Circular (26)

| From          | Dr. Jamal Rashid Khanji  
|| Director, Medical Licensing/SCH |
| To            | All Health Facilities in the State of Qatar  
|| All health practitioners in the State of Qatar  
|| All applicants for registration & licensing in the State of Qatar |
| Subject       | Updates on Electronic Registration System for Health Practitioners”  
|| No. 2” |
| Annex         | No.1 : Required Information  
|| No.2 : Authorization Letter  
|| No.3 : Contact List |
| Date          | 24 March 2011 |

In alignment with circular no.25 dated 7/3/2011 regarding subject cited above and at its commitment of customer service quality, please note the below mentioned updates:

We would like to draw your kind attention that registration, licensing & other registration functions will follow the same path of current requirements & processes. Below are some guidelines for the health practitioners & employers.

You can access the Electronic Registration System through www.qchp.org.qa.

Guidelines for Health Practitioners

You can log into the registration system & create your own personal account to do the following functions:

1- Evaluation  
2- Renewal of APL  
3- Licensing

Your application will be forwarded automatically to your employer to approve & forwarded to the Registration section.

Guidelines for Employers

To ensure confidentiality of the health practitioner’s data base in the state of Qatar kindly follow the below mentioned steps:

1- Provide Registration with list of your authorized representative to access the database of your facility by filling annex form no. 1 & 2.
2- Submit the filled forms to counter 13, ground floor, SCH building, within 2 weeks from the date of this circular.

3- Your personal account & password will be sent to the provided email from your side. (You can change your password after you log in to the system).

4- Accordingly you will be able to access the system to apply & follow up your applications.

**Important Remarks**

1- Customer Service Counters will continue providing their services from Sunday to Thursday as usual by receiving applications as usual for the purpose of supporting the transition to the electronic registration system.

2- You will be provided with the support needed through workshops where your feedbacks will be valued and taken into consideration.

3- For walking in customers registration coordinators are available as usual on Mondays, otherwise by appointments which will be set via the provided emails.

4- Our policy is ongoing improvement and development of our business processes; your feedback is valuable.

5- Regular updates on the implementation plan and ongoing system developments will be posted on the Electronic Registration System website or through other communication media.

We apologize for any inconvenience that might be caused during the implementation of the new system.

"Your cooperation is essential to the success of the electronic registration system."
Annex 1 /For Employers

The following data required for registration in the current database:

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<th>First name</th>
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- Please provide us with a copy of Valid Qatari ID card for each representative.
- You can authorize more than one person to access the system.
LETTER OF AUTHORISATION

(name)* is an approved representative of (Facility)* and is authorized to act as our agent to submit, modify, and finalize applications for health practitioner registration and licensure within the Health Practitioner Registration and Licensing System (HPRLS).

(Facility)* assumes all liability and responsibility for system access, data entry and responsible use of the HPRLS by its employees and agents.

Signed on behalf of (facility) by:

______________________________
Authorized signatory

______________________________
Facility Stamp

* Please fill into the required information.
Annex 3/ For Employers & Health Practitioners

Contact List for communication

Physicians & Dentists
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