

CIRCULAR NO (DHP/2025/09)

From	Department of Healthcare Professions / Ministry of Public Health
To	<ul style="list-style-type: none">All Healthcare Facilities in the State of QatarAll Healthcare Facility Focal Points in the State of Qatar
Subject	Reminder Regarding Circular No (2016/26) on the Procedure for Information Exchange in the Event of a Healthcare Practitioner Ceasing Employment
Date	22/07/2025

Greetings from the Department of Healthcare Professions (DHP).

With reference to Circular No (2016/26) concerning the exchange of information when a healthcare practitioner ceases employment, and in line with our commitment to regulating the healthcare workforce within the State of Qatar, we kindly remind all healthcare facility owners and focal points of the importance of notifying the Registration Section should any healthcare practitioner stop working at your facility for any reason.

This is necessary to ensure the practitioner database remains up to date and accurately reflects the active workforce on the electronic Registration & Licensing System.

To facilitate this, please submit an electronic request titled "Apply for Removal from the Registry" along with an official letter from the healthcare facility. This letter must be signed by the Medical Director and clearly state the reason and date the practitioner ceased working at the facility, so that the Registration Department may take the appropriate steps to update the system accordingly.

Examples of such cases include:

- Resignation
- Termination of services by the facility
- Practitioner leaving the country for an extended period
- Death of the practitioner
- Any other reasons leading to cessation of work

Attached: User Manual for the "Removal from the Registry" Request Procedure

For further information, please contact: DHPRegistration@MOPH.GOV.QA

Thank you for your cooperation,

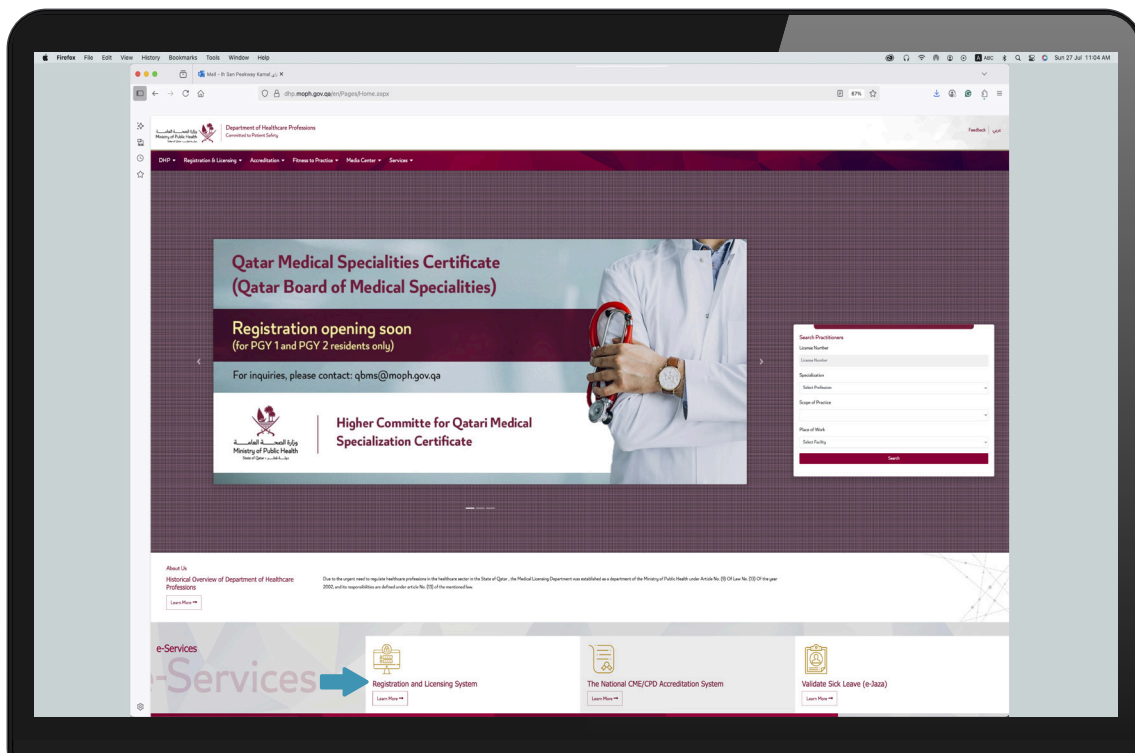
Department of Healthcare Professions
Ministry of Public Health



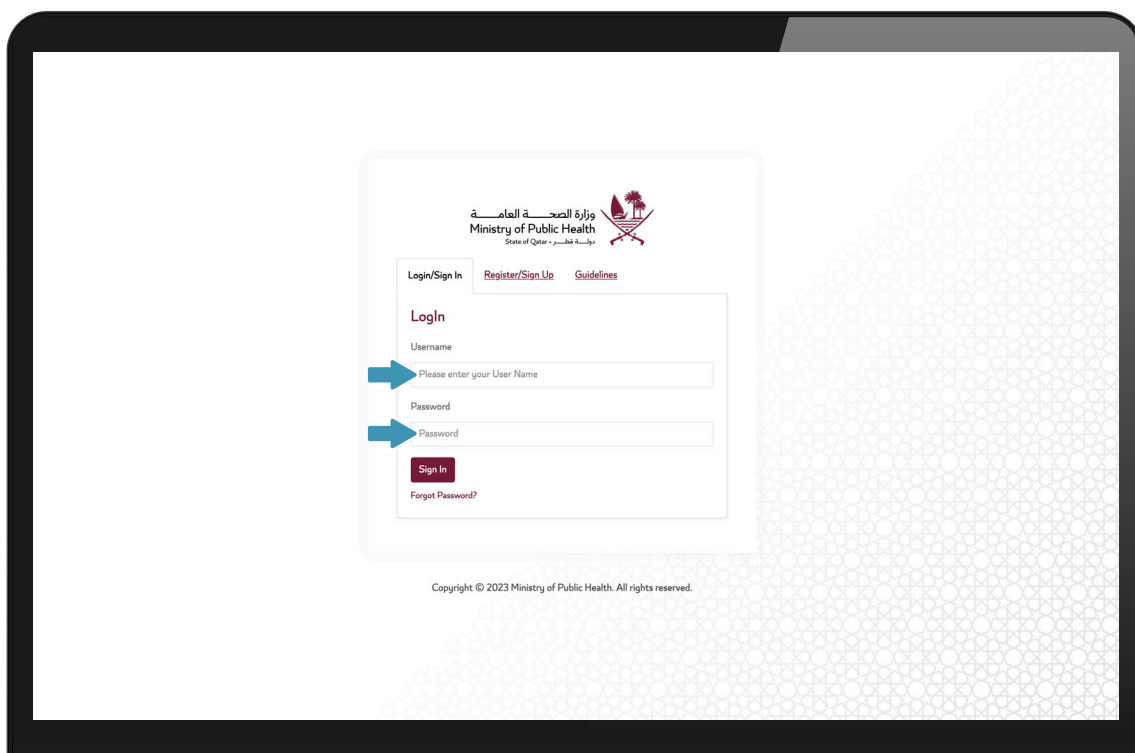
USER MANUAL

Removal from the Registry

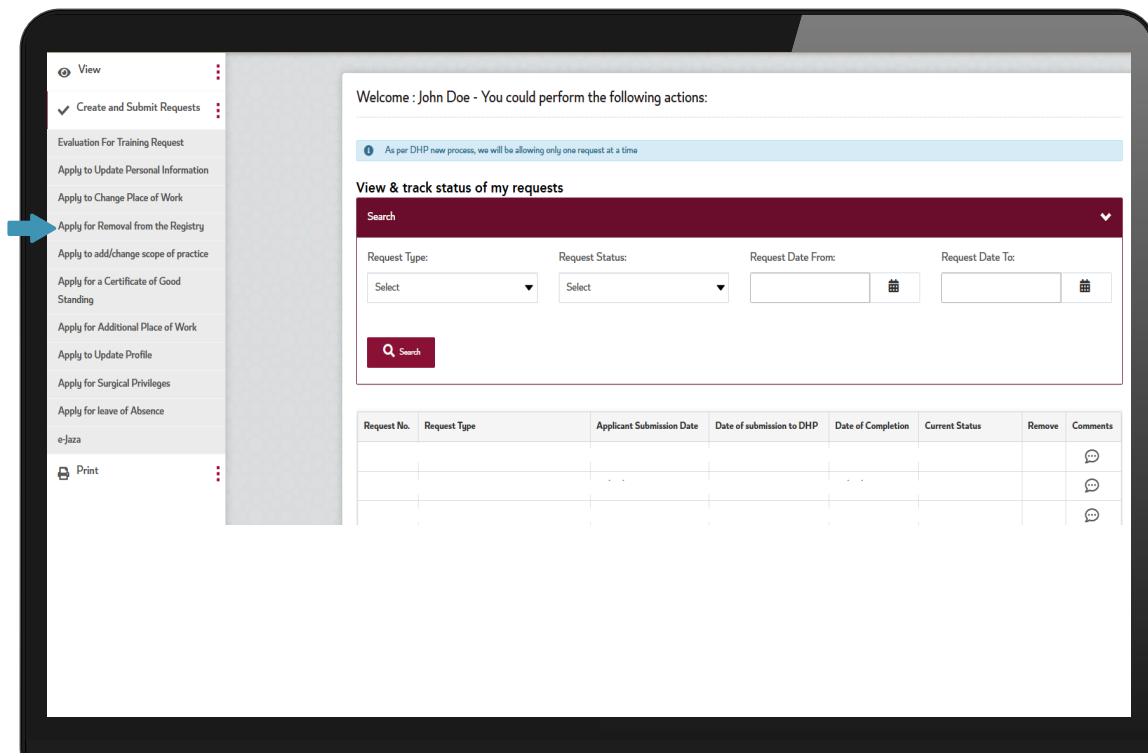




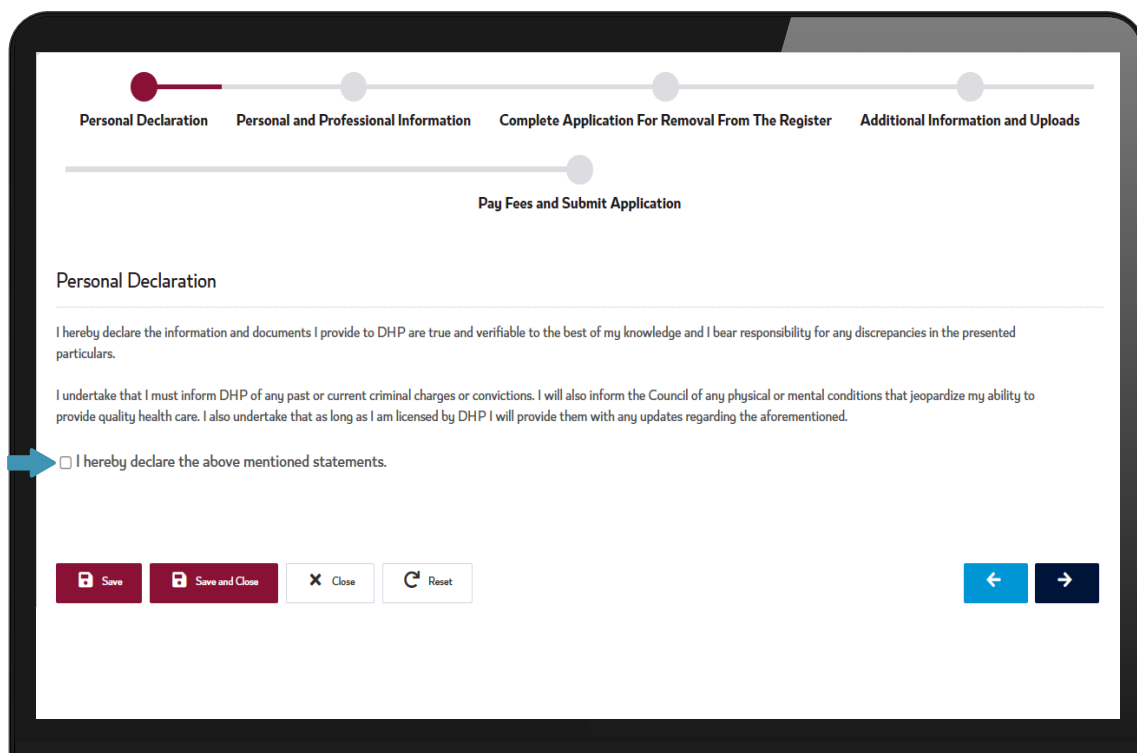
1. Visit <https://dhp.moph.gov.qa/> and click on “Registration & Licensing System”.



2. Log in using the practitioner’s username and password.



3. Click on “Apply for Removal from the Registry”.



4. Complete the personal declaration.

Personal Declaration Personal and Professional Information Complete Application For Removal From The Register Additional Information and Uploads Pay Fees and Submit Application

Personal and Professional Information

Personal Information

First Name on Passport*

First Name on Passport - Arabic*

Gender*

Middle Name(s) on Passport

Middle Name(s) on Passport - Arabic

Date of Birth*

Last Name on Passport*

Last Name on Passport - Arabic*

Passport Information

Passport Number*

Passport Expiry Date*

Nationality*

Passport Scanned Copy

Maximum File Size is: 2 MB. Allowed file extensions are: .PDF, .JPG, .JPEG, .PNG

Attachments

Remove

QCHP_application_Test Documents-Passport-288188.pdf

Personal Photos

Maximum File Size is: 2 MB

Photo-Photo-288188.JPG

Qatar ID Details

Licence Type

Permanent Locum Non Resident

For more information, please see circular no. (CHP/2023/706) on the following link
Kindly attach both sides of your QID in one file

Qatar ID Number*

QID Expiry Date*

QID Scanned Copy

Maximum File Size is: 2 MB

QCHP_application_Test Documents-QID-288188.pdf

National Number

National Number

National Id Copy

Please upload your Home country National Id

Maximum File Size is: 2 MB

Contact Information

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

Email Address*

Address / P.O Box*

Police Clearance Documents

Please attach your police clearance from Qatar.

Attachments

Description

QCHP_application_Test Documents-Police-288118.pdf

Save Save and Close Close Reset

← →

5. Fill in all required fields marked with an asterisk (*).

Progress bar: Personal Declaration (green), Personal and Professional Information (green), Complete Application For Removal From The Register (red), Additional Information and Uploads (grey), Pay Fees and Submit Application (grey).

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: (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

Buttons: Save, Save and Close, Close, Reset, Previous, Next.

6. Proceed to complete the request for removal from the registry.

Progress bar: Personal Declaration (green), Personal and Professional Information (green), Complete Application For Removal From The Register (green), Additional Information and Uploads (red), Pay Fees and Submit Application (grey).

Additional Information and Uploads

Additional Information:

Note: Please attach the Primary Source Verification (Dataflow) payment receipt or report (if applicable). Please add any additional information and/or attach any supporting documents that are relevant to your application.

Please provide additional information(if required)

Maximum File Size is : 2 MB. Allowed file extensions are :PDF, JPG, JPEG, PNG

File Description

Attachments	Description	Remove
QCHP_application Test Documents-Others-288318.pdf	Test Doc	

Buttons: Save, Save and Close, Close, Reset, Previous, Next.

7. Provide additional information and upload required documents.

Personal Declaration Personal and Professional Information Complete Application For Removal From The Register Additional Information and Uploads Pay Fees and Submit Application

Pay Fees and Submit Application

Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type: Request Transaction ID:

8. Submit the application.

Department of Healthcare Professions وزارة الصحة العامة
Ministry of Public Health
مملكة قطر - دولة قطر

Welcome : John Doe - You could perform the following actions:

As per DHP 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.

View & track status of my requests

Search

Request Type: Request Status: Request Date From: Request Date To:

Request No.	Request Type	Applicant Submission Date	Date of submission to DHP	Date of Completion	Current Status	Remove	Comments
	Apply for Removal from the Registry	08/07/2025			Under process with DHP		

After successful submission, the application status will appear as “Under process with DHP”.



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نموذج استقالة
Resignation Letter Template

Date: DD MM YYYY التاريخ: YYYY MM DD

Name: الاسم:

QID No. رقم البطاقة الشخصية:

Profession: المهنة:
☐ Physician ☐ طب بشري
☐ Dentist ☐ طب أسنان
☐ Pharmacist ☐ صيدلة
☐ Allied Health Professions ☐ مهن طبية مساعدة
☐ Nurse ☐ تمريض

License Number: رقم الترخيص:

Employment Start Date: DD MM YYYY تاريخ بدء العمل: YYYY MM DD

Employment End Date: DD MM YYYY تاريخ نهاية العمل: YYYY MM DD

Institution Name: اسم المنشأة:

Facility Stamp: ختم المنشأة:

Medical Director's Signature and License Number: توقيع ورقم ترخيص المدير الطبي:

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