Circular No. (9/2018)

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<th>From</th>
<th>Qatar Council for Healthcare Practitioners (QCHP)</th>
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| To                    | • All Healthcare Practitioners in the state of Qatar (Governmental/Private)  
                        | • All Focal Points of Healthcare Facilities in the State of Qatar (Governmental/ Private Sectors) |
| Subject               | Updates on Temporary License Policy               |
| Date                  | 8 May , 2018                                      |

“Qatar Council for Healthcare Practitioners (QCHP) presents to you its compliments”

As a part of the Registration Department-QCHP pursuits to facilitate the process of granting temporary license; and to expedite the integration of healthcare practitioners into the health sector while ensuring legal compliance. Kindly, be informed that the healthcare practitioners can apply for temporary license without Qatari ID card (QID), provided that the applicant will undertake obtaining of QID within the valid period of temporary license (6 months).

In case, the healthcare practitioner apply for the temporary license without QID, then the following documents must be submitted:
  1- Medical Test from the home country (Blood Test, Chest X-ray) and must be attested from Ministry of Foreign Affairs in Qatar (MOFA).
  2- Police Clearance Certificate from the home country and must be attested from MOFA.

However, if the applicant apply for temporary license with the valid QID, then the healthcare practitioner will be exempted from the above mentioned two requirements. All the requirements for granting temporary license mentioned in circular (3/2015) and (10/2015) must be fulfilled.

For further information, kindly contact:

Jowaher Al Ali  
Jalali@moph.gov.qa
Dr. Souma El-Torky  
seltorky@moph.gov.qa

Thank you for your cooperation,

Registration Team/ Qatar Council for Healthcare Practitioners
Acknowledgment and Undertaking

Name of Institution/Healthcare Facility: ________________________________

I, the undersigned ________________________________, the medical director of the Institution/Healthcare Facility hereby undertake that the Institution/Healthcare Facility shall be fully responsible for the quality of the services provided by our healthcare practitioners who have obtained a temporary license by Qatar Council for Healthcare Practitioners. In the event of a medical error or negligence, QCHP will not be held liable in this regard. I also acknowledge that I am fully aware of the conditions mentioned below and that they will be shared with all the concerned parties (focal points and healthcare practitioners) as soon as they have been received and signed with all legal rights reserved to QCHP.

1- The licenses granted are temporary ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Accreditation and Licensing Department at the Ministry of Public Health, and may not be used in any other institution.*

2- Healthcare practitioners cannot apply for any type of request using this license (renewal, change place of work...). 

3- No certificate of good standing will be issued depending on this license. However, a “To Whom It May Concern” letter can be issued mentioning the type of license.

4- This license will be cancelled after 6 months from the date of issuance and it is non-renewable.

5- Practitioners’ QID must be issued within 6 months of the temporary license’s issuance.

Date: ________________ Signature of the above mentioned: ________________

*Unless there is a formal agreement between QCHP and the above mentioned institution that states otherwise
Acknowledgment and Undertaking

Name of Institution/Healthcare Facility: ________________________________

I, the undersigned _________________________________, the practitioner aspiring to work in the Institution/Healthcare Facility mentioned above hereby undertake that in the event of a medical error or negligence, QCHP will not be held liable in this regard as long as I am holding a temporary license. I also acknowledge that I am fully aware of the conditions mentioned below as soon as they have been received and signed with all legal rights reserved to QCHP.

1- The licenses granted are temporary ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Accreditation and Licensing Department at the Ministry of Public Health, and may not be used in any other institution.*

2- Healthcare practitioners cannot apply for any type of request using this license (renewal, change place of work....).

3- No certificate of good standing will be issued depending on this license. However, a “To Whom It May Concern” letter can be issued mentioning the type of license.

4- This license will be cancelled after 6 months from the date of issuance and it is non-renewable.

5- Practitioner’s QID must be issued within 6 months of the temporary license’s issuance.

Date: _________________ Signature of the above mentioned**: ________________

Facility Stamp: __________________

*Unless there is a formal agreement between QCHP and the above mentioned institution that states otherwise
** This form – once signed – must be attached to your online application for registration/evaluation