



INSTITUTIONAL PRIVILEGE APPLICATION FORM

I. Organizational Information:

Name of Institution: _____

License Details: _____

Address: _____

P.O. Box: _____

Telephone Number: _____

Fax No: _____

Email ID: _____

Medical Director's Name: _____

Qatar ID No: _____

Mobile Number: _____

II. Organizational Type:

Governmental, Total Number of Staff: _____

Semi- Governmental, Total Number of Staff: _____

Private Hospital, Total Number of Staff: _____

Other, Specify: _____,

Total Number of Staff: _____



III. Existing Board of Governance

- Yes (Qatar ID copies and other relevant details to be attached for all members)
- No

IV. Medical Licensing Department

- Yes (Qatar ID copies and other relevant details to be attached for all members)
- No

V. Privileging Committee:

- Yes (Qatar ID copies and other relevant details to be attached for all members)
- No

VI. Specialist Practitioners List:

- Yes (copy of DHP license of specialist physicians & dentists to be attached)
- No

VII. Privilege Verification Process:

- Yes (detailed process map to be attached)
- No



VIII. Confirmation:

I _____, Medical Director with Qatar ID no: _____,

Hereby confirm that the above mentioned details are true to the best of my knowledge.

Signature: _____,

Date: _____

IX. Official Use: (To be filled in by DHP Officer)

Application No: _____

Evaluating Officer: _____, Signature: _____

DHP Supervisor: _____, Signature: _____

DHP Manager : _____, Signature: _____

X. Decision: (To be filled in by DHP Officer)

Approved, _____

Rejected, Reason: _____

Send Back for more requirements: 1) _____,

2) _____ 3) _____