

Additional Templates

Department of Healthcare Professions

Template “1” - Undertaking Letter for Expired Licenses

Undertaking

We, the undersigned hereby declare that we shall **cease the below mentioned healthcare practitioner from practicing** until the completion of the procedure to renew their license and shall not allow any healthcare practitioner to practice before renewal of his license or to practice with expired license.

- Healthcare practitioner's name:
- Profession:
- Scope of practice:
- License No:
- Health practitioner's signature:
- Healthcare facility name:
- Healthcare Facility Manager name:
- Healthcare facility signature & stamp:
- Date:

Note: Practitioners are strictly prohibited from practicing with an expired license. Doing so constitutes a violation of law, and both the healthcare facility and the practitioner will face criminal penalties and disciplinary actions noted in the relevant legislations.

إقرار

نتعهد نحن الموقعون أدناه، **بإيقاف الممارس الصحي المذكور أدناه عن العمل** لحين استكمال إجراءات تجديد ترخيص مزاوله المهنة، وعدم السماح لأي ممارس بالعمل في المنشأة قبل تجديد ترخيصه أو العمل بترخيص منتهي الصلاحية.

- اسم الممارس الصحي:
- التخصص:
- مجال العمل:
- رقم الترخيص:
- توقيع الممارس الصحي:
- اسم المنشأة الصحية:
- اسم مدير المنشأة الصحية:
- توقيع وختم المنشأة:
- التاريخ:

ملاحظة: يُمنع منعاً باتاً مزاوله المهنة في حال انتهاء صلاحية ترخيص مزاوله المهنة، وبعد القيام بذلك انتهاكاً للقانون، وسيتعرض المخالفين سواء كانوا ممارسين أو منشآت صحية للعقوبات الجنائية إضافة إلى العقوبات التأديبية المنصوص عليها في التشريعات ذات الصلة.

Template “2” – Employment Letter

Date:

Employment Letter

This is to certify that the healthcare practitioner/
is currently employed by / from date/
and he is still working without break with the below mentioned details: -

- Profession:
- Scope of practice:
- License number:

We certify that all the above-mentioned information is correct, and we are fully responsible for these details.

- The Practitioner has been continuously practicing in Qatar within his/her scope of practice for at least 10 months each year.
- All information provided in this employment letter is true and accurate as stated.

If any information/details differ from the above, please explain below:

Medical director's name, license number and signature

Facility stamp

Note: This letter is valid for 3 months from the issue date.

Template “3” – Undertaking Letters for Temporary Licenses

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 the Department of Healthcare Professions. In the event of a medical error or negligence, the Department of Healthcare Professions 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 the Department of Healthcare Professions.

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 Licensing Department - Ministry of Public Health and may not be used in any other institution. *

2- 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.

3- This license will be canceled after 6 months from the date of issuance, and it is non-renewable.

4- Practitioner's permanent license and QID (in case it was not already) must be issued within temporary license's validity (6 months).

Date: _____ Signature of the above mentioned **: _____

*Unless there is a formal agreement between the Department of Healthcare Professions and the above mentioned institution that states otherwise

** This form – once signed – must be attached to your online application for temporary license

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, the Department of Healthcare Professions 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 the Department of Healthcare Professions.

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 Licensing Department - Ministry of Public Health and may not be used in any other institution. *

2- 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.

3- This license will be canceled after 6 months from the date of issuance, and it is non-renewable.

4- Practitioner's permanent license and QID (in case it was not already) must be issued within temporary license's validity (6 months).

Date: _____ Signature of the above mentioned **: _____

Facility Stamp:



*Unless there is a formal agreement between the Department of Healthcare Professions and the above mentioned institution that states otherwise

** This form – once signed – must be attached to your online application for temporary license

Template “4” – Completion Letter for Work under Supervision

Date:

Work Under Supervision - Completion Letter

This is to certify that the healthcare practitioner/
has completed their work under supervision period from date _____ to _____

- Profession:
- Scope of practice:
- Reference/request no:

We certify that all the above-mentioned information is correct, and we are fully responsible for these details.

Supervisor's name, license number and signature

Medical Director's/Manager's name, license number and signature

Facility stamp

Note: This letter is valid for 3 months from the issue date.