the practitioner page.

Review and Submit Evaluation & Licensing Requests

1061840

John Doe

Search								~
Request No.		Reques	t Type:		•	QID / Passport No	0	
Profession:		Catego	У			Scope of practice	:	
Corporate ID		Reques	t Date From:		•	Request Date To:		•
					▦			曲
Q Search								
Edit Request Info	Applicant/Practitioner Name	Profession	Category	Scope of Practice	Requ	est Creation Date	Request Type	Comments
636478	Abc Abc	Physician	Specialty	Audio vestibular Medicine	07/01/	2020	Apply for Evaluation	ρ

You can navigate through the wizard and update/add/remove any data/documents for each step and click on save to update.

Specialty Internal medicine

Physician

Apply for Evaluation

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27/03/2021

Personal Declaration 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 articulars. 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 rovide 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: Actional qualifications Gurde cartificates Work experience certificates Licensing exam (if required by your scope of practice) Previous registration/medical license	Declaration	Information	Qualifications	Work Experience and Registration	Verification Report and Additional Information	Pay Fees and Submit Application
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 articulars. 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 rovide 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. Rease make sure you have the following scanned documents before you proceed with the application: Passport Beducational qualifications Work experience certificates Licensing exam (if required by your scope of practice) Previous registration/medical license	ersonal Declar	ation				
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	hereby declare the in particulars.	nformation and documents I provide	to QCHP are true and v	verifiable to the best of my knowledge and	I bear responsibility for any discrepancies i	n the presented
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	undertake that I mus provide quality health	st inform QCHP of any past or curren 1 care. I also undertake that as long a	nt criminal charges or co as I am licensed by QCH	prvictions. I will also inform the Council of a P I will provide them with any updates rega	ny physical or mental conditions that jeopa rding the aforementioned.	rdize my ability to
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	□ I hereby declare t	he above mentioned statements.				
☐ Educational qualifications] Work experience certificates] Licensing exam (if required by your scope of practice)] Previous registration/medical license	Please make sure yo ⊇ Passport	ou have the following scanned doo	cuments before you pr	roceed with the application:		
] Work experience certificates] Licensing exam (if required by your scope of practice)] Previous registration/medical license	∋Educational qualif	ications				
□ Licensing exam (if required by your scope of practice) □ Previous registration/medical license	□Work experience (certificates				
□ Previous registration/medical license	∃Licensing exam (if	required by your scope of practice	e)			
] Previous registrati	on/medical license				
□ Primary source verification report	∃ Primary source ver	ification report				



Click on "Practitioner Name" and Approve/Reject/Send back the application; the following screen appears:

equest Information			
ame	Request No.	Request Type	
lohn Doe	1061840	Apply for Evaluation	
ategory	Scope of practice		
pecialty	Internal medicine		
rrent Employer			
rovisional-Complementary Medicine			
Approve O Reject			
Approve O Reject Approve O Reject mments: pe in your comments Plaase select a file	File Des	ription	
 Approve O Reject Approve	File Desc	ziption	
 Approve O Reject Approve O Reject Approve O Reject pe in your comments Please select a file Maximum File Size is : 2 MB Attachments	File Description	ription Remove	
 Approve O Reject Approve O Reject Domments: pe in your comments Please select a file Maximum File Size is : 2 MB Attachments Attachments Available	File Desc Description	riplion Remove	

Choose appropriate decision and click on "Submit"

If the decision is "Approve", the request will come to DHP for approval.

If the decision is "Reject", the request will be rejected and will not come to DHP for approval

If the decision is "Send Back", click on the Send Back button to send back the application to the practitioner

Note: - You can add any additional documents (if required) which are relevant to the application.



"View" section



"Request Dashboard" – to get an overview/statistics of all request types and their status



Employer Request Dashboard - Provisional-Complementary Medicine

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Total Request Count : 0
Report Generated On : 4/28/2021
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"All Practitioners Details" - to view all practitioners working directly or working as an additional/surgical place with your Institution

1. Click on "*Practitioner name*" to view a practitioner's profile which contains all the information about the practitioner such as (Qualifications, Work experiences, Registrations, Personal & Identification information, all attached documents, license details etc.).



Practitioner's Deta	ils										
	Name: John Doe			Nøme(Arøbic): جون دو			Licence Issue 13-2-2017	Date:		Licence Expiry [2-1-2022	Date:
	Age: 31			Qatar ID: 98765432109			Passport Nur 012543878	nber: }		Nationality: India	
Institution Type Semi Govern		e: nmental		Place of work: Provisional-Cor	nplemer	tary Medicine	Additional Pl NA	ace of work(s):		Corporate ID: NA	
	Profession: Physician			Category: Specialty			Scope of pre Urology	ctice:		Additional Cate	gory
V	Additional Sco NA	dditional Scope of Practice: A		Surgical Place of work(s): NA		Renewal Elig Credits no	Renewal Eligibilty Credits not submitted		Limitation/Notation: N/A		
P10044 Active	Gender: Male			Email Address:			Mobile Phon 30806973	e:		Resident Numb 44070279	er:
	Current Cycle I 2-1-2020	Date:		Address: noufal_hch@red	diffmail.c	om	Is VIP				
Qualification and Educa	ation Informati	on									
Qualification		Specialty		Country		City	Institution		Start Date		End Date
QCHP Test				QATAR			QCHP		02/06/2007		30/06/2011
WorkHistory Informatio	on										
Start Date	End Date		Position		Country		City	Place of Work		Contact Phon	e No

2. Click on "License Number" to view the e-License.

QCHP Test

Medical License	الترخيص الطبى	Issue Date: Expiry Date:	تاريغ الإصدار 13/02/2017 تاريغ الأنتهاء 02/01/2022
P10044		Qatar ID No:	98765432109 درقم البطاقة الشخصية :
و عمار مؤقت Provisional-	جون کی جون کی معلم جون کی معلم محل کی م Complementary dicine	يلغة بلغة يدة يصف This Licence is :	الرئيس التوانين والقرارات المنظمة العمل في القطاع ال يتضيع الترخيص للقوانين والقرارات المنظمة العمل في القطاع ال Subject to the Laws & Regulations Governing the Health Sector in the State of Qatar
Urology	حراحة المسالك النولية	Urology	جراحة المسالك البولية

Doha

QCHP

44070279

QATAR

"Expiring Evaluations & Medical Licenses" - to View expiring evaluations & medical licenses \triangleright

View Expiring Evaluations & Licenses

26/10/2015

01/06/2011

Search							~
Profession:		Category		Sc	ope of practice:		
Select	•			-			•
Corporate ID		QID / Passport No					
Request Number	Applicant/Practitioner Name	Profession	Category	Scope of Practice	Request Type	Expiry Date	Licence Number
230005	Ahmed	Physician	Specialist	Pediatric Emergency Medicine	Apply for Licensing	06/02/2021	
10822	Mohamed	Pharmacist	NA	Pharmacist	Apply for Licensing	31/01/2021	

 \triangleright "Rejected Requests" - to view all the requests rejected by DHP

Employer Representative Account Status Report – to view the status of employer representative account requests. ۶



"Print" Section

Manage Request	Hamad Medical Corporation	Employer Landing Page	
● ^{View}			
e Print	View & Track status of Practitioner's r Search	requests	
Expiring Evaluations & Licenses Report	Request No.	Request Type:	Applicant/Practitioner Name :
Evaluation Reports & MOI Letters		Select	▼
Temporary Licenses	Licence Number:	Request Date From:	Request Date To:
Online Payment Receipts			m
e-Jazas			

> Evaluation Reports & MOI Letters – to print evaluation reports and MOI letters click on their respective "Print" links

Search									
Request No.			Applicant/Practitio	ner Name :			QID / Passpo	ort No	
Profession:			Category				Scope of pra	ctice:	
Select		-				•			
Request Date	From:		Request Date To:				Corporate ID		
		曲				曲			
Q Search	Applicant Name	Professi	on	Category	Scope of Practice	Date of re	equest	View MOI letter	View primary evaluation
Q Search lequest No. 07664	Applicant Name Complementary Test Medicine Test	Professi Allied He	on alth Practitioner	Category	Scope of Practice	Date of re 20/03/201	equest 9 18:10:10	View MOI letter	View primary evaluation

> Temporary Licenses – to print Temporary licenses click on the "license number"

Search						
Request No.			Licence Number:		Applicant/Practitioner Name :	
Profession:			Category		Scope of practice:	
Select		•		•	-	
Q Search						
Q Search Request No.	Full Name	Place Of Work		Date of request	Licence Expiry Date	View Licence

- > Online Payment Receipts to print payment receipts for online payments for applications
- > e-Jazas to search for and download e-Jazas issued by practitioners.



Search									
eJaza Reference N	umber		Licen	ce Number:			Practitioner Name :		
Patient Name :			Requ	est Date From:			Request Date To:		
						•			
Q Search									
Q Search									
Q Search atient Name	Place of Work	Issue Date	From Date	To Date	No. of Days	License No.	Practitioner Name	Category	Scope of Practice
Q Search Patient Name	Place of Work DHP Qatar	Issue Date 04/02/2021	From Date 6-02-2021	To Date 7-02-2021	No. of Days	License No. P10044	Practitioner Name JohnDoe	Category Specialty	Scope of Practice Urology
Q Search Patient Name Ioufal Chalil	Place of Work DHP Qatar DHP Qatar	Issue Date 04/02/2021 13/05/2020	From Date 6-02-2021 13-05-2020	To Date 7-02-2021 17-05-2020	No. of Days 2 5	License No. P10044 P10044	Practitioner Name JohnDoe JohnDoe	Category Specialty Specialty	Scope of Practice Urology Urology



"Others" Section

Manage Request					
View	Search & Download e-Jazas issued	by Fractitioners			
Print	Search				
Others	eJaza Reference Number	Licence Number:		Practitioner Name :	
Jpload Employer Representative photo	Patient Name :	Request Date From:		Request Date To:	
ply on behalf of a actitioner			曲		
ssue e-Jaza on behalf of a rractitioner	Q Search				

> Apply on behalf of a practitioner - for creating a request on behalf of a practitioner.

Manage Request	Apply on hohalf of a Practitionar		
● View :	Apply on benan of a Practitioner		
- Print	Search		×
i≡ ^{Others} :	Request No.	Licence Number:	Applicant Name:
Upload Employer Representative photo Apply on behalf of a Practitioner	Profession: Select	Category	Scope of practice:
Issue e-Jaza on behalf of a Practitioner	QID / Passport No	Corporate ID	User Type Select
Contact Information	Email Address	Radiation License No.	Temporary License No.
	Q Search		

Step 1. Find the practitioner with the available search criteria

Apply on be	ehalf of a Pra	ctitioner									
Search											
Request No.				Licence	e Number:					Applicant Name:	
Profession:				Catego	ry					Scope of practice:	
Select				•					•		
QID / Passport	t No			Corpora	ate ID					User Type	
										Select	
Email Address				Radiati	on License No.					Temporary License	N0.
Q Search											
Full Name	Profession	Category	Scope Of Practice	User Type	Show Requests	Licence Number	Licence Expiry Date	Licence status	Login er	mail	Reset Passwore
John Doe	Physician	Specialty	Urology	Practitioner	ShowRequests	P10044	2-01-2022	Active	wiprotes	taccrd@gmail.com	Reset Password



Step 2. Click on "<u>Show Requests</u>" to show all the requests related to the practitioner

	•						
• Create new request							
Request Type:		F	equest Status:		Request Date Fro	om:	
Select		-	Select		•		曲
					Request Date To	:	
							曲
Completed :		F	equest No.				
Select		•					
Q Search							
Request Type	Request No.	Category	Scope of Practice	Request Date	Request Status		

Step 3. Click on "Create New Request"

Create New Request	∎ ×
Request Type	
Select	

Step 4. Choose the request type and click on "<u>Create</u>" to create a request of that type.



> Issue e-Jaza on behalf of a Practitioner – to issue an e-Jaza on behalf of a Practitioner.

Bravisianal Camplomento	w Madicina Employer Landing Page			
Provisional-Complementa	ry Medicine - Employer Landing Fage			
View & Track status of Practition	ner's requests			
Search				
Request No.	Request Type:		Applicant/Practitioner Name :	
	Select	•		
Licence Number:	Request Date From:		Request Date To:	
		曲		
	Provisional-Complementa View & Track status of Practition Search Request No.	Provisional-Complementary Medicine - Employer Landing Page View & Track status of Practitioner's requests Search Request No. Request Type: Licence Number: Select Licence Number: Request Date From:	Provisional-Complementary Medicine - Employer Landing Page View & Track status of Practitioner's requests Search Request No. Request Type: Licence Number: Request Date From: Image: Select Image: Select Image: Select	Provisional-Complementary Medicine - Employer Landing Page View & Track status of Practitioner's requests Search Request No. Request Type: Applicant/Practitioner Name : Select Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" Licence Number: Request Date From: Request Date To: Image: Colspan="2">Image: Colspan="2"

Click on Issue e-Jaza to issue sick leave to the patient

Search								
_icence Numb	oer:			Applicant N	lame:		Profession:	
							Select	
scope of prac	tice:							
Scope of prac	tice:		_					
Scope of prac	tice:		•					
Scope of prac	tice:		T					
Scope of prac	tice:		T					
Scope of prac	tice:		•					
Scope of prac			•					
Scope of prac	Profession	Category	▼ Scope Of Practic	:e	Licence Number	Licence Expiry Date	Login email	e-Jaza on Behalf

> Upload Employer Representative photo – to update the employer representative photo

Manage Request			
View	Update Employer Repre	esentative Photo	
Print :	Representative First Name		
	Select	•	
Others	Passport size photo *		
Upload Employer Representative photo	Please select a file		•
Apply on behalf of a	Maximum File Size is : 2 MB. Allow	wed file extensions are .PDF, .JPG, .DOC/.DOCX, .PNG & .0	IF
Practitioner	Attachmants	Berrows	
Issue e-Jaza on behalf	Attachments	Remove	
of a Practitioner	C Update		
Contact			

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