Circular No. (26/2016)

<table>
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<th>From</th>
<th>Qatar Council for Healthcare Practitioners (QCHP)</th>
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<td>To</td>
<td>• All Healthcare Facilities in the State of Qatar</td>
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<td>• All Healthcare Facilities Focal Points in the State of Qatar</td>
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<tr>
<td>Subject</td>
<td>Update on Circular (7/2015) on the Procedure to Share Information in case a Practitioner Quits Practicing.</td>
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“The Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments”.

In alignment with circular no. (7/2015) and in accordance with QCHP’s commitment to regulate healthcare practitioners’ work in the State of Qatar and the need for continuous update of our healthcare practitioners’ database and to keep track of their actual number on the Electronic Registration/Licensing system; QCHP calls upon all employers/focal points to immediately inform the Registration Department when any practitioner quits practicing in their facilities for any reason. This should be done by applying electronically for “Removal from the Registry” and attaching an official letter signed from the medical director showing the date and reason. Examples for these cases are:-

- Resignation
- End of practitioners’ services
- Leave out of the country

Please note that the above mentioned will be effective immediately.


For further information, kindly contact:

Dr. Souma El-Torky
seltorky@moph.gov.qa

Jowaher Al Ali
jalali@moph.gov.qa

Thank you for your cooperation,

Registration Team/ Qatar Council for Healthcare Practitioner
User Manual

Apply for Removal from Registry
A. **Apply For Removal From registry**

Enter Practitioner account User name and password on login Tab

After Successful login, kindly choose Apply for Removal from the registry

View & track status of my requests

- Request Type: [Select]
- Request Status: [Select]
- Request Date From: [ ]
- Request Date To: [ ]
1. Please read through the below points and click on the highlighted points

2. Please fill all the information as per the highlighted asterisk
### Personal Information Tab

#### Profession
- **Profession**: Physician
- **Scope Of Practice**: Cardiology
- **I am a visiting doctor (Non Resident)**: False

Kindly attach both sides of your QID in one file.

- **Qatar ID Number**: 
- **QID Expiry Date**: 
- **QID Scanned Copy**: [Choose File] No file chosen

#### Provisional License
- **Provisional License**: False

Circular (10-2015) - Granting provisional licenses to healthcare practitioners.

#### Part-time Clinician License
- **Part-time Clinician License**: False

Circular (03-2016) - Part-time Clinician Registration/Licensing Policy for healthcare practitioners.

#### Place of work
- **Institution Type**: Under Process
- **Institution**: Select

#### Contact Information
The following information will be used to contact you. Please make sure you enter accurate and valid contacts.

- **Corporate ID**: 
- **Landline Number**: 
- **Mobile Number**: 
- **Email Address**: mphqchp@qchp.com
- **Address / P.O Box**: 

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Tel.: +974 4407 0366 / 0937 /5157 · Fax: +974 4407 0831 · P.O Box: 7744, Doha - Qatar · [www.qchp.org.qa](http://www.qchp.org.qa)
3. Please fill all the information as per the highlighted asterisk.

Complete Application For Removal From The Register

Select one of the following statements: I wish to have my account removed from the register of health practitioners

- On the date this application is approved
- With effect on calendar to select date

(Note that the date must be within three months of this application)

Please answer the following questions, which are asked for our workforce statistics:

Note: Information provided shall be confidential and will not be communicated or shared with your employer or any other parties.

Are you retiring from practice?

Select

If you are not retiring

- In which country/countries are you planning to work?
  Select

- Do you intend to work in the same scope of practice as you worked in Qatar?
  Select

- If a different scope of practice, please specify.

- Would you consider returning to work in Qatar?
  Select

4. Additional Information

Additional Information and Uploads

Additional Information:

Please provide additional information if required

Uploads:

Attachments:

Allowed file extensions are .PDF, .JPG, .DOC, .DOCX, .PNG & .GIF

Select File

Choose File

No file chosen

Maximum File Size is: 2 MB

Max Resolution is 400 DPI

File Description

Add

Reset
5. Click on Submit

After Submission, your request will show (Pending with employer) which means your authorized focal point should approve your request via the institution account.

After Employer approval the request will be evaluated by QCHP.

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