



Institutional Privilege Application Form

1. Organizational Information:

a) Name of Institution:

b) License Details:

c) Address:

d) P.O. Box:

e) Telephone Number:

f) Fax No:

g) Email Address:

h) Details of the Medical Director

a. Name:

b. Qatar ID Number:

c. Mobile Number:

i) Total Number of Staff:

2. Attachments:

a) Existing Board of Governance

Yes

No

If yes, Qatar ID copies and other relevant details to be attached for all members.

b) Medical Licensing Department

Yes

No

If yes, Qatar ID copies and other relevant details to be attached for all members.

c) Privileging Committee:

Yes

If yes, Qatar ID copies and other relevant details to be attached for all members.



d) Specialist Practitioners List:

Yes

No

If yes, copy of DHP license of specialist physicians & dentists to be attached.

e) Privilege Verification Process:

Yes

No

If yes, detailed process map to be attached.

3. Confirmation:

I, Medical Director
with Qatar ID number:

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, hereby confirm that
the details mentioned above are true to the best of my knowledge.

4. Official Use: (To be filled in by DHP Officer)

Application Number:

Evaluating Officer:

Signature:

DHP Supervisor:

Signature:

DHP Manager:

Signature:

5. Decision: (To be filled in by DHP Officer)

Approved

Rejected

Reason for Rejection:

Sent Back for More Requirements

Pending Requirements:

1)

2)

3)