

# <u>e-Jaza User Manual</u>

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### 1. For Practitioners:

To check your Central Governmental Electronic Sick Leave System (e-Jaza), please follow the below steps:

1. Visit <u>https://dhp.moph.gov.qa</u> and click on Registration & Licensing System (Highlighted below).

e-Services B-Sel	Registration and Lic System	tensing The Nationa Accreditatio	al CME/CPD on System	Medical Complaints System
Policies and Procedures View→	Circulars View →	Ø==0         Ø==0      <	Primary Source Verificat	tion

2. Sign in with your "Practitioner" email ID and password

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

3. Click on "Create and Submit Requests" and choose "e-Jaza"

Department of Health	care Professions			Luser PReset			
View	[						
✓ Create and Submit Requests	Welcome : John Doe	e - You could perform the foll	lowing actions:				
Apply for Removal from the Registry	As per QCHP new process, we will be allowing only one request at a time You have already created a request and its in pending stage. Hence you will not be allowed to create new request until completed Vioux & track status of my requests						
Apply for leave of Absence	Search	y requests		*			
e-Jaza	Request Type:	Request Status:	Request Date From:	Request Date To:			
Lontact	Select	✓ Select	•				
	Q Search						



4. Fill in the "Patient Details" and "Leave Details" and click on Submit. The e-Jaza will be downloaded to your computer.

Patient Name					
QID / Passport No*	i≣ Fetch				
First Name*		Middle Name		Last Name*	
First Name Ar		Middle Name Ar		Last Name /	r
list Name Ar				Last Name A	M.
Place of Work*		Mobile Number*		HC Number	
Practioner Details					
License No.	Practitioner N	Name	Scope Of Practice		Facility
P10044	John Doe		Urology		Provisional-Complementary Medicine
Leave Details					
Out Patient ○ In Patient From Date*	Patient Type*	To Date*		No. of Days	
03/05/2021					
Diagnosis*					
Diagnosis	•				
Diagnosis Details*					

- Enter the patient's QID or passport number and click on "Fetch Details". If the patient data is already present on the system, then the patient details will be displayed automatically.
- > Print Preview: This Report cannot be used as an e-Jaza certificate
- > Print the e-Jaza, sign it and stamp it with your practitioner stamp and facility stamp.

### View Issued e-Jazas

> Click On "issued e-Jazas" to view already issued electronic sick leaves.

View	4	
e-License		Welcome : John Doe - You could perform the following actions:
Profile		As per QCHP new process, we will be allowing only one request at a time
CPD ePortfolio		You have already created a request and its in pending stage. Hence you will not be allowed to create new request until completed
Online Payment		View & track status of my requests
	1	Search 🗸
155000 0-56265		

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



## 2. For Employer Accounts:

1. Visit <u>https://dhp.moph.gov.qa</u> and click on Registration & Licensing System (Highlighted below).

e-Services	Registration and Lic	censing The Nat	tional CME/CPD	Medical Complaints System
B-Sel	System	Accredi	tation System	
Policies and Procedures View→	Circulars View→	view→	Primary Source Verifica View →	ation

2. Sign in with your "Employer Account" email ID and password

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

3. Click on "Issue e-Jaza on behalf of a Practitioner"

Department of Healthcare Professions	



👤 User 🔑 Re

Manage Request	1					
<b>O</b> View		Hamad Medical Corporation - Employer Landin	ig Page			
🔒 Print	1	View & Track status of Practitioner's requests Search				
Cthers	1	Request No.	Request Type:		Applicant/Practitioner Name :	
Upload Employer Representative photo			Select	•		
Apply on behalf of a		Licence Number:	Request Date From:		Request Date To:	
Practitioner Issue e-Jaza on behalf of a Practitioner	1			i iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		▦
Contact Information	1	Q Search				



4. Choose the practitioner and click on "Issue e-Jaza"

Issue e-Jaza on behalf of a Practitioner										
Search							~			
Licence Numb	er:		Applica	nt Name:		Profession:				
						Select	-			
Scope of prac	ice:									
			-							
Q Search										
Full Name	Profession	Category	Scope Of Practice	Licence Number	Licence Expiry Date	Login email	e-Jaza on Behalf			
John Doe	Physician	Specialty	Urology	P10044	2-01-2022	wiprotestaccrd@gmail.com	Issue e-Jaza			

5. Fill in the "Patient Details" and "Leave Details" and click on Submit. The e-Jaza will be downloaded to your computer.

Patient Name					
QID / Passport No*					
First Name*	; <u>—</u> Fetch Details	Middle Name		Last Name*	
First Name Ar		Middle Name Ar		Last Name A	ſ
Place of Work*		Mobile Number*		HC Number	
Practioner Details					
icense No.	Practition	er Name	Scope Of Practice		Facility
P10044	John Doe	1	Urology		Provisional-Complementary Medicine
eave Details					
● Out Patient O In PatientPa	tient Type*				
From Date*		To Date*		No. of Days	
03/05/2021					
Diagnosis*					
Diagnosis		~			
Diagnosis Details*					
			11		

- Enter the patient's QID or passport number and click on "Fetch Details". If the patient data is already present on the system, then the patient details will be displayed automatically.
- Print Preview: This Report cannot be used as an e-Jaza certificate
- > Print the e-Jaza, sign it and stamp it with your practitioner stamp and facility stamp.



### e-Jaza Report and Print

### 1. Click On "e-Jazas" and you will find e-Jazas issued by all practitioners.

Manage Request	1						
<u> </u>			Employer L	_anding Page			
View	18						
D Drint		View & Track status of Practitioner's re	quests				
e Print	- 1	Search					<b>v</b>
Expiring Evaluations & Licenses Report		Request No.	F	Request Type:		Applicant/Practitioner Name :	
Evaluation Reports & MOI Letters				Select	•		
Temporary Licenses		Licence Number:	F	Request Date From:		Request Date To:	
Online Payment Receipts					<b></b>		曲
e-Jazas	-	Q Search					

2. Click on *patient name* to print the issued electronic sick leave.

e Jaza Reference Number       Licence Number:       Practitioner Name :       Practitioner Name :       Image: Comparison of the state of the stat	za Reference Number       Licence Number:       Practitioner Name :       Practitioner Name :       Image: Comparison of the	iearch 🛛									
Patient Name       Pate of Work       Issue Date       From Date       To Date       No. of Days       License No.       Practitioner Name       Category       Scope of Provide Provi	Image: Search     Image: Sea	Jaza Reference	Number		Licenc	e Number:			Practitioner Name :		
Q Search         E         E         E           atient Name         Place of Work         Issue Date         From Date         To Date         No. of Days         License No.         Practitioner Name         Category         Scope of Provide Provi	Search       Image: Contract of Work       Issue Date       From Date       To Date       No. of Days       License No.       Practitioner Name       Category       Scope of Practice         I Chall       DHP Qatar       04/02/2021       6-02-2021       7-02-2021       2       P10044       JohnDoe       Specialty       Urology	Patient Name :			Reque	est Date From:			Request Date To:		
Q Search         Searc	Place of Work         Issue Date         From Date         To Date         No. of Days         License No.         Practitioner Name         Category         Scope of Practice           I Chall         DHP Qatar         04/02/2021         6-02-2021         7-02-2021         2         P10044         JohnDoe         Specialty         Urology							曲			
Q Search         Search           stient Name         Place of Work         Issue Date         From Date         To Date         No. of Days         License No.         Practitioner Name         Category         Scope of Provide Provid	Place of Work       Issue Date       From Date       To Date       No. of Days       License No.       Practitioner Name       Category       Scope of Practice         I Chall       DHP Qatar       04/02/2021       6-02-2021       7-02-2021       2       P10044       JohnDoe       Specialty       Urology										
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