



TRAINING REQUEST LETTER

Date:

Dear Department of Healthcare Professions
Registration and Licensing Section

Subject:

I, the undersigned: QID Number:
apply to obtain an opportunity to undergo training in/as
in the state of Qatar, to get experience while adhering to laws and regulations that regulate training as per your policy
governing this process.

Best regards,

Applicant's name:

Profession/Scope of Practice:

Mobile number:

Email address:

Signature: