

CIRCULAR NO (15) OF 2023 (DHP)

From	Department of Healthcare Professions / Ministry of Public Health
То	 All nurses from various scopes in the health sector in Qatar Qatar population (citizens and residents)
Subject	Regulation of Home nursing in Qatar and adding a new scope of practice "Home Nurse" and its registration/licensing standards within nursing scopes regulated by the Department of Healthcare Professions.
Date	6 July 2023

Greetings from the Department of Healthcare Professions (DHP)

In response to some requests received by DHP from patients or their families who are in urgent need of home care, to license nurses who are sponsored by them personally for providing home care nursing.

Therefore, to deal with the expansion of long-term care and home care that becomes more convenient and acceptable to elderly people, children, and other categories of patients with disabilities or chronic diseases, DHP has decided that:

Nurses working in home settings can apply for registration/licensing with DHP to practice in home, under the sponsorship of the patients or their families. Accordingly, they will be granted a license as a "home nurse."

This decision is supported by recommendations of the legal department in the Ministry of Public Health and matches with the best practice adopted by nursing authorities in many countries worldwide.

Please review the policy attached to this circular to find all information regarding licensing requirements and the approved scope of practice.

For more information, please contact the DHP by email: Registration Team at : dhpregistration@moph.gov.qa

Thank you for your cooperation, Department of Healthcare Professions



Policy name: Policy for Home Nursing Regulation
Policy Code:
Version number:
Prepared by: Registration Section-Department of Healthcare Professions (DHP)
Reviewed by/history:
Approved by/date:
Date Effective:
Date of Due Revision:
Validity:

DOCUMENT CONTROL

REVISION HISTORY

Version	Changes	Date	Name:

REVIEWS BY THE REGISTRATION SECTION-DEPARTMENT OF HEALTHCARE PROFESSIONS.

Version	Organization/Position	Date	Name:



1. Introduction

In continuing efforts to regulate and standardize healthcare practice, the DHP has decided to commence registration/licensing for nurses working in home settings (in-home nurses).

The policy for Home Nursing Regulation aims to:

- Reduce the financial burden on the patients and their families arising from the cost of contracting with nursing services agencies and create a competitive environment without compromising the quality and safety of the nursing services provided.
- Ensure provision of the required nursing care without long waiting-times.
- Reduce the demand for nurses from the Home Care Department at Hamad Medical Corporation.
- Provide patients with the option to stay at home while continuing to get the needed medical care. This option is important for elderly people who require psychological support during recovery at home and for maintaining a healthy lifestyle.
- Facilitate customized care according to each patient's needs, which is difficult to be provided within healthcare facilities.

2. Policy statement

- In-home nurses must have the required level of competency to practice independently and safely and meet the needs of the patients. They must also be able to take decisions independently or seek advice from more experienced healthcare practitioners as required.
- Accordingly, a minimum of one of the following educational qualifications is required to be eligible for in-home nurse license: bachelor's in nursing, associate degrees in nursing e.g., ADN (Associate Diploma in Nursing), nursing technical secondary school diploma, or any other national recognized relevant program. More information regarding eligibility is detailed in the Criteria of National Registration Requirements in appendix.
- The in-home nurse license will be issued without specifying the place of work (healthcare facility); it will contain the following details: practitioner's name, profession, category (Home Nursing), and the sponsor. In-home nurses are thereby licensed to work with their sponsor only.



- For license renewal, in-home nurses must complete 80 CPD points and submit a letter of recommendation from the patients or their families in support of the nurse's performance.
- This policy does not cancel the Assistant Nurse scope of practice.

Definitions 3.

In-home nurse: A nurse who provides medical care to patients on a personal basis in the patient's home.

Criteria for national registration requirements: The national registration standards for in-home nurse, which includes the definition of the title in-home nurse and their practice settings, scope of practice, and educational and work experience requirements.

Healthcare facility: The facilities that provide medical services, medical equipment or medicines, medical insurance companies, and other institutions that support the health care.

Associate Diploma in Nursing (ADN): Associate degree with duration of eighteen months to two years.

4. Abbreviations

(DHP): Department of Healthcare Professions

5. Policy Scope

This policy applies to:

- Applicants for nursing registration or license.
- Patients and their families that obtain home nursing services. •



6. Policy Statement:

In-home nurses will be registered/licensed by DHP while being sponsored by the patients and working in the patients' homes, provided that:

i. The applicant fulfils all requirements for registration including submission of verified educational and work

experience certificates in addition to the following:

- QID of the sponsor (Patient or Family)
- NOC
- Nurse must be on the patient/family sponsorship
- Copy of the visa showing the name of the nurse.
- Copy of the contract with the nurse.

7. Scope of Practice:

- Assesses patient needs and develops plan of care after consultation with physician.
- Educate patient and his family when needed.
- Documents the nursing care provided in accordance with clinical documentation policy.
- Assists patients in mobilizing and in doing exercises as prescribed by therapists.
- Feeds patients as required.
- Measures and records vital signs of patients.
- Observes and monitors patients' behaviors.
- Maintains cleanliness of patients' surroundings.
- Provides skin care for patients to prevent pressure sores.
- Provides wound care.
- Monitors and evaluates patients' response to treatment and medication.
- Records healing/mobilization progress.
- Administers medication and intravenous infusions.
- Helps patients with the activities of daily living, such as, personal grooming, personal hygiene, toileting etc.



• Provides patients and their families with health education.

8. Notes:

- In-home nurses can apply for "Add/Change Scope of Practice" if they meet the requirements for registration of the new scope. In addition, the change scope of practice application must be accompanied by a change place of work application, and these will be processed according to the active policies and guidelines of the DHP.
- Licensed in-home nurses will be eligible to apply for a certificate of good standing in accordance with the DHP • policies.
- The DHP policy for nursing license renewal, including stipulations that require practitioners to renew their license before its expiry, will apply to in-home nurses as well.
- The performance and competence of in-home nurses will be measured and validated as per the current • Departmental policies for compliance auditing and performance monitoring applicable to all practitioners.

9. Charts

For the registration/licensing process maps, please refer to the guidelines for each profession on the DHP website.

10. References

- Ref how to become a home health nurse < education < salary and job outlook /https://www.allnursingschools.com/ specialties/home-health-nurse/
- http://blog.bayada.com/be-healthy/10-benefits-of-homehealth-care/
- Home nursing services •
- https://www.homewatchcarehttps://www.allnursingschools.com/ specialities/home-healthnurse/gives.com/home-care-services/nursing-services/
- Western governors university

11. Appendix

- **Criteria for National Registration Requirement**
- **Applicant User Manual**



Criteria for National Registration Requirements

Criteria	Home Health Nurse
Definition Practice Settings	 Home health nurses provide one-on-one care for patients in their homes. Patients who need home health nursing may be elderly, disabled, or terminally ill, but they may also be recovering from an injury or accident or living with a chronic disease. Some home health nurses also work with pregnant women and new mothers to provide ongoing care, education, and support. Home healthcare may involve assisting patients with basic needs such as bathing and dressing, as well as more specialized services such as wound care, medication management, and IV therapy.¹ Patients' homes
Fractice Settings	
Education	• Eighteen (18) months to two (2) years of nursing diploma after completion of general education.
	 Graduate of Enrolled or Practical Nursing program recognized by country where he/she is currently licensed.
	• Three (3) years nursing diploma after completion of nine (9) years general education.
Scope of Practice	Assesses patient needs and develops plan of care after consultation with
	physician.
	Educate patient and his family when needed.
	Documents the nursing care provided in accordance with clinical documentation
	policy.
	 Assists patients in mobilizing and in doing exercises as prescribed by therapists. Feeds patients as required.
	 Measures and records vital signs of patients.
	Observes and monitors patients' behaviors.
	Maintains cleanliness of patients' surroundings.
	Provides skin care for patients to prevent pressure sores.
	Provides wound care.
	 Monitors and evaluates patients' response to treatment and medication.
	Records healing/mobilization progress.
	Administers medication and intravenous infusions.
	 Helps patients with the activities of daily living, such as, personal grooming, personal hygiene, toileting etc.

¹ Western Governors University



Criteria	
Licensure	Home Health Nurse must apply for licensure through The Department of Healthcare Professions (DHP) and successfully write the relevant Qatar National Examination as applicable.
Experience	Two years (2) recent experience in the field of nursing.
Other	(Refer to DHP requirements for license Registration/Evaluation)
Requirement for Evaluation & Registration	https://dhp.moph.gov.qa/en/Pages/Home.aspx
	(Refer to DHP requirements for license Registration/Evaluation)
Requirements	
for License Renewal	https://dhp.moph.gov.qa/en/Pages/Home.aspx



<u>Applicant User Manual (Home Practitioner License)</u> (Evaluation)



Guidelines on using the Registration & Licensing Electronic System

A. Apply for Evaluation (https://dhpportal.moph.gov.qa)

Enter User name and password on login Tab

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

After Successful login, kindly choose Apply for Evaluation

Department of Healthcare Professions



👤 User 🔑

Create and Submit Requests	Welcome:I	DHP Test -	You may p	perform the following	ng acti	ons:				
Apply for Evaluation			<i>.</i>		•					
Apply for Additional Place of Work	View & track	status of my	y requests							
Apply for Temporary License	Search									*
Apply for Licensing	Request Typ	00:	R	lequest Status:		Request Date Fro	im:	Request Date	To:	
₽ ^{Print}	Select		•	Select	•		曲			曲
Contact Information	Q Search									
	Request No.	Request Type	Request Type	Applicant Submission Date	Date of	submission to QCHP	Date of Completion	Current Status	Remove	Comments
	A No data	has been retrieve	ed							



1. Please read through the declaration statements and click on the highlighted points

Declaration Information Qualifications Registration Information Additional Information Applicat Personal Declaration Interveby 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 particulars. Interveby declare the inform QCHP of any past or current criminal charges or convictions. I will also inform the Council of any physical or mental conditions that geopratize my ability to provide quality health care. I also undertake that as long as I am licensed by QCHPI will provide them with any updates regarding the aforementioned. I hereby declare the above mentioned statements. Please make sure you have the following scenned documents before you proceed with the application: Image: Please make sure information in the required by your scope of practice) Image: Please make sure you have the following scenned documents before into the application: I hereby declare the above mentioned statements. Please make sure you have the following scenned documents before into the application: Image: Please make sure you have the following scenned documents before into the application: Image: Please make sure you have the following scenned documents before into the application: Image: Please make sure you have the following scenned documents before into the application: Image: Please make sure you have the following scenned documents before into the application: Image: Please make sure you have the following scenned documents before into the application: Image: Please make sure you have the following scene of please please make sure	•					
I 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 particulars. I 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 isopardize 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 Uver experience certificates Licensing exam (if required by your scope of practice) Previous registration/medical license Primary source verification report						Pay Fees and Submit Application
discrepancies in the presented particulars. I 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 Uvork experience certificates Licensing exam (if required by your scope of practice) Previous registration/medical license Primary source verification report	Personal Decl	aration				
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 Primary source verification report			rovide to QCHP are t	rue and verifiable to the best of my k	nowledge and I bear responsibility	for any
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 Primary source verification report	jeopardize my abili					
 Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice) Previous registration/medical license Primary source verification report 	🗆 l hereby declar	e the above mentioned statem	ents.			
 Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice) Previous registration/medical license Primary source verification report 						
 Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice) Previous registration/medical license Primary source verification report 	Please make sure	you have the following scanne	ed documents befor	e you proceed with the applicatior	1:	
□ Work experience certificates □ Licensing exam (if required by your scope of practice) □ Previous registration/medical license □ Primary source verification report	Passport					
Licensing exam (if required by your scope of practice) Previous registration/medical license Primary source verification report	🗆 Educational qua	alifications				
Previous registration/medical license Primary source verification report	UWork experience	ce certificates				
Primary source verification report	Licensing exam	(if required by your scope of p	ractice)			
	Previous registr	ation/medical license				
	Primary source	verification report				
Save Save and Close C Reset	Save	Save and Close X Close	C ⁴ Reset			← →

1. Please fill all the information as per the highlighted asterisk

Personal Declaration	Personal and Professional Information	Educational Qualifications	Work Experience and Regist	ration Information	Verification Report and Additional Information
		Pay Fees and Su	bmit Application		
sonal and Professi	ional Information				
ersonal Information					
irst Name on Passport*		Middle Name(s) on Passport		Last Name on	Passport*
Ahmed				Mohamed	
irst Name on Passport - A	Arabic	Middle Name(s) on Passport - A	rabic	Last Name on	Passport - Arabic
iender*		Date of Birth*		Nationality*	
Male	•	20/06/1986	t	QATAR	
assport Number*		Passport Expiry Date*			
A123458		14/04/2027			
ersonal Photo:					
Please select a file				-	
Maximum File Size is : 2	2 MB				
IC-Photo-16417.JPG					V
	photo with white background pecifications of the Personal Photograph for Media	cal License Cards			



Note:

- put tick (🗸) Check If you are going to working as a Home Practitioner under the sponsorship of the patient or one of their family members. Α. в. Add Sponsor's Qatar ID Number

Check If you are going to working as a Home Practitioner u	inder the sponsorship of the patient or o	e of their family members	
ofession*	Scope Of Practice*		
Nurse	▼ Home Nurse	•	
onsor's Information			
oonsor's Qatar ID Number*	Sponsor's Full Name *	Sponsor's Full Name - Arab	ic*
5252525252	Ali Ali	على على	
oonsor's Mobile Number*	Sponsor's Email ID*		
2121212121	123@123.com		
onsor's QID Scanned Copy			
Please select a file			
Maximum File Size is : 2 MB			
SponsorQID-16417.pdf			
sa Details			
idly attach both sides of your QID in one file			
tar ID Number QID Expir	av Date		
lar iD Number QID Expir		QID Scanned Copy	
		QID Scanned Copy Please select a file	
28642201006 16/08/20			•
		Please select a file Maximum File Size is : 2 MB	
		Please select a file	
16/08/20		Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf	
16/08/20		Please select a file Maximum File Size is : 2 MB	
8642201006 16/08/20 ssport Scanned Copy Please select a file		Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number	
28642201006 16/08/20 assport Scanned Copy Please select a file Maximum File Size is : 2 MB. Allowed file extensions are .PDF, JPG	29	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Number National I d Copy	
28642201006 16/08/20 essport Scanned Copy Please select a file Maximum File Size is : 2 MB. Allowed file extensions are .PDF, JPG Attachments	3, JPEG, PNG	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please upload your Home country National Id	
16/08/20 16/08/20 Issport Scanned Copy Please select a file Maximum File Size is : 2 MB. Allowed file extensions are .PDF, JPG Attachments Passoor1.cocy.Passeor::1817.cot	29	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Number National I d Copy	
8642201006 16/08/20 ssport Scanned Copy Please select a file Maximum File Size is : 2 MB, Allowed file extensions are .PDF, JPG Maximum File Size is : 2 MB, Allowed file extensions are .PDF, JPG	329	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please upload your Home country National Id Please select a file	
8642201006 16/08/20 ssport Scanned Copy Please select a file Maximum File Size is : 2 MB, Allowed file extensions are PDF, JPG Maximum File Size is : 2 MB, Allowed file extensions are PDF, JPG accord.cov.Passed.10417.cof Ktadments tassoci.sov.Passed.10417.cof accord work	229	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please upload your Home country National Id Please select a file	
28642201006 16/08/20 28642201006 16/08/20 2 28642201006 16/08/20 2 28642201006 16/08/20 2 28642201006 16/08/20 2 28642201006 16/08/20 2 28642201006 16/08/20 2 28642201006 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 16/08/20 2864220106 28642201 2864220 2864220 2864220 2864220 2864220 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 28642 2864 28642 2864 286 286	229	Please select a file Maximum File Size is : 2 MB JD_COPY-OJD-16417.pdf National Number National Number National Number National Id Copy Please upload your Home country National Id Please select a file Maximum File Size is : 2 MB	
8642201006 16/08/20 ssport Scanned Copy	229	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please upload your Home country National Id Please select a file	
8642201006 16/08/20 ssport Scanned Copy	129	Please select a file Maximum File Size is : 2 MB ID_COPY-OJD-16417.pdf National Number National Number National Number National Id Copy Please upload your Home country National Id Please select a file Maximum File Size is : 2 MB	
16/08/201006 16/08/20 Issport Scanned Copy Issport Scanned Copy Please select a file Maximum File Size is : 2 MB. Allowed file extensions are .PDF, JPG Maximum File Size is : 2 MB. Allowed file extensions are .PDF, JPG Attachments Basseort .coor.Passeort.19417.org SA-Passeort.19417.org If your potential place of work is not already licensed, please select stitution Type Private Home Nursing ontact Information	029	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please select a file Maximum File Size is : 2 MB Institution Patient Private Residency	
	029	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please select a file Maximum File Size is : 2 MB Institution Patient Private Residency	
8642201006 16/08/20 ssport Scanned Copy	129	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please select a file Maximum File Size is : 2 MB Institution Patient Private Residency	
28642201006 16/08/20 28642201006 16/08/20 2859ort Scanned Copy Please select a file Maximum File Size is : 2 MB. Allowed file extensions are .PDF, JPG Attachments Passeort .0647 cof ace of work If your potential place of work is not already licensed, please select Stitution Type Private Home Nursing ontact Information ae following information will be used to contact you. Please mak toblie Number* S500918 ddress / P.O Box*	29	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please select a file Maximum File Size is : 2 MB Institution Patient Private Residency	
	29	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please select a file Maximum File Size is : 2 MB Institution Patient Private Residency	
28642201006 16/08/20 assport Scanned Copy Please select a file Maximum File Size is : 2 MB. Allowed file extensions are .PDF, JPG Attachments Passoort .cov.Passeort .19417.cof SA-Passoort .19417.cof If your potential place of work is not already licensed, please select stitution Type Private Home Nursing ontact Information ae following information will be used to contact you. Please mak toblie Number* S5906918 ddress / P.O Box*	29	Please select a file Maximum File Size is : 2 MB ID_COPY-QID-16417.pdf National Number National Number National Number National Id Copy Please upload your Home country National Id Please select a file Maximum File Size is : 2 MB	



2. Please fill Education Qualification information and Qualifying Examination (Prometric)

cational Qual		Educational Qualifications		nce and Registration formation	vern	fication Report a Informatio		Pay Fees and Su Application
You have applied fo	lifications							
	or the scope: "Registered General Nurse	n						
. Please provide infor	rmation along with the supporting documer	ts about your educational qual	ifications relevant to y	our clinical practice and licens	sing require	ements. You can add	more than one qualif	ication.
alifications								
alifications *		Specialty *				Country *		
elect		▼ Select			•	Select		
*		Institution *				Start Date *		
		•			•			
						End Date *		
	nation Attachments	or the qualifications you have p	rovided above. Pleas	e attach the transcripts for you	ır educatio	nal qualifications spe	cifying the length of th	he program.
	r latest CV on the QCHP template as per th			, , , , , , , , , , , , , , , , , , , ,				
Please select a file								
Maximum File Size	e is : 2 MB. Allowed file extensions are .PD	F, .JPG, .DOC/.DOCX, .PNG 8	.GIF					
tachments			Descriptio	on			Remove	
<u>q-QInfo-1061840.pdf</u>								Ū
	eatils							
ometric Exam De								
	QCHP Licensing exam relevant to yo	our scope? 💿 Yes 🔿 No						
ave you taken the cencing Examina	ation:	our scope? 💿 Yes 🔿 No						
ave you taken the cencing Examina	ation:	our scope? ● Yes ○ No Exam Date *				Exam Score*		
ave you taken the cencing Examina	ation:			ŧ		Exam Score*		
ave you taken the r cencing Examina (am Appoinment Ic	ation:			Ē		Exam Score*		
cencing Examina xam Appoinment Ic	ation: d * e Qualifying Exam results (Score report)			File Description		Exam Score*		
ave you taken the r cencing Examine kam Appoinment Ic Please attach the Please select a file	ation: d * e Qualifying Exam results (Score report)	Exam Date *		· · · · ·		Exam Score*		
ave you taken the r cencing Examine kam Appoinment Ic Please attach the Please select a file	ation: d * e Qualifying Exam results (Score report)	Exam Date *	GIF	· · · · ·		Exam Score*	9	



3. Please fill Work Experience information and Registration Information History

Persona Declaratio		Personal and Profess Information	sional	Educatio Qualificat			nce and Registration ormation	Ver		Report and Ac Information	lditional P	ay Fees and Su Application	omi
k Expe	rience a	nd Registration	Informatio	on									
′ou have ap	oplied for the	scope: - "Internal medicine	e"										
lease add	all your work	experience certificates. Yo	u can add your i	internships, res	idency training and	fellowship exp	erience in this section.						
c Experie	ence												
D-4- *				End	Date *				Posit				
Date *			曲		Date			曲	POSI	1011			
*					*								
itry * ect				City				-	Place	e of Work *			
	*												
act Phon	ie No												
Add	C ^I Reset												
t Date		End Date	Position	С	country	City	Place of Work		Co	ntact Phone No		Remove	
No data	a is avaliable												
chments					Description					Remove			
tration/I Kindly atta	License Inf				hich covers your exp istration/Licensin		oned above)		Reg	istration/License	e Number		
tration/I Kindly atta try ct	License Inf	formation		Regi ▼	istration/Licensin		oned above)				e Number		
Kindly atta Kindly atta try act ent Status	License Inf	formation		Regi ▼ Start			oned above)			istration/License Date	e Number		
istration/I Kindly atta htry ect ent Status ect	License Inf ach all your pr	formation revious medical Registration		Regi	istration/Licensin t Date	ig Authority		tity to QCH	End	Date	e Number		
stration/l Kindly atta htry ect ect Before you P, MOPH ox 7744 ,Oatar PGoodSta	License Inf ach all your pr ; u apply for yo	formation revious medical Registration	ease request a (Regi	istration/Licensin t Date	ig Authority	oned above) 		End	Date	2 Number		
Kindly atta kindly atta ttry ect ent Status ect Before you P, MOPH xx 7744 Qatar 'GoodSt@r Add	License Inf ach all your pr a u apply for yo Address at noph.gov.qa C Reset	formation revious medical Registratio rur licensing application, pl	ease request a (Regi	istration/Licensin t Date	ig Authority			End	Date	e Number	S Remu	ove
kindly atta kindly atta htry ect ent Status ect Before you P, MOPH o, atar 'GoodSt@r Add	License Inf ach all your pr a u apply for yo Address at noph.gov.qa C Reset	formation revious medical Registration nur licensing application, pl nd Email: Ministry of Put	ease request a (Regi	istration/Licensin t Date Good Standing to be	ig Authority	rom your registration autho	rity to QCH	End	Date y mail or email.		S Rem	
stration/l Kindly atta htry ect ent Status ect Before you catar PGoodSt@r Add No data Please ma base select Maximum	License Inf ach all your pr ach all your pr a u apply for yo Address ar moph.gov.qa C Reset Registratic is avaliable s/Medical ake sure you t a file	formation revious medical Registration nur licensing application, pl nd Email: Ministry of Put	ease request a d olic Health nts /medical license:	Regi Start Start Certificate of G Registration s you have pro	istration/Licensin t Date t Date n/License Number wided above.	ig Authority	rom your registration autho	rity to QCH	End	Date y mail or email.		S Rem	
istration/l Kindly atta htry ect ent Status ect Before you PGoodSt@r Add No data No data PGoodSt@r Status PGoodSt@r PGoodSt@r PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r Status PGoodSt@r PGOOS PGOO	License Inf ach all your pr ach all your pr ac	formation revious medical Registratio aur licensing application, pi nd Email: Ministry of Put con/Licensing Authority Licenses Attachme attach all the registrations 2 MB. Allowed file extensi	ease request a d olic Health nts /medical license:	Regi Start Start Certificate of G Registration s you have pro	istration/Licensin t Date t Date n/License Number wided above.	sent directly f	rom your registration autho	rity to QCH	End	Date y mail or email. End Date		S Rem	
stration/l Kindly atta htry ect ent Status ect Before you P, MOPH 0x 7744 , Oatar PGoodSt@r • Add Intry No data istration fr Please ma base select Maximum	License Inf ach all your pr ach all your pr a u apply for yo Address ar moph.gov.qa C Reset Registratic is avaliable s/Medical ake sure you t a file	formation revious medical Registratio aur licensing application, pi nd Email: Ministry of Put con/Licensing Authority Licenses Attachme attach all the registrations 2 MB. Allowed file extensi	ease request a d olic Health nts /medical license:	Regi Start Start Certificate of G Registration s you have pro	istration/Licensin t Date t Date n/License Number wided above.	sent directly f	rom your registration autho	rity to QCH	End	Date y mail or email. End Date		S Rem	

وزارة الصحــــة العامــــة Ministry of Public Health _{State of Qatar + State of Qatar + Catar}



4. Verification report and Additional Information

	plication	Verification Report and Additional Pa Information	Work Experience and Registration Information	Educational Qualifications	Personal and Professional Information	Personal Declaration
Pareau aduated he phrawy Source Verhiculate report. Please add any communits and ar abush any supporting documents has an advand to your apportants.				on	ort and Additional Informa	fication Repo
historium Report historium R	*				ntion:	ditional Informa
house solicit a file Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PRG & GP Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GP Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GP Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GP Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GP Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GP Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GPF Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GPF Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GPF Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GPF Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GPF Internuer Fe Stere II: 2 MBL Aboved Ste actencions are PDF, BPG, DOCL/DOCX, PGG & GPF		application.	any supporting documents that are relevant to your	any comments and/or attac	e Primary Source Verification report. Please a	Please attach the
Warmung Fee Size II: 2 MB Allowed Sie extensions use POC, POC, DOC/OCCOC, POR A CHE Tacheness No Additional Information (If requires) Technicsts No Additional Information Education Additional Information Additional Information Additional Information Additional Information Additional Information Additional					rt	rification Repor
tachems besides a fair set tack requests, so please above to be need tables. Teres and Submit Application Personal mode requests, so please above to be need tables. Personal Personal and Professional Educational Box Request Fransaction ID: Requ			File Description			Please select a file
A to Attachment Available asse provide additional information(if required) **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **extext sedect a file **exte			GIF	JPG, .DOC/.DOCX, .PNG &	ze is : 2 MB. Allowed file extensions are .PDF	Maximum File Siz
ase provide additional information (if required) ase provide additional information (if required) Tere velocities Personal and Professional Information - Kindly follow below steps for online payment Personal Personal and Professional Educational Uniformation Personal and Professional Educational Uniformation Personal Pers		Remove	tion	Descr		ttachments
**unit solution is file in a payment for some back requests, so please submit to proceed to the next stage. Ref yoe: Request Transaction ID: Request					s Available	A No Attachments
Interments					tional information(if required)	ase provide addit
tachments Description Remove to Attachments Available To Come To Come To Come To Come To Come To						
No Attachments Available Sere Sere and Close While completing Primary Evaluation - Kindly follow below steps for online payment Personal Personal Personal nformation Coulifications Work Experience and Registration Verification Report and Additional Pay F Additional Coulifications Verification Report and Additional Pay F Additional Coulification Personal Submit Application Request Transaction ID: Request Press: 100 QR Into Method no QR Into Request Press: 100 QR Into Request Press: Into Request			GIF	JPG, .DOC/.DOCX, .PNG &	ze is : 2 MB. Allowed file extensions are .PDF	Maximum File Siz
See See and Submit Application Personal and Professional Educational Qualifications Work Experience and Registration Verification Report and Additional Pay F cees and Submit Application Request For Evaluation Request For Evaluation Request Fransaction ID: Request Frees: 100 QR Request		Remove	tion	Descr		tachments
Sere I Sere and Coor I is Cose Freed Personal and Professional Educational Qualifications Work Experience and Registration Verification Report and Additional Pay F eciaration Personal and Professional Educational Qualifications Work Experience and Registration Verification Report and Additional Pay F eciaration Personal and Professional Educational Qualifications Work Experience and Registration Verification Report and Additional Pay F eciaration Report and Additional Pay F reses and Submit Application Request Frees: 100 QR Information 10: Request Fees: 10: Request					s Available	A No Attachments
Declaration Information Qualifications Information Information Fees and Submit Application Felase note that there is no payment for sent back requests, so please submit to proceed to the next stage. st Type: Request Transaction ID: Request Fees: 1061840 100 QR ent Method ince payment Pay Application Fees Please note that the fees are non-refundable Unform that 1 have attached the below documents in the application: Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)	< →	payment	ow below steps for online p			
Please note that the fees are non-refundable Please note that the fees are non-refundable Infirm that I have attached the below documents in the application: Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)	< →	payment	ow below steps for online p			
st Type: Request Transaction ID: Request Fees: 100 QR The Evaluation 10 fees control of the payment Pay Application Fees control of the payment Payment Payment Pay Application Fees control of the payment Pay Application Fees control of the payment Payment Pay Application Fees control of the payment P	← → Fees and Subm Application	Verification Report and Additional	Work Experience and Registration	ion - Kindly fol Educational	pleting Primary Evalua	While com
for Evaluation 1061840 100 QR Int Method the payment Pay Application Fees tease note that the fees are non-refundable Infirm that I have attached the below documents in the application: Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)		Verification Report and Additional	Work Experience and Registration	ion - Kindly fol Educational	Personal and Professional Information	While com Personal eclaration
Int Method Interpayment Pay Application Fees Interpayment Pay Applications Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)		Verification Report and Additional	Work Experience and Registration Information	ion - Kindly fol Educational Qualifications	Personal and Professional Information	While com Personal eclaration Fees and Sul
ne payment Pay Application Fees lease note that the fees are non-refundable nfirm that I have attached the below documents in the application: Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Personal and Professional Information	While com Personal eclaration Tees and Sub lease note that there st Type:
nfirm that I have attached the below documents in the application: Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Personal and Professional Information	While com Personal eclaration Tees and Sub lease note that there
Passport Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Personal and Professional Information bmit Application	While com Personal eclaration Fees and Sul lease note that there st Type: for Evaluation
Educational qualifications Work experience certificates Licensing exam (if required by your scope of practice)		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Personal and Professional Information bmit Application re is no payment for sent back requests, so	While com Personal eclaration Fees and Sul lease note that there st Type: for Evaluation ent Method ne payment Pay A
Work experience certificates Licensing exam (if required by your scope of practice)	✓ → Fees and Subm Application	Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Application Fees	While com Personal Declaration Fees and Sul Please note that there st Type: for Evaluation ent Method ine payment Pay A
Licensing exam (if required by your scope of practice)		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Personal and Professional Information bmit Application re is no payment for sent back requests, so Application Fees fees are non-refundable attached the below documents in the	While com Personal Declaration Fees and Sul Please note that there st Type: for Evaluation ent Method ine payment Pay A Please note that the f ponfirm that I have Passport
		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Personal and Professional Information bmit Application re is no payment for sent back requests, so Application Fees fees are non-refundable attached the below documents in the ifications	While com Personal Declaration Fees and Sul Please note that there st Type: for Evaluation ent Method ine payment Pay A Please note that the f infirm that I have Passport Educational qualit
		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Application Fees fees are non-refundable attached the below documents in th ifications certificates	While com Personal Declaration Fees and Sul Please note that there st Type: for Evaluation ent Method ine payment Pay A Please note that the f while the the there passport Educational qualit Work experience
Primary source verification report		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Application Fees	While com Personal Declaration Fees and Sul Please note that there st Type: for Evaluation ent Method ine payment Pay A Please note that the f infirm that I have Passport Educational qualit Work experience Licensing exam (i Previous registrat
		Verification Report and Additional Information	Work Experience and Registration Information	Educational Qualifications	Application Fees	While com Personal eclaration Fees and Sult lease note that there st Type: for Evaluation ent Method ne payment Pay A lease note that the I nfirm that I have Passport Educational qualit Work experience Licensing exam (i Previous registrat

1. Click here to pay online.

Online Payment		×
 Important Information: QCHP online payment has been modified for security reasons. Please read the below steps Click below link to Pay Online. This will open in new tab The below link will only be clickable once. If want to try to pay again, close this small windows and start from "Pay Fees and Submit Application" screen Once you finish the payment in the new tab, come back here and close this window Proceed and submit the request to QCHP 		•
Click here to Pay Online	Þ	•
		×.

2. Enter your Credit card information and Click on Pay Now"

Qatar e-Government

Secure payment 🖴		
Card number *	ard	
Billing address Street 1 Street 2 Stree	State / Province Country Select Country	
Order details e-Service		TO TAL QAR: 100.00 بيال
		The next screen you see may be payment card verification through your card issuer.



After payment, your request will show (Pending with employer) which means you have to contact <u>dhphelpdesk@moph.gov.qa</u> to accept the request.

Search						
Request Type:	Request Status:	Rec	quest Date From:	Request Date	To:	
Select	▼ Select	•		益	â	
Select	▼ Select	•	▼			i
Q Search						

After approval the request will be evaluated by DHP

On completion of evaluation process from DHP an email and SMS will be sent.

You can do the following according to evaluation decision mentioned below

- 1. Send back: Click on "Apply for evaluation" and provide missing information according to the comments mentioned by DHP.
- 2. *Rejected*: Contact your employer representative.
- 3. *Approved:* Click on "Apply for Licensing" and complete licensing requirements.

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