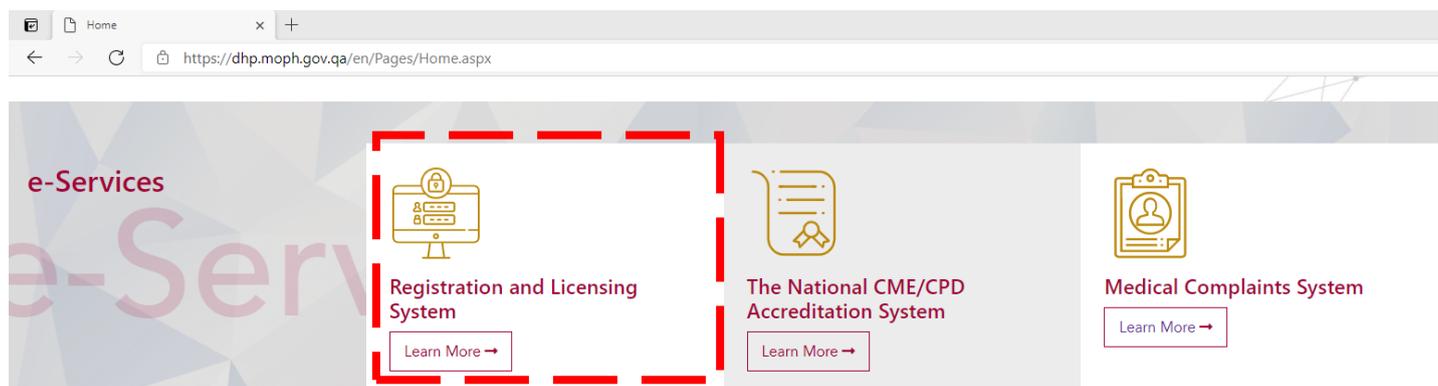




Employer User Manual
Guidelines on using the Registration & Licensing System



Step1. Visit dhp.moph.gov.qa and click on Registration & Licensing System (Highlighted below).



Step 2. Choose appropriate tab as per following –

- LOGIN/SIGN IN – If you already have a Username and Password as an Employer Representative (provided by DHP)
- REGISTER/SIGN UP – If you want to create a new account as an Employer Representative
- GUIDELINES – For Guidelines on Using the System and Process Overviews

[Login/Sign In](#) [Register/Sign Up](#) [Guidelines](#)

Login

Username

Password

[Sign In](#)

[Forgot Password](#)

To REGISTER/ SIGN UP

Click on “Sign up as an Employer Representative” to sign up as an Employer Representative

[Login/Sign In](#) [Register/Sign Up](#) [Guidelines](#)



Sign up as a New Applicant
If you are a new applicant, and you want to sign up at the Qatar Council for Healthcare Practitioners (QCHP), please click here

Sign up as an Employer Representative
If you are a new employer representative, and you want to sign up at the Qatar Council for Healthcare Practitioners (QCHP), please click here.



Fill the details required for registration and Click on “Sign Up”, on submission an activation email will be sent to the provided email address.



User Registration

E-mail*

Confirm E-mail*

Please re-enter email

Password*

Please enter a password

Confirm Password*

First Name*

Middle name

Last Name*

National Id / Qatar Id*

Enter Code* 323689

On submission, an account activation email will be sent to your email address.

If you have a previous account or are already licensed, please contact qchphelpdesk@moph.gov.qa to get your account details.

Please open the provided email account and click on *Activation link* to activate the account to login.

Please visit: DHP Website / Registration & Licensing System to SIGN IN.

[Login/Sign In](#) [Register/Sign Up](#) [Guidelines](#)

Login

Username

Password

[Forgot Password](#)

Please enter registered Email/Username and Password and click on "Sign In" to login to the system.

You will be navigated to your facility page where you can do the following

- View/Edit applications of practitioners registered with your facility
- Approve/Reject/Send back applications of practitioners registered with your facility
- Print Evaluation letters, Moi Letter, Temporary Licenses, Medical licenses.
- View all details such as Requests, Documents, Profile etc... of all practitioners
- Apply for different types of requests on behalf of a practitioner
- Issue e-Jazas on behalf of a practitioner



The following page will appear after login

Department of Healthcare Professions



User Reset Password Sign Out

Provisional-Complementary Medicine - Employer Landing Page

View & Track status of Practitioner's requests

Search

Request No. Request Type: Applicant/Practitioner Name:

Licence Number: Request Date From: Request Date To:

Request No.	Applicant/Practitioner Name	Licence Number	Radiation Licence Number	Licence Expiry Date	Request Type	Profession	Category	Scope of Practice	Request Creation Date	Status
1061840	John Doe			N/A	Apply for Evaluation	Physician	Specialty	Internal medicine	27/03/2021	Pending with employer
030478	Abc Abc			N/A	Apply for Evaluation	Physician	Specialty	Audio vestibular Medicine	07/01/2020	Pending with employer
930003	Complementary Test Medicine Test			N/A	Apply for Licensing	Allied Health Practitioner	NA	Ayurveda	01/09/2020	Under process with QCHP
846094	John Doe	P10044		2-01-2022	Apply to Update Personal Information	Physician	Specialty	Urology	09/03/2020	Completed
629338	Ali Zaidi			N/A	Apply for Evaluation	Physician	General Practitioner	NA	17/12/2019	Applicant Completing
588053	John Doe	P10044		2-01-2022	Apply for Renewal	Physician	Specialty	Urology	17/10/2019	Completed
588850	John Doe	P10044		2-01-2022	Apply to Add/Change Scope of Practice	Physician	Specialty	Urology	17/10/2019	Completed
572583	Noufal Chaili			N/A	Apply for Evaluation	Physician	Specialty	Dermatology	25/08/2019	Applicant Completing
493398	Ahmed Mohamed			N/A	Apply for Evaluation	Allied Health Practitioner	NA	Paramedic	17/01/2019	Applicant Completing

Click in on **Manage Request** to Review /Edit & Approve/Reject/Send back

Department of Healthcare Professions



User Reset Pas

Provisional-Complementary Medicine - Employer Landing Page

View & Track status of Practitioner's requests

Search

Request No. Request Type: Applicant/Practitioner Name:

Licence Number: Request Date From: Request Date To:

Click on the **"Evaluation, Licensing & Others Request"** link to review/edit/approve/reject/send back the following:

- Applications for Evaluation.

Note: Apply for Licensing, Renewal, Change Place of Work, Change Scope of Practice, Removal from Registry and other requests do not need employer approval on the system

Click on the **"Restoration to the Registry"** link to review/edit/approve/reject/send back Restoration to the Registry requests.

By clicking the links under the "Review and Submit Requests" section, the following screen appears:



Click on "Request No." under **Edit Request Info** to **Review/Edit** the request and the request appears the same way it appears in the practitioner page.

Review and Submit Evaluation & Licensing Requests

Search ▼

Request No. <input type="text"/>	Request Type: <input type="text" value="Select"/>	QID / Passport No <input type="text"/>
Profession: <input type="text" value="Select"/>	Category <input type="text"/>	Scope of practice: <input type="text"/>
Corporate ID <input type="text"/>	Request Date From: <input type="text"/>	Request Date To: <input type="text"/>

Edit Request Info	Applicant/Practitioner Name	Profession	Category	Scope of Practice	Request Creation Date	Request Type	Comments
636478	Abc Abc	Physician	Specialty	Audio vestibular Medicine	07/01/2020	Apply for Evaluation	
1061840	John Doe	Physician	Specialty	Internal medicine	27/03/2021	Apply for Evaluation	

You can navigate through the wizard and update/add/remove any data/documents for each step and click on save to update.

Personal Declaration

I hereby declare the information and documents I provide to QCHP are true and verifiable to the best of my knowledge and I bear responsibility for any discrepancies in the presented particulars.

I undertake that I must inform QCHP of any past or current criminal charges or convictions. I will also inform the Council of any physical or mental conditions that jeopardize my ability to provide quality health care. I also undertake that as long as I am licensed by QCHP I will provide them with any updates regarding the aforementioned.

I hereby declare the above mentioned statements.

Please make sure you have the following scanned documents before you proceed with the application:

- Passport
- Educational qualifications
- Work experience certificates
- Licensing exam (if required by your scope of practice)
- Previous registration/medical license
- Primary source verification report



Click on **“Practitioner Name”** and **Approve/Reject/Send back** the application; the following screen appears:

Employer Approval

Request Information

Name	Request No.	Request Type
John Doe	1061840	Apply for Evaluation
Category	Scope of practice	
Specialty	Internal medicine	
Current Employer		
Provisional-Complementary Medicine		

Employer Decision

Approve Reject

Comments:
Type in your comments

Please select a file File Description

Maximum File Size is : 2 MB

Attachments	Description	Remove
No Attachments Available		

Choose appropriate decision and click on **“Submit”**

If the decision is **“Approve”**, the request will come to DHP for approval.

If the decision is **“Reject”**, the request will be rejected and will not come to DHP for approval

If the decision is **“Send Back”**, click on the **Send Back** button to send back the application to the practitioner

Note: - You can add any additional documents (if required) which are relevant to the application.



“View” section

Department of Healthcare Professions



User R

Provisional-Complementary Medicine - Employer Landing Page

View & Track status of Practitioner's requests

Search

Request No. Request Type: Applicant/Practitioner Name :

- **“Request Dashboard”** – to get an overview/statistics of all request types and their status

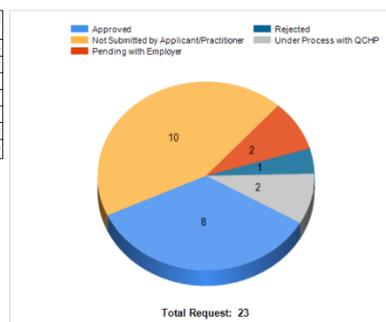


Employer Request Dashboard - Provisional-Complementary Medicine

Total Request Count : 0
Report Generated On : 4/28/2021

All Request Statistics

	Approved	Not Submitted by Applicant/Practitioner	Pending with Employer	Rejected	Under Process with QCHP	Total
Apply for Evaluation	2	10	2	1	1	16
Apply for Licensing	1	0	0	0	1	2
Apply for Renewal	1	0	0	0	0	1
Apply for Temporary License	1	0	0	0	0	1
Apply to Add/Change Scope of Practice	1	0	0	0	0	1
Apply to Update Personal Information	2	0	0	0	0	2
Total	8	10	2	1	2	23



“All Practitioners Details” - to view all practitioners working directly or working as an additional/surgical place with your Institution

1. Click on **“Practitioner name”** to view a practitioner’s profile which contains all the information about the practitioner such as (Qualifications, Work experiences, Registrations, Personal & Identification information, all attached documents, license details etc.).



Practitioner's Details

 P10044 Active	Name: John Doe	Name(Arabic): جون دو	License Issue Date: 13-2-2017	License Expiry Date: 2-1-2022
	Age: 31	Qatar ID: 98765432109	Passport Number: 012543878	Nationality: India
	Institution Type: Semi Governmental	Place of work: Provisional-Complementary Medicine	Additional Place of work(s): NA	Corporate ID: NA
	Profession: Physician	Category: Specialty	Scope of practice: Urology	Additional Category:
	Additional Scope of Practice: NA	Surgical Place of work(s): NA	Renewal Eligibility: Credits not submitted	Limitation/Notation: N/A
	Gender: Male	Email Address:	Mobile Phone: 30806973	Resident Number: 44070279
	Current Cycle Date: 2-1-2020	Address: noufal_hch@rediffmail.com	Is VIP	

Qualification and Education Information

Qualification	Specialty	Country	City	Institution	Start Date	End Date
QCHP Test		QATAR		QCHP	02/06/2007	30/06/2011

WorkHistory Information

Start Date	End Date	Position	Country	City	Place of Work	Contact Phone No
01/06/2011	26/10/2015	QCHP Test	QATAR	Doha	QCHP	44070279

2. Click on **“License Number”** to view the e-License.

e-License

الرخصة الإلكترونية – e-License

Print

➤ **“Expiring Evaluations & Medical Licenses”** – to View expiring evaluations & medical licenses

View Expiring Evaluations & Licenses

Search

Profession: Category: Scope of practice:

Corporate ID: QID / Passport No:

Request Number	Applicant/Practitioner Name	Profession	Category	Scope of Practice	Request Type	Expiry Date	Licence Number
230005	Ahmed	Physician	Specialist	Pediatric Emergency Medicine	Apply for Licensing	06/02/2021	
10822	Mohamed	Pharmacist	NA	Pharmacist	Apply for Licensing	31/01/2021	

➤ **“Rejected Requests”** – to view all the requests rejected by DHP

➤ **Employer Representative Account Status Report** – to view the status of employer representative account requests.



“Print” Section

Manage Request
View
Print
Expiring Evaluations & Licenses Report
Evaluation Reports & MOI Letters
Temporary Licenses
Online Payment Receipts
e-Jazas

Hamad Medical Corporation - Employer Landing Page

View & Track status of Practitioner's requests

Search

Request No. Request Type: Applicant/Practitioner Name :

Licence Number: Request Date From: Request Date To:

- **Evaluation Reports & MOI Letters** – to print evaluation reports and MOI letters click on their respective “Print” links

Print Primary evaluation letters & MOI letters

Search

Request No. Applicant/Practitioner Name : QID / Passport No

Profession: Category Scope of practice:

Request Date From: Request Date To: Corporate ID

Search

Request No.	Applicant Name	Profession	Category	Scope of Practice	Date of request	View MOI letter	View primary evaluation
207664	Complementary Test Medicine Test	Allied Health Practitioner	NA	Ayurveda	20/03/2019 18:10:10	Print	Print
288188	John Doe	Physician	Resident	Urology	18/01/2017 10:50:55	Print	Print

- **Temporary Licenses** – to print Temporary licenses click on the “license number”

View & Print Temporary Licenses for Practitioners

Search

Request No. Licence Number: Applicant/Practitioner Name :

Profession: Category Scope of practice:

Search

Request No.	Full Name	Place Of Work	Date of request	Licence Expiry Date	View Licence
288188	John Doe	Provisional-Complementary Medicine	18/01/2017	18/07/2017	TP5608

- **Online Payment Receipts** – to print payment receipts for online payments for applications
- **e-Jazas** – to search for and download e-Jazas issued by practitioners.



Search & Download e-Jazas issued by Practitioners

Search ▼

eJaza Reference Number

Licence Number:

Practitioner Name :

Patient Name :

Request Date From:

Request Date To:

Q Search

Patient Name	Place of Work	Issue Date	From Date	To Date	No. of Days	License No.	Practitioner Name	Category	Scope of Practice
Noufal Chalil	DHP Qatar	04/02/2021	6-02-2021	7-02-2021	2	P10044	JohnDoe	Specialty	Urology
Noufal Chalil	DHP Qatar	13/05/2020	13-05-2020	17-05-2020	5	P10044	JohnDoe	Specialty	Urology
Noufal Chalil	DHP Qatar	04/02/2021	4-02-2021	5-02-2021	2	P10044	JohnDoe	Specialty	Urology



“Others” Section

Manage Request
View
Print
Others
Upload Employer Representative photo
Apply on behalf of a Practitioner
Issue e-Jaza on behalf of a Practitioner

Search & Download e-Jazas issued by Practitioners

Search

eJaza Reference Number: Licence Number: Practitioner Name:

Patient Name: Request Date From: Request Date To:

Search

➤ **Apply on behalf of a practitioner** - for creating a request on behalf of a practitioner.

Manage Request
View
Print
Others
Upload Employer Representative photo
Apply on behalf of a Practitioner
Issue e-Jaza on behalf of a Practitioner
Contact Information

Apply on behalf of a Practitioner

Search

Request No: Licence Number: Applicant Name:

Profession: Category: Scope of practice:

QID / Passport No: Corporate ID: User Type:

Email Address: Radiation License No.: Temporary License No.:

Search

Step 1. Find the practitioner with the available search criteria

Apply on behalf of a Practitioner

Search

Request No: Licence Number: Applicant Name:

Profession: Category: Scope of practice:

QID / Passport No: Corporate ID: User Type:

Email Address: Radiation License No.: Temporary License No.:

Search

Full Name	Profession	Category	Scope Of Practice	User Type	Show Requests	Licence Number	Licence Expiry Date	Licence status	Login email	Reset Password
John Doe	Physician	Specialty	Urology	Practitioner	ShowRequests	P10044	2-01-2022	Active	wiprotestacrd@gmail.com	Reset Password



Step 2. Click on ***“Show Requests”*** to show all the requests related to the practitioner

Apply on behalf of - John Smith

[+ Create new request](#)

Search

Request Type: Request Status: Request Date From:

Request Date To:

Completed: Request No.

[Q Search](#)

Request Type	Request No.	Category	Scope of Practice	Request Date	Request Status		
Apply for Evaluation	472356	N/A	Pharmacy Technician	19/11/2018	Applicant Completing	Show Evaluation	

Step 3. Click on ***“Create New Request”***

Create New Request

Request Type

[+ Create](#) [X Cancel](#)

Step 4. Choose the request type and click on ***“Create”*** to create a request of that type.



➤ **Issue e-Jaza on behalf of a Practitioner** – to issue an e-Jaza on behalf of a Practitioner.

The screenshot shows the 'Provisional-Complementary Medicine - Employer Landing Page'. On the left sidebar, the 'Issue e-Jaza on behalf of a Practitioner' option is highlighted with a red dashed box. The main content area has a search bar and several filters:

- Request No.:
- Request Type:
- Applicant/Practitioner Name:
- Licence Number:
- Request Date From:
- Request Date To:

Click on Issue e-Jaza to issue sick leave to the patient

The screenshot shows the 'Issue e-Jaza on behalf of a Practitioner' form. The search filters include:

- Licence Number:
- Applicant Name:
- Profession:
- Scope of practice:

Below the form is a table of practitioners with the 'Issue e-Jaza' link highlighted in a red dashed box:

Full Name	Profession	Category	Scope Of Practice	Licence Number	Licence Expiry Date	Login email	e-Jaza on Behalf
John Doe	Physician	Specialty	Urology	P10044	2-01-2022	wiprotstaccrd@gmail.com	Issue e-Jaza

➤ **Upload Employer Representative photo** – to update the employer representative photo

The screenshot shows the 'Update Employer Representative Photo' form. The 'Upload Employer Representative photo' option in the sidebar is highlighted with a red dashed box. The form includes:

- Representative First Name:
- Passport size photo *:
- Attachments:
- Remove:
- Update:

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