

تعميم رقم (2018/4)

المجلس القطري للتخصصات الصحية	من			
 كافة ضباط الإتصال التابعين للمنشآت الصحية في دولة قطر 	إلى			
تدشين طلبات "تصريح تقديم خدمات طبية قصير الأمد" الكترونياًعلى نظام التسجيل والترخيص	الموضوع			
الإلكتروني	الموصوح			
5 فبرایر 2018	التاريخ			

" تُهديكم إدارة التسجيل بالمجلس القطري للتخصصات الصحية أطيبَ التمنيّات"

إنطلاقاً من السعي الدائم للمجلس القطري للتخصصات الصحية إلى التطوير والتحديث المستمر على نظام التسجيل والترخيص الإلكتروني، تُعلن إدارة التسجيل بالمجلس القطري عن إمكانية تقديم طلبات "تصريح تقديم خدمات طبية قصير الأمد" إلكترونياً على نظام التسجيل والترخيص الإلكتروني.

وعليه، سيتم التوقف عن استقبال الطلبات اليدوية اعتباراً من تاريخ صدور هذا التعميم.

المرفقات:

توجيهات التقدم بطلب "تصريح تقديم خدمات طبية قصير الأمد"

للإستفسار يرجى التواصل مع: جواهر العلي Jalali@moph.gov.ga د. سومة التركي seltorky@moph.gov.ga

شاكرين لكم حسن تعاونكم المجلس القطري للتخصصات الصحية



<u>Short Notice Request User Manual</u> <u>for Focal Points</u>



Enter with Employer Account User name and password on login Tab ŀ World Class Standards. Qualified Practitioners → REGISTER/SIGN UP LOGIN/SIGN IN GUIDELINES _____ ì Please enter your User Name 2 I I Please enter your Password 8 Sign In _____ Forgot Password After Successful login, kindly choose Short Notice Request Employer Landing Page Review and Submit Requests Evaluations, Licensing & Other Requests Renewals Change Place Of Work Add/Change Scope of Practice Removal from the Registry Restoration to the Registry Short Notice Requests View Request Dashboard All Practitioner Details Expiring Evaluations & Medical Licenses Rejected Requests Employer Representative Account Status Report 1. Choose "Create New Request" Create new request Search All O For Patient O For Mission ShortNotice Visit for Request No. . Request Date From: Request Date To: Q Search Please read through the below points and click on the highlighted points 2. **Personal Declaration** I certify that I am the responsible focal point to submit this application on the Qatar Council for Healthcare Practitioners Registration System and all the submitted documents and information, I have given are true and correct. I understand that any approval that may result from this application will be void if I have made any false or misleading representations or declarations in this application through error or omission. I hereby dealer the above mentioned statements. B Save 🛃 Save and Close 🗙 Close 🖒 Reset Previous Next



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

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	ShortNotice Visit for*	💽 For Patient 🛛 🔘 For Mission	
	Department/Patient Name*		
	Patient Qatar Id*		
	Name of Medical Director*		
	Title of Medical Director*		
	Visiting Practitioner(s)		
	Practitioner Name*		
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After Submission, your request will be under process with QCHP.

Create a new Short Notice request												
Create new request Search												
ShortNotice Visit for												
Request Date From:				Request Date To:								
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Request No.	Request Status	Requested Date	Approved Date	Туре	Department/Patient Name	Visit From Date	Visit End Date	Purpose of Visit	Print Approval Letter	Remove	Comments	
382746	Under process with QCHP	30/01/2018	01/01/0001	Patient	Test	31/01/2018	31/01/2018	Test		Ŵ	®	

On completion of Application process from QCHP an email and SMS will be sent. You can do the following according to the decision mentioned below:

- 1. *Send back*: Click on "Request Number" and provide missing information according to the comments mentioned by Registration Team QCHP.
- 2. *Rejected*: follow up with Registration Team QCHP.
- 3. *Approved:* follow up with Registration Team QCHP.

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