GUIDELINES

FOR ALLIED HEALTH PROFESSIONS (AHP)

DEPARTMENT OF HEALTHCARE PROFESSIONS

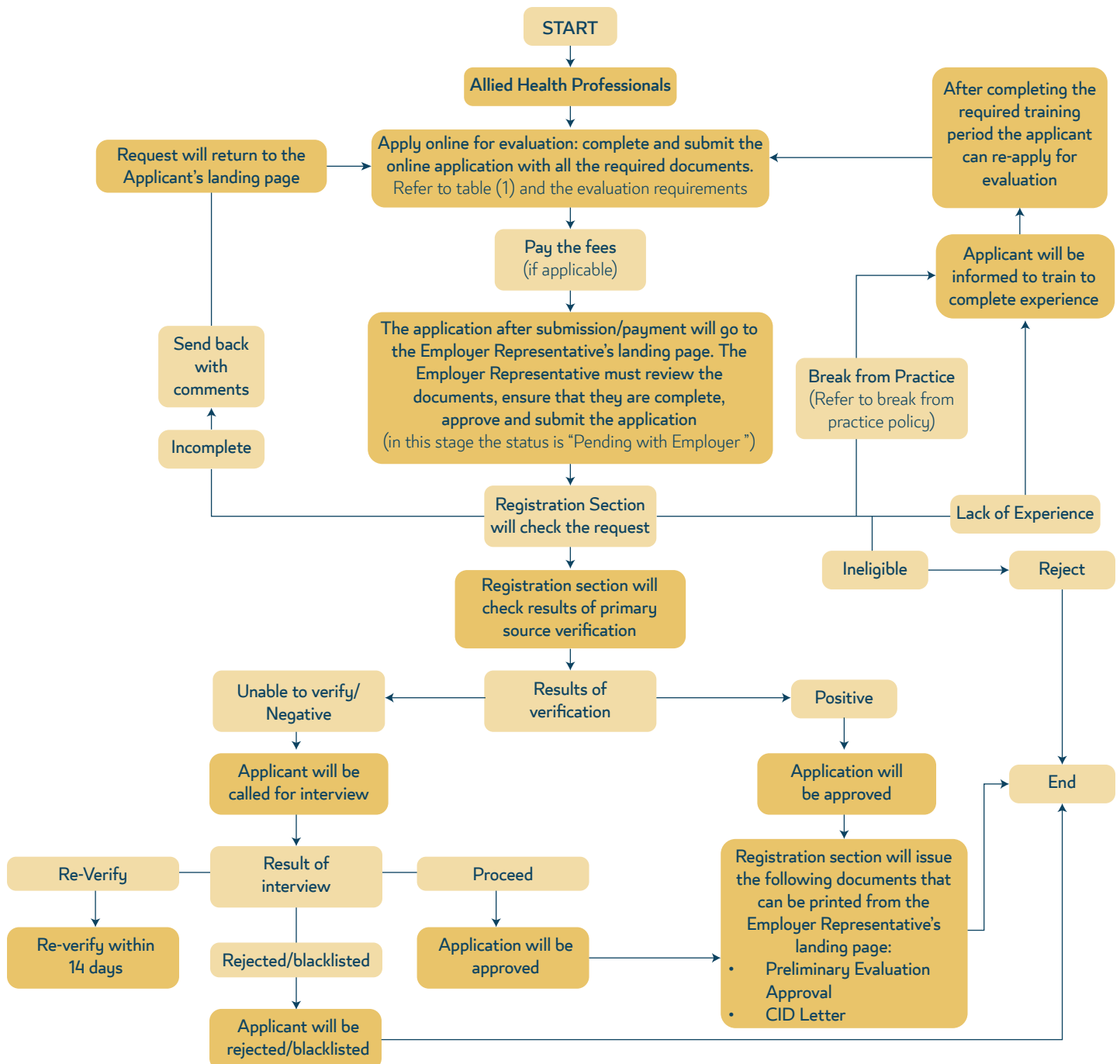# CONTENTS

1. REGISTRATION/EVALUATION

Flow Chart 1: Registration/Evaluation Process Map

```
                                          START
                                            │
                              Allied Health Professionals
                                            │
Request will return to       Apply online for evaluation: complete and        After completing the
the Applicant's landing  ◄── submit the online application with all the    ──► required training
page                         required documents.                               period the applicant
                             Refer to table (1) and the evaluation             can re-apply for
                             requirements                                       evaluation
                                            │                                        ▲
                                     Pay the fees                            Applicant will be
                                     (if applicable)                         informed to train to
                                            │                                complete experience
                             The application after submission/payment            ▲
                             will go to the Employer Representative's       Break from Practice
Send back                    landing page. The Employer Representative      (Refer to break from
with         ◄────────       must review the documents, ensure that they    practice policy)
comments                     are complete, approve and submit the
                             application
Incomplete                   (in this stage the status is "Pending with
                             Employer")
                                            │
                             Registration Section          ──────────────► Lack of Experience
                             will check the request                              │
                                            │                                    ▼
                             Registration section will        Ineligible ──► Reject
                             check results of primary
                             source verification
                                            │
Unable to verify/   ◄────    Results of                ────►  Positive
Negative                     verification                        │
    │                                                     Application will
    ▼                                                     be approved
Applicant will be                                                │            End
called for interview                                      Registration section
    │                                                     will issue the following
Re-Verify ◄──  Result of    ──►  Proceed                 documents that can be
    │           interview          │                      printed from the Employer
    ▼              │          Application will            Representative's landing page:
Re-verify within   │          be approved                • Preliminary Evaluation
14 days       Rejected/blacklisted                          Approval
                   │                                      • CID Letter
             Applicant will be
             rejected/blacklisted
```

- The applicant should follow up on the request with the employer representative.
- For break from practice policy, refer to (Break in Practice Policy - Eng.pdf).
- Preliminary evaluation is only valid for 6 months.

Registration/Evaluation Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website, complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply for Evaluation" request and upload the below mentioned required documents:

1. Copy of valid passport.
2. Copy of valid QID (front and back) or copy of the national ID*.
3. One recent photo (according to photo criteria stated in circular (04-2014).
4. An up to date Curriculum Vitae (C.V).
5. Copy of all academic certificates relevant to applicant's scope along with official transcripts (refer to Table no. 1).
6. Copy of the recent work experience certificates (with an issue date) required according to applicant's scope (refer to Table no. 1).
7. Copy of valid medical/registration licenses accompanying the required years of work experience (if applicable).
8. Copy of primary source verification report.
9. The verification report will be reviewed during this phase, any misleading information provided will result in further investigations and could result in disciplinary action taken.
10. Copy of the passing certificate of the qualifying exam (if applicable).

*The national ID depends on each country such as the national ID in Sudan, the national insurance number in UK, the multi-purpose number in the Philippines etc.

Notes:

*   The specified time for reviewing the application is 15 working days, starting from the date of completing the requirements.
*   Applications that do not meet the requirements above will be sent back to the applicant.
*   The evaluation does not obligate the Department of Healthcare Professions to grant the applicant any specific degree or title.
*   Practitioners graduated from Qatar university, Qataris, children of Qatari women and offspring of residents' who studied in Qatar or abroad, applying to join governmental and semi-governmental healthcare facilities are exempted from the registration/licensing requirement of work experience, provided that they complete an internship period as per the educational program requirements.
*   Please note that the primary source verification (PSV) process done by the verification companies suffices for the requirement to attest certificates by related competent authorities (i.e., certificates do not have to be attested if it is verified by PSV companies).
*   The certificate of good standing will be required to be sent directly to DHP in the licensing phase.
*   It is the applicant's responsibility to follow up on the verification report and the certificate of good standing.

- Applicants/employer representatives can follow up on the certificate of good standing with DHPGoodSt@moph.gov.qa

- Original documents/certificates might be requested on a case-by-case basis.

- Any other documents required to support the application that are not mentioned above must be submitted upon request.

- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.

- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.

- A case-by-case assessment may be implemented.

You can follow-up on the request with your employer representative.

Table No. 1

Scope of practice		Education requirements	Experience Requirements	Other requirements
Allied Health Practitioners (AHP)* * Some specialties are evaluated by specialized committees on a case-by-case basis.	Clinical Scientist	Doctoral degree and registration with the relevant professional body.	2 years of clinical laboratory diagnostic experience in the area of specialization after award of a Doctorate Degree.	The Allied Health Practitioners counts for more than 70 scopes of practice requiring different educational qualifications and expertise. • To familiarize yourself with the requirements of each scope of practice, please refer to the list of scopes below.
	Therapist/ Technologist	Bachelor's degree	In general, 2-5 years' experience in the related field after gradation (depending on the scope of practice).	
	Technician	Diploma, or equivalent from a recognized institution.	In general, a minimum of 2 years' experience in the related field after gradation or on a case-by-case basis (Unless otherwise indicated).	

Criteria for National Registration Requirement/Scope of Practice

- Laboratory & Related Scopes

- Optometry & Related scopes

- Paramedic & Related Scopes

- Physiotherapy & Related Scopes

- Occupational Therapist Scopes

- Psychology & Related scopes

- Radiology & Related scopes

- Respiratory & Related scopes

- Other Scopes:

Training Approval Requirements

Applicants with a break from practice or lack of experience can apply for training after providing the Registration Section of DHP with the below mentioned documents in their evaluation application, in addition to the documents required for evaluation* (please check the break from practice policy, in the following link Break in Practice Policy)
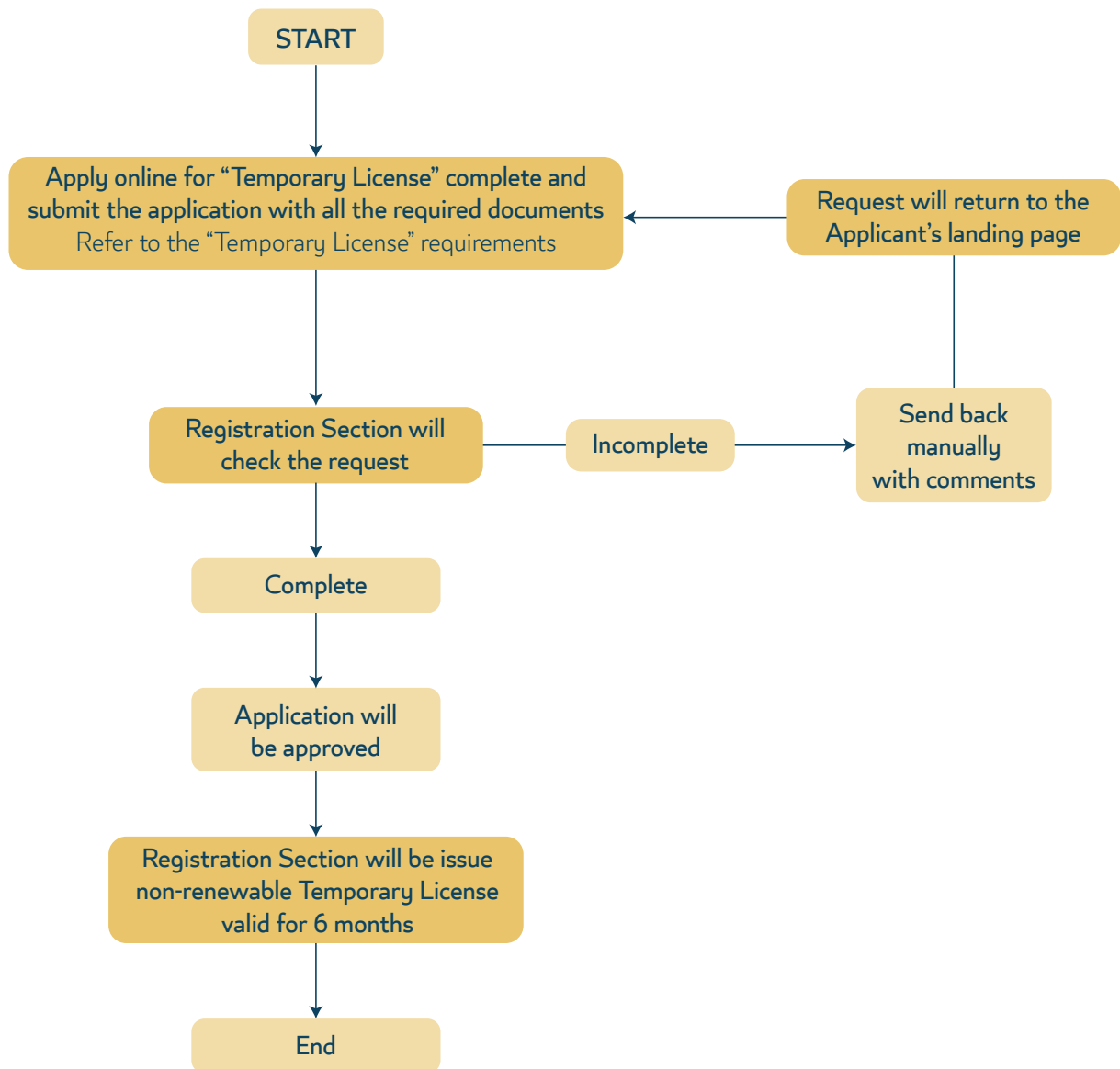
1. No Objection Letter from the employer requesting for approval from the Department of Healthcare Professions for the applicant to work as trainee within their institution.

2. Valid copy of the Medical License of the practitioner under whose supervision the applicant will be working.

3. Copy of the applicant's Qatari ID (front and back sides).

A training letter should be issued from DHP prior to commencing training.

*Please refer to the Evaluation requirements for full list of required documents.

2. TEMPORARY LICENSE PROCESS

Flow Chart 2: Temporary License Process Map

START

Apply online for "Temporary License" complete and submit the application with all the required documents
Refer to the "Temporary License" requirements

Request will return to the Applicant's landing page

Registration Section will check the request

Incomplete

Send back manually with comments

Complete

Application will be approved

Registration Section will be issue non-renewable Temporary License valid for 6 months

End

Temporary License Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website, complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply for Temporary License" request and upload the below mentioned documents (documents uploaded in the evaluation will remain available on the system unless expired):
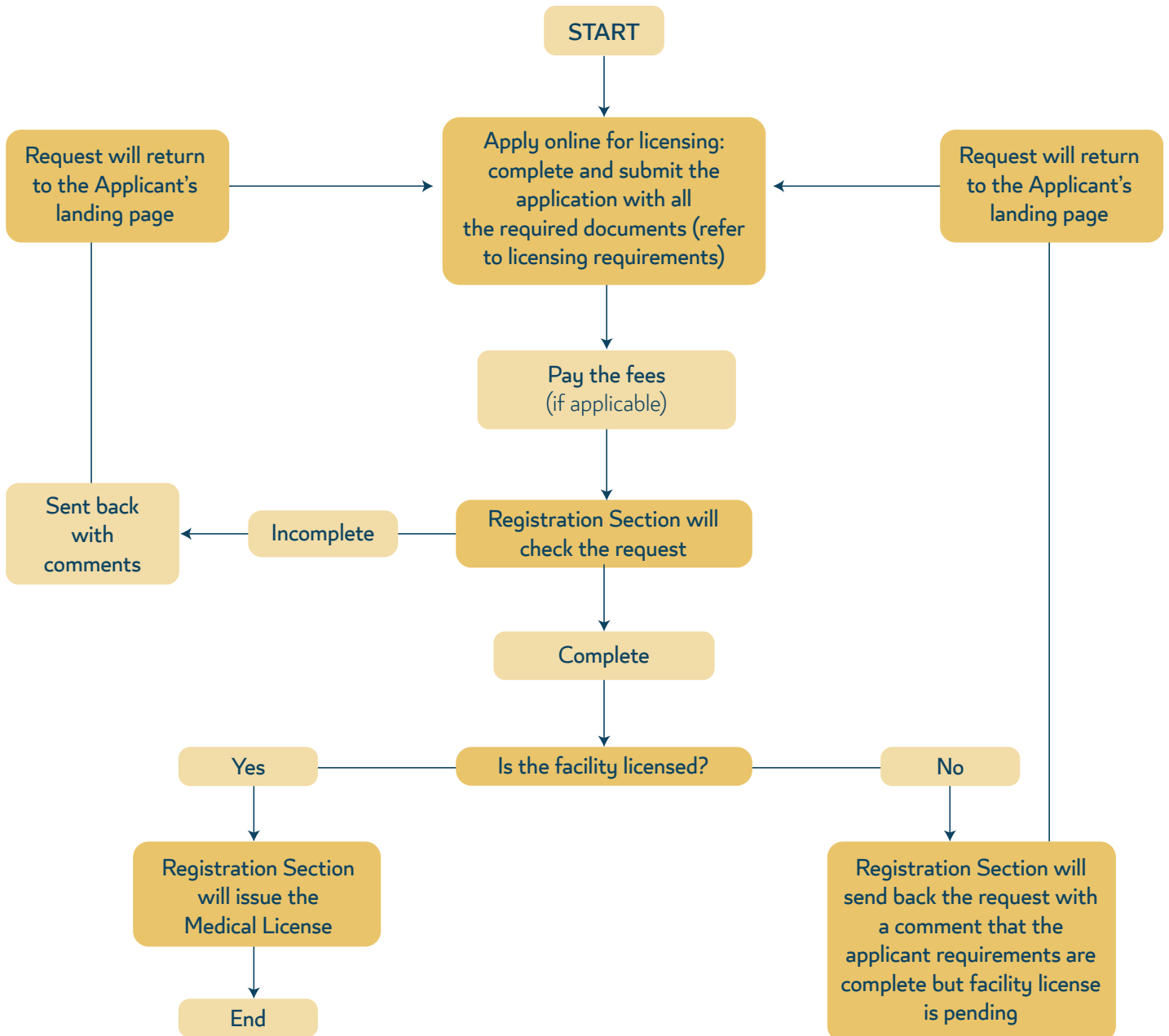
1. Copy of valid QID (front and back) (If applicable)

2. In case the healthcare practitioner applies for the temporary license without a QID, then the following documents must be submitted:

   • Medical Test from the home country (Blood Test, Chest X-ray) attested from the Ministry of Foreign Affairs in Qatar (MOFA).

   • Police Clearance Certificate from the home country attested from MOFA.

3. Undertaking letters for the temporary license for the practitioner and facility (the templates are available in the "Additional Attachments" document)

Notes:

• The specified time for reviewing the application is 5 working days, starting from the date of completing the requirements.

• Applications that do not meet the requirements mentioned above will be sent back to the applicant.

• Temporary Licenses shall be valid for a maximum period of 6 months (non-renewable).

• The practitioner must apply for a licensing application during the temporary license validity period; otherwise, the applicant will have to re-apply for evaluation.

• In case of negative verification reports and proven incidents of fraud, the practitioner's license will be suspended, the practitioner will be banned from practicing immediately and this will result in disciplinary actions taken towards the practitioner.

• Original documents/certificates might be requested on a case-by-case basis.

• Any other documents required to support the application that are not mentioned above must be submitted upon request.

• Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.

• Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.

• A case-by-case assessment may be implemented.

3. LICENSING PROCESS

Flow Chart 3: Licensing process map

START

Apply online for licensing: complete and submit the application with all the required documents (refer to licensing requirements)

Request will return to the Applicant's landing page

Request will return to the Applicant's landing page

Pay the fees (if applicable)

Registration Section will check the request

Incomplete

Sent back with comments

Complete

Is the facility licensed?

Yes

No

Registration Section will issue the Medical License

Registration Section will send back the request with a comment that the applicant requirements are complete but facility license is pending

End

Licensing Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website, complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply for Licensing" request and upload the below mentioned required documents, (documents uploaded in the evaluation will remain available on the system unless expired):

1. Copy of valid QID (front and back) (If applicable)

   • For male practitioners (and female practitioners on their employer's sponsorship), the sponsor should be the potential employer.

   • For female practitioners on a family sponsorship, please attach a copy of the QID along with a letter of intent from your potential employer.

2. Copy of the primary source verification report.

3. Copy of Police Clearance Certificate stamped from MOFA, addressed to MOPH.

4. Medical report (valid for 6 months), which must be issued by any of the following facilities:

   • HMC

   • Medical Commission

   • Private hospitals (Al Ahli, Al Emadi & Doha Clinic)

   • Primary Health Care Corporation (For Qataris only)

Medical report must include HIV test, HCV test, HBV test and Chest X-Ray.

5. Original Certificate of Good Standing must be sent directly from the Registration authority (or authorities) of the most recent required years of work experience, by mail to: Registration Section, Department of Healthcare Professions, Ministry of Public Health, P.O. Box: 7744, Doha, Qatar, or by email to DHPGoodSt@moph.gov.qa.
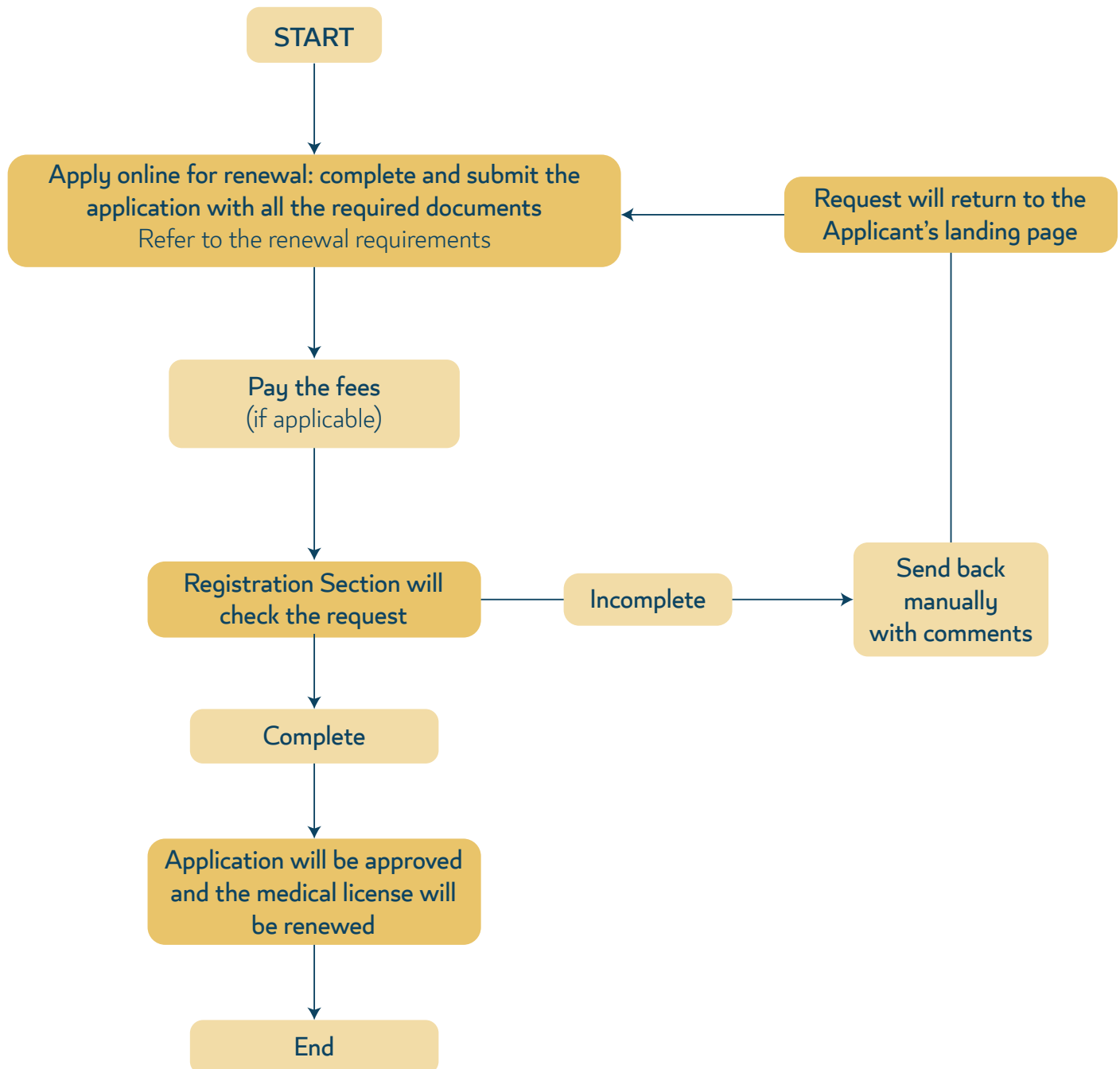
Notes:

- The specified time for reviewing the application is 10 working days, starting from the date of completing the requirements.

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.

- The certificate of good standing will be reviewed during this phase; any misleading information provided will result in further investigations and could result in disciplinary actions.

- It is the applicant's responsibility to follow up on receiving the certificate of good standing.

- Applicants/employer representatives can follow up on the certificate of good standing with DHPGoodSt@moph.gov.qa.

- Original documents/certificates might be requested on a case-by-case basis.

- Any other documents required to support the application that are not mentioned above must be submitted upon request.

- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.

- The facility license showing the approved activities must be provided upon request.

- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.

- A case-by-case assessment may be implemented.

You can follow-up on the request with your employer representative.

4. LICENSE RENEWAL PROCESS

Flow Chart 4: License Renewal Process Process Map

START

Apply online for renewal: complete and submit the application with all the required documents
Refer to the renewal requirements

Request will return to the Applicant's landing page

Pay the fees
(if applicable)

Registration Section will check the request

Incomplete

Send back manually with comments

Complete

Application will be approved and the medical license will be renewed

End

License Renewal Requirements

Step 1: Fulfilling CPD Requirements:

- All licensed healthcare practitioners are required to participate in CPD activities, according to the policies and regulations of the Accreditation Section, in order to renew their licenses. All licensed healthcare practitioners are responsible to fulfill annual, category-specific CPD cycle requirements and maintain records of CPD activities in the CPD e-Portfolio prior to the submission of their renewal applications

- Please refer to the standards and guiding documents of the Accreditation Section for more details about CPD requirements.

Note: Healthcare Practitioners cannot submit renewal applications unless they have fulfilled the CPD requirements; the electronic application system will not allow practitioners to apply for renewal of their licenses and an automated message will be generated informing practitioners that they don't meet the CPD requirements.

Step2: Fulfilling Renewal Application Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website, complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply for Renewal" request and upload the below mentioned required documents:

1. Copy of valid passport.
2. Copy of valid QID (front and back).
   - For male practitioners (and female practitioners on their employer's sponsorship), the sponsor should be the employer.
   - For female practitioners on a family sponsorship, copy of the QID should be attached along with a letter of intent from the employer.
3. One recent photo (according to photo criteria stated in circular (04-2014).
4. Medical Report will be requested during renewal as per the Health Fitness Assessment Policy for healthcare practitioners in Circular (7/2022).
5. An employment letter (the template is in the "Additional Attachments" document).
6. Any other additional documents might be requested.

Notes

- The specified time for reviewing the application is 7 working days, starting from the date of completing the requirements.

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.

- Original documents/certificates might be requested on a case-by-case basis.

- Any other documents required to support the application that are not mentioned above must be submitted upon request.

- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.

- Please refer to the website of the Department of Healthcare Professions frequently to check for updates on the requirements.

- A case-by-case assessment may be implemented.

You can follow-up on the request with your employer representative.

5. CHANGE PLACE OF WORK

Flow Chart 5: Change Place of Work Process Map

```
                                    START
                                      │
                                      ▼
Request will return  ───────▶  Apply online for        ◀───────  Request will return
to the Applicant's             change place of work:             to the Applicant's
landing page                   complete and submit the          landing page
                               application with all
                               the required documents
      │                               │                                    │
      │                               ▼                                    │
      ▼                                                                     │
Sent back      ◀── Incomplete ──  Registration Section will                │
with                              check the request                        │
comments                                                                   │
                                      │                                     │
                                      ▼                                     │
                                   Complete                                 │
                                      │                                     │
                                      ▼                                     │
          Yes ──────────  Is the facility licensed?  ────── No             │
           │                                                  │            │
           ▼                                                  ▼            ▼
   Registration Section                            Registration Section will
   will issue a new                                send back the request with
   Medical License with                            a comment that the
   the new facility's name                         requirements are complete
           │                                       but the facility license is
           ▼                                       pending
          End
```

Change Place of Work Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website, complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply to Change Place of Work" request and upload the following documents:

1. Copy of valid passport.
2. Copy of valid QID (front and back).
   - For male practitioners (and female practitioners on their employer's sponsorship), the sponsor should be the new employer or a secondment from the Ministry of Interior (in which case, an undertaking letter stating that a renewed secondment or QID will be submitted upon expiry of the attached one, should be included).
   - For female practitioners on family sponsorship, a copy of the QID along with a letter of intent from the new employer and a letter of no objection from the old employer should be uploaded.
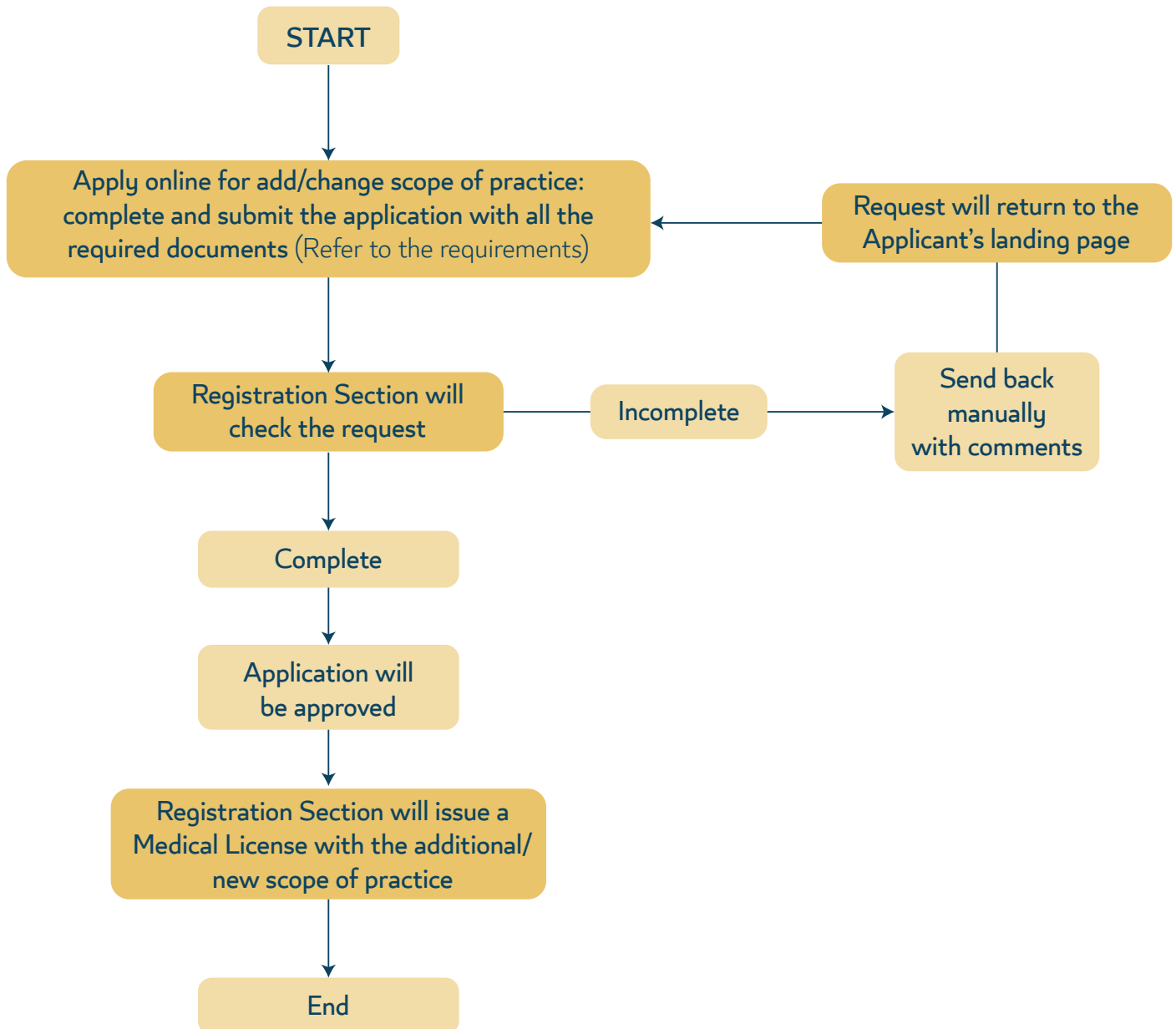3. Any other requirement according to the active laws and regulations in the State of Qatar.

Notes:

- The specified time for reviewing the application is 7 working days, starting from the date of completing the requirements.
- In case the "Apply to Change Place of Work" request was submitted after evaluation (before licensing), then the QID will not be required. However, a letter of intent from the new employer and a letter of no objection from the old employer will be required instead.
- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- The facility license showing the approved activities must be provided upon request.
- Original documents/certificates might be requested on a case-by-case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates on the requirements.
- A case-by-case assessment may be implemented.

You can follow-up on the request with your employer representative.

6. ADD/CHANGE SCOPE OF PRACTICE

Flow Chart 6: Add/Change Scope of Practice Process Map

START

Apply online for add/change scope of practice: complete and submit the application with all the required documents (Refer to the requirements)

Request will return to the Applicant's landing page

Registration Section will check the request

Incomplete

Send back manually with comments

Complete

Application will be approved

Registration Section will issue a Medical License with the additional/ new scope of practice

End

Add/Change Scope of Practice Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website, complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply to Add/Change Scope of Practice" request and upload the below mentioned required documents:

1. Copy of valid passport
2. Copy of valid QID (front and back).
3. A recent no objection letter from the employer for the addition/change of scope.
4. Copy of additional academic certificates relevant to the new scope (if applicable).
5. Copy of additional experience certificates (with an issue date) relevant to the new scope (if applicable).
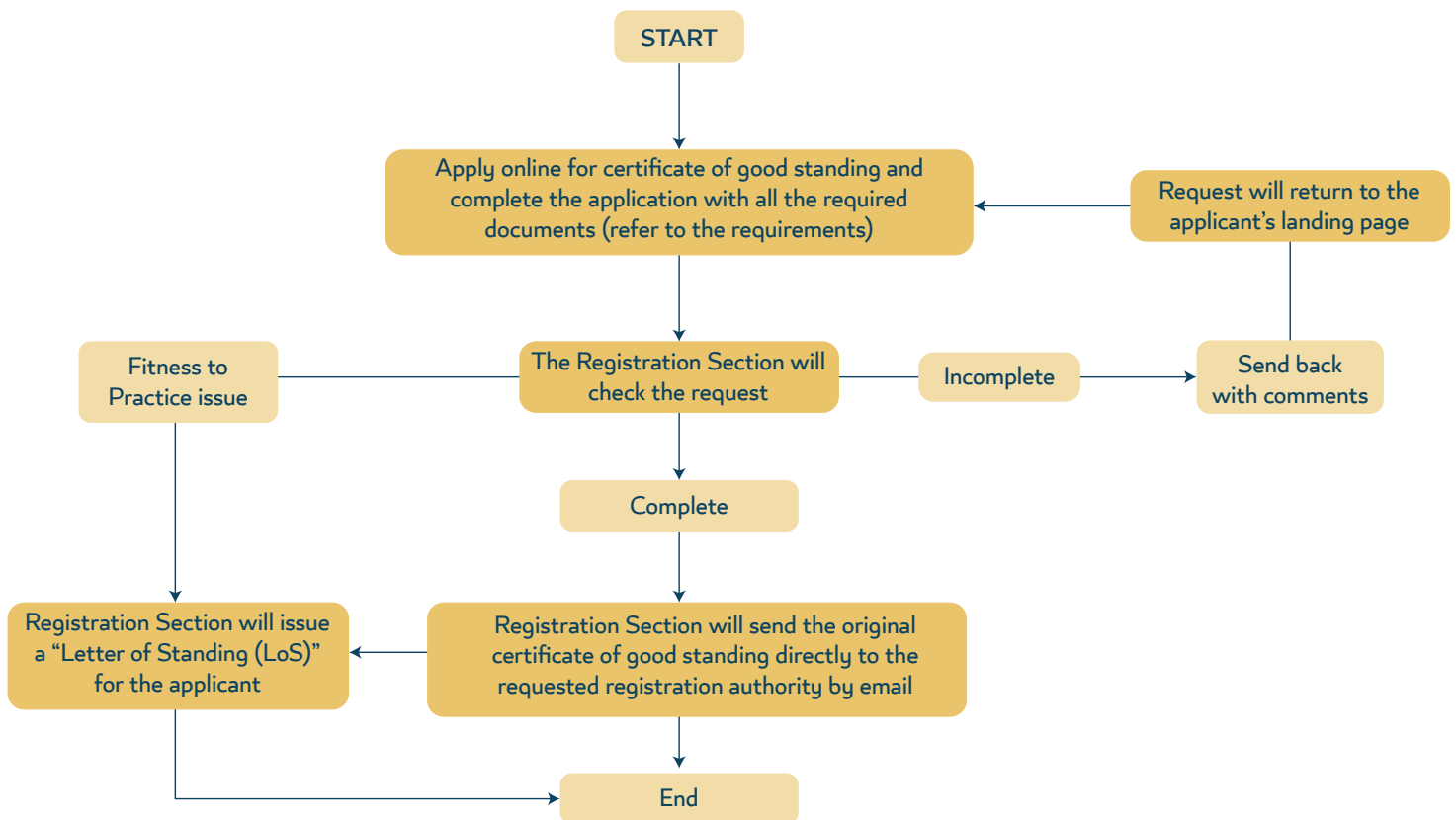6. Copy of the verification report for any additional documents.

Note:
- The specified time for reviewing the application is 15 working days, starting from the date of completing the requirements.
- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case-by-case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates on the requirements.
- A case-by-case assessment may be implemented.

You can follow-up on the request with your employer representative.

7. CERTIFICATE OF GOOD STANDING PROCESS

Flow Chart 7: Certificate of Good Standing Process Map
(For Healthcare Practitioners who have a medical license issued by DHP)

```
                              ┌─────────┐
                              │  START  │
                              └────┬────┘
                                   │
                                   ▼
        ┌──────────────────────────────────────────┐      ┌──────────────────────────┐
        │ Apply online for certificate of good      │◄─────│ Request will return to the│
        │ standing and complete the application     │      │ applicant's landing page  │
        │ with all the required documents           │      └──────────────┬───────────┘
        │ (refer to the requirements)               │                     │
        └──────────────────────┬─────────────────────┘                     │
                               │                                          │
┌──────────────┐              ▼                   ┌────────────┐      ┌────────────┐
│ Fitness to   │◄─────┌──────────────────────┐───►│ Incomplete │─────►│ Send back  │
│ Practice     │      │ The Registration      │    └────────────┘      │ with       │
│ issue        │      │ Section will check    │                       │ comments   │
└──────┬───────┘      │ the request           │                       └────────────┘
       │              └───────────┬───────────┘
       │                          ▼
       │                   ┌────────────┐
       │                   │  Complete  │
       │                   └─────┬──────┘
       │                         ▼
┌──────▼───────────────┐  ┌──────────────────────────────┐
│ Registration Section │◄─│ Registration Section will send│
│ will issue a "Letter │  │ the original certificate of   │
│ of Standing (LoS)"   │  │ good standing directly to the │
│ for the applicant    │  │ requested registration        │
└──────┬───────────────┘  │ authority by email            │
       │                  └───────────────┬───────────────┘
       │                                  ▼
       │                           ┌──────────┐
       └──────────────────────────►│   End    │
                                   └──────────┘
```

• Verification forms can be filled and sent to the competent authority.

Certificate of Good Standing (COGS) Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website, complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply for a Certificate of Good Standing" request and upload the below mentioned documents:

1. Copy of valid passport
2. Copy of valid QID (front and back).
3. Copy of all academic certificates relevant to applicant's scope.
4. Clear address of the Registration Authority to which the certificate is to be submitted from the Department of Healthcare Professions.

Notes:

- The specified time for reviewing the application is 10 working days, starting from the date of completing the requirements.
- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case-by-case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates on the requirements.
- A case-by-case assessment may be implemented.

You can follow-up on the request with DHPRegistration@moph.gov.qa