



QCHP

المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Applicant User Manual

Guidelines on using the Registration & Licensing Electronic System

Step 1. Visit www.qchp.org.qa and click on “Registration & Licensing System”.



The screenshot shows the QCHP website homepage. At the top, there is a navigation bar with links for 'Register to E-Bulletin', 'FAQs', and 'Contact us'. Below this is the QCHP logo and the State of Qatar Ministry of Public Health logo. The main header reads 'Qatar Council for Healthcare Practitioners' with the tagline 'Committed to Patient Safety'. A secondary navigation bar includes 'About us', 'QCHP Departments', 'For Healthcare Practitioners', 'For Public', 'Media Center', and 'eServices'. A search bar is located on the left side of the main content area. The central part of the page features a large group photo of staff. Below the photo is a grid of service tiles. The 'Registration and Licensing System' tile is highlighted with a red dashed border. Other tiles include 'CME/CPD Accreditation System', 'Complain against a Practitioner', 'Qualifying Examinations', 'Events', 'Circulars', 'News & Announcements', and 'Primary Source Verification'. At the bottom, there is a banner for 'ISQua's 32nd International Conference DOHA 2015' and a footer with copyright information.



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Step 2. Choose the appropriate tab as per the following:

- LOGIN/SIGN IN – If you already have a User Name and Password as an Applicant
- REGISTER/SIGN UP – If you want to create a new account as an Applicant
- GUIDELINES – For Guidelines on Using the System and Process Overviews

To REGISTER/ SIGN UP

Click on “[Sign up as a new Applicant](#)” to sign up as an Applicant

Sign up as a New Applicant
If you are a new applicant, and you want to sign up at the Ministry of Public Health Please click here.

Sign up as an Employer Representative
If you are a new employer representative, and you want to get account 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.

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

Please visit: [QCHP Website](#) / [Registration & Licensing System](#) to SIGN IN.

LOGIN/SIGN IN REGISTER/SIGN UP GUIDELINES

Please enter your User Name

Please enter your Password

Sign me in automatically

Sign In Forgot Password

Please enter registered Email/Username and Password and click on “Sign In” to LOGIN to the system.



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After successful login, kindly choose “Apply for Evaluation”

Welcome : moph qchp - You may perform the following actions:

- ✓ Create and Submit Requests
 - > Apply for Evaluation
 - > Apply for Licensing
- Print
 - > Online Payment Receipts

View & Track status of my requests

Search

No data is available

1. Personal Declaration

Personal Declaration	Personal Declaration
✓ Personal Information & Identification Info.	I certify that I am the person applying to the Qatar Council for Healthcare Practitioners for registration, that I am the person named in the submitted documents and that the information I have given is true and correct.
✓ Educational Qualifications and Internship Information	I understand that any license or 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.
✓ Work Experience and Registration Information	I authorize the Qatar Council for Healthcare Practitioners to post my professional information on a publicly available register of licensed practitioners should my application be successful.
✓ Additional Information and Uploads	I certify that the information contained in this application form or accompanying documents is correct to the best of my knowledge and belief.
✓ Pay Fees and Submit Application	I understand that I will be liable to penalties prescribed under the law if I fail to comply with the obligation to declare, or provide complete and correct information.

I hereby declare the above mentioned statements.

Save Save and Close Close Reset Previous Next



2. Personal Information Tab

Personal and Identification Information	
Personal Information	
First Name on Passport*	<input type="text"/>
Middle Name(s) on Passport	<input type="text"/>
Last Name on Passport*	<input type="text"/>
First Name on Passport - Arabic	<input type="text"/>
Middle Name(s) on Passport - Arabic	<input type="text"/>
Last Name on Passport - Arabic	<input type="text"/>
Gender*	<input type="text" value="Select"/>
Passport Number*	<input type="text"/>
Date of Birth*	<input type="text"/>
Passport Country*	<input type="text" value="Select"/>
Passport Expiry Date*	<input type="text"/>
Passport Scanned Copy	<p> Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF</p> <p>Select File <input type="button" value="Choose File"/> No file chosen</p> <p> Maximum File Size is : 2 MB</p> <p> Max Resolution is 400 DPI</p> <p>File Description <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p>



Personal Information Tab (continued)

Profession	
Profession*	Physician
Scope Of Practice*	Cardiology
I am a visiting doctor (Non Resident)	<input type="checkbox"/>
<p>i Kindly attach both sides of your QID in one file</p>	
Qatar ID Number	<input type="text"/>
QID Expiry Date	<input type="text"/>
QID Scanned Copy	<input type="button" value="Choose File"/> No file chosen <input type="button" value="Maximum File Size is : 2 MB"/> <input type="button" value="Attach"/>

Provisional License	
<p>i Please note that the QID is mandatory for requesting a Provisional License</p>	
Provisional License	<input type="checkbox"/>
Circular (10-2015) - Granting provisional licenses to healthcare practitioners	

Part-time Clinician License	
<p>i Kindly tick the below option only if you are applying for Part-time clinician license</p>	
Part-time Clinician License	<input type="checkbox"/>
Circular (03-2016) - Part-time Clinician Registration/Licensing Policy for healthcare practitioners	

Place of work	
<p>i If your potential place of work is not already licensed, please select "Under Process".</p>	
Institution Type	Under Process
Institution	Select

Contact Information	
<p>i The following information will be used to contact you. Please make sure you enter accurate and valid contacts</p>	
Corporate ID	<input type="text"/>
Landline Number	<input type="text"/>
Mobile Number*	<input type="text"/>
Email Address*	mophqchp@qchp.com
Address / P.O Box*	<input type="text"/>



3. Educational Qualifications Information and Qualifying Examination (Prometric)

Personal Declaration

Personal Information & Identification Info.

Educational Qualifications and Internship Information

Work Experience and Registration Information

Additional Information and Uploads

Pay Fees and Submit Application

Educational Qualifications and Internship Information

i You have applied for the scope: "Cardiology" . Please provide information along with the supporting documents about your educational qualifications and internships relevant to this scope. You can add more than one qualification.

Qualifications:

Qualification *	Select
Country *	Select
City *	
Institution *	
Start Date *	
End Date *	

+ Add **c** Reset

Internship Information:

Country:	Select
City:	
Institution:	
Start Date	
End Date	

+ Add **c** Reset

i Please make sure you attach all the supporting documents for the qualifications and internships you have provided above
Please attach the transcripts for your educational qualifications specifying the length of the program.
Please attach your latest CV

Attachments :

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

Select File **Choose File** No file chosen
i Maximum File Size is : 2 MB
i Max Resolution is 400 DPI

File Description **+** Add **c** Reset

Qualifying Examination:

If you have taken the QCHP qualifying exam relevant to your scope, kindly provide the following exam details.

Exam Appointment Id *	
Exam Date *	
Exam Score*	

i Please attach the Qualifying Exam results (Score report)

Attachments :

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

Select File **Choose File** No file chosen
i Maximum File Size is : 2 MB
i Max Resolution is 400 DPI

File Description **+** Add **c** Reset

S Save **Sx** Save and Close **X** Close **c** Reset **<** Previous Next **>**



4. Work Experience and Registration Information

✓ Personal Declaration

✓ Personal Information & Identification Info.

✓ Educational Qualifications and Internship Information

✓ **Work Experience and Registration Information**

✓ Additional Information and Uploads

✓ Pay Fees and Submit Application

Work Experience and Registration Information

i You have applied for the scope: "Cardiology". Please add the most recent work experiences required for this scope. You can add more than one work experience.

Work History

Start Date *	<input type="text"/>
End Date *	<input type="text"/>
Position *	<input type="text"/>
Country *	Select
City *	<input type="text"/>
Place of Work *	<input type="text"/>
Contact Phone No *	<input type="text"/>

+ Add **↺** Reset

i Please make sure you attach all the supporting documents for the work experiences you have provided above.

Attachments :

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

Select File No file chosen

i Maximum File Size is : 2 MB
i Max Resolution is 400 DPI

File Description

+ Add **↺** Reset

i Please add the registrations/medical licenses accompanying the work experience you have provided above.

Registration Information History

Country	Select
Registration Authority	<input type="text"/>
Registration Number	<input type="text"/>
Current Status	Select
Start Date	<input type="text"/>
End Date	<input type="text"/>

⚠ Please make sure that you request a Certificate of Good Standing to be sent directly from your registration authority to QCHP, MOPH either by mail or email.

QCHP, MOPH Address and Email: Ministry of Public Health
P.O Box 7744
Doha, Qatar
QCHPGoodSt@moph.gov.qa

+ Add **↺** Reset

i Please make sure you attach all the registrations/medical licenses you have provided above.

Attachments :

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

Select File No file chosen

i Maximum File Size is : 2 MB
i Max Resolution is 400 DPI

File Description

+ Add **↺** Reset

💾 Save **🗑** Save and Close **✕** Close **↺** Reset **⏪** Previous **Next** **⏩**



5. Additional Information and Uploads

- Personal Declaration
- Personal Information & Identification Info.
- Educational Qualifications and Internship Information
- Work Experience and Registration Information
- Additional Information and Uploads**
- Pay Fees and Submit Application

Additional Information and Uploads

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.

Additional Information:

Please provide additional information (if required)

Uploads:

Attachments :

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

Select File No file chosen

Maximum File Size is : 2 MB

Max Resolution is 400 DPI

File Description

6. Kindly follow the below steps for online payment

- Personal Declaration
- Personal Information & Identification Info.
- Educational Qualifications and Internship Information
- Work Experience and Registration Information
- Additional Information and Uploads
- Pay Fees and Submit Application**

Pay Fees and Submit Application

Your request will reach your Employer Representative's landing page if online payment is completed successfully. However, you still need to "submit" your application after the payment is completed. Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type:	Application for Evaluation
Request Transaction ID:	225053
Request Fees:	100 QR

Payment Method

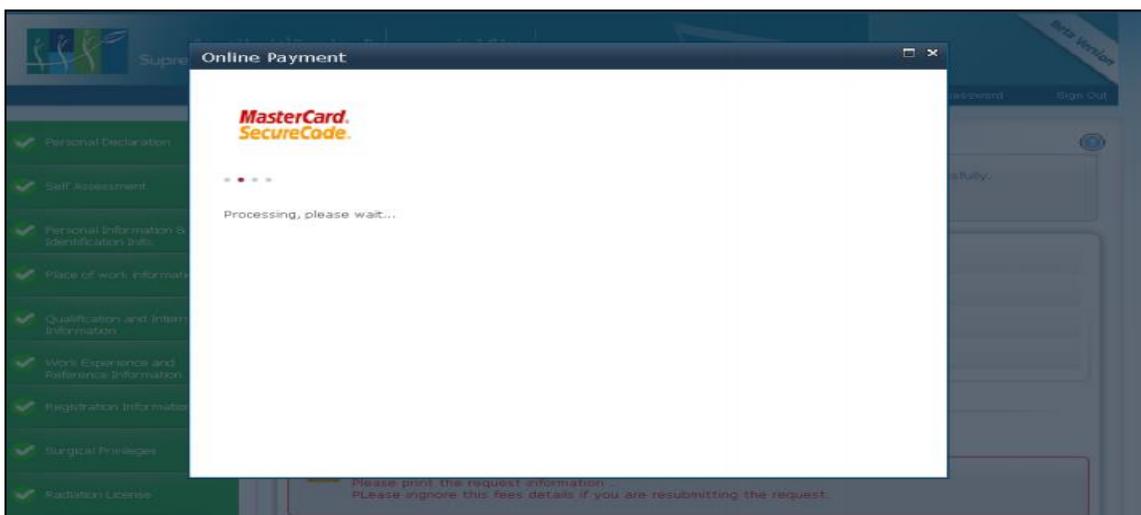
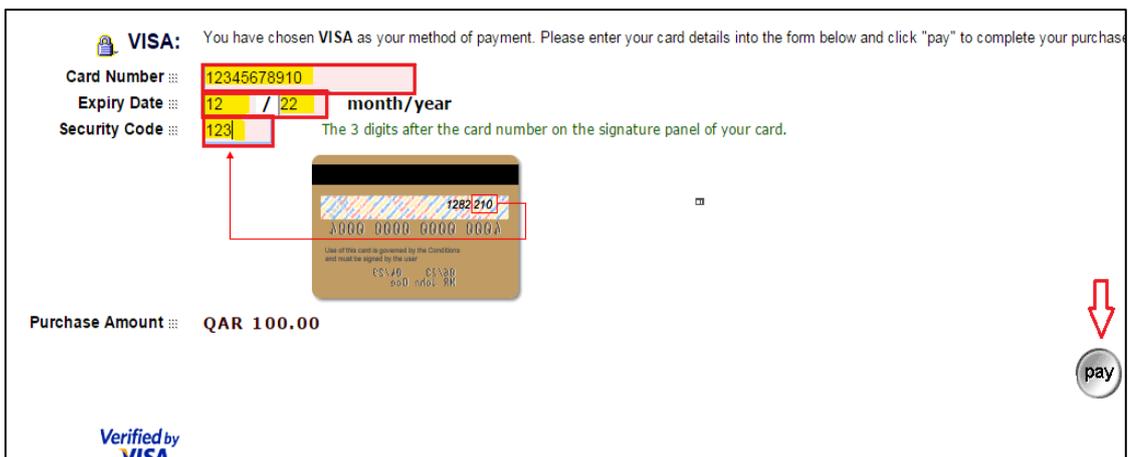
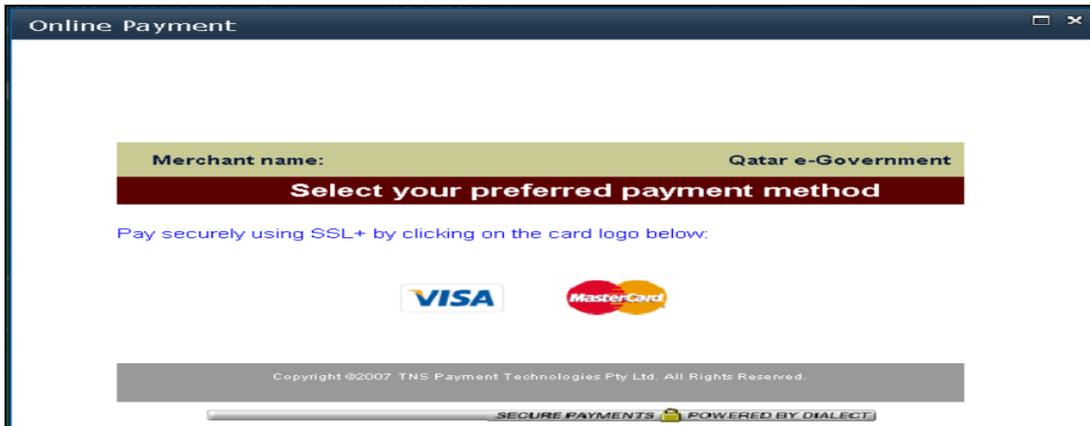
Manual payment at the Ministry of Public Health (please note: cash transactions are not accepted)
[Print Manual Payment Form](#)

Online payment .

Please note that the fees are non-refundable
Please print the manual payment form if you wish to pay manually. [Print Manual Payment Form](#)

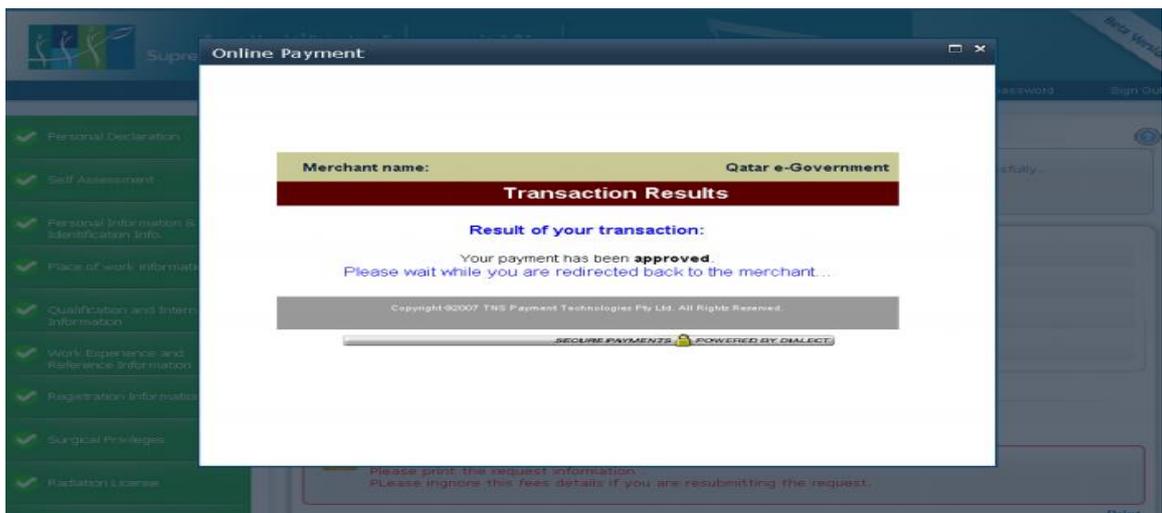
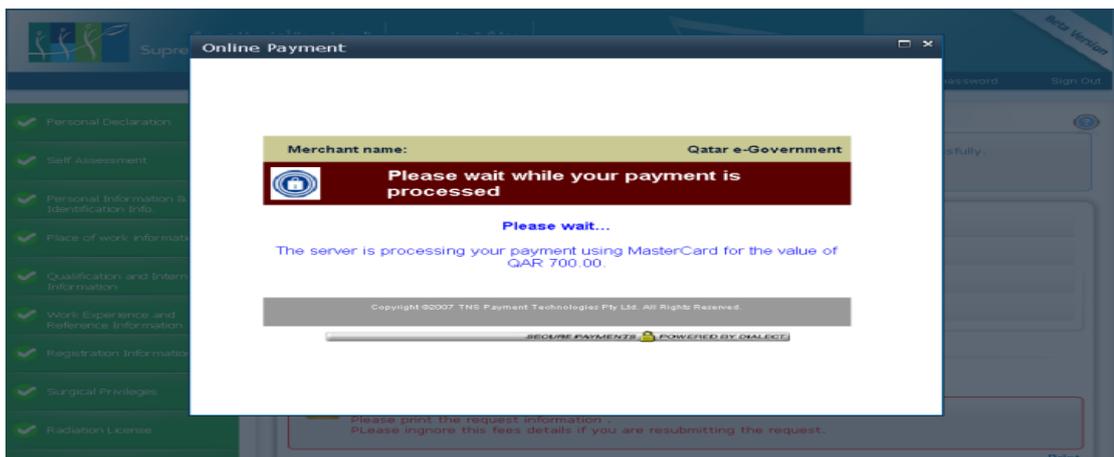
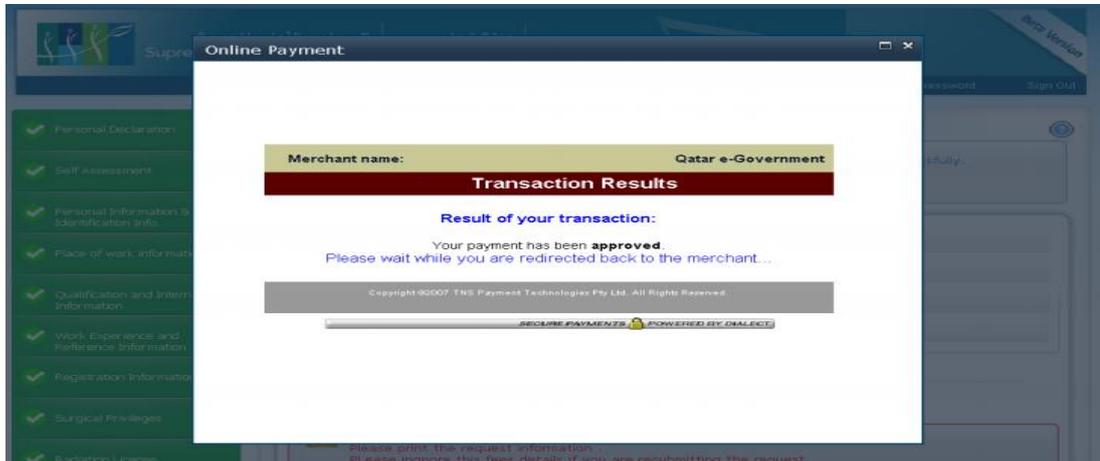


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After payment, the request's status will be "Pending with employer" which means your employer representative should approve your request via the facility/institution account.

Welcome : Moph Test - You may perform the following actions:

- ✓ Create and Submit Requests
 - > Apply for Evaluation
 - > Apply for Licensing
- Print
 - > Online Payment Receipts

View & Track status of my requests

Search

Request No.	Request Type	Date of submission to Employer	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
225053	Application for Evaluation	24/05/2016	----	----	Pending with employer		

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