

<u>e-Jaza User Manual</u>

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1. For Practitioners:

To check your Central Governmental Electronic Sick Leave System (e-Jaza), please follow the below steps:

1. Visit <u>https://dhp.moph.gov.qa</u> and click on Registration & Licensing System (Highlighted below).

e-Services B-Sel	Registration and Lic System	tensing The Nationa Accreditatio	on System	Medical Complaints System
Policies and Procedures View→	Circulars View →	Ø==0 Ø==0 <th>Primary Source Verificat</th> <th>tion</th>	Primary Source Verificat	tion

2. Sign in with your "Practitioner" email ID and password

Login/Sign In	Register/Sign Up	Guidelines
Login		
Username		
Please enter	your User Name	
Password		
Please enter	your Password	
Sign In 🕇	<u>d</u>	

3. Click on "Create and Submit Requests" and choose "e-Jaza"

Department of Health	care Professions			1 User PReset			
O View							
✓ Create and Submit Requests		e - You could perform the foll	lowing actions:				
Apply for Removal from the Registry	 As per QCHP new process, we will be allowing only one request at a time You have already created a request and its in pending stage. Hence you will not be allowed to create new request until completed View & track status of my requests 						
Apply for leave of Absence	Search	y requests		*			
e-Jaza	Request Type:	Request Status:	Request Date From:	Request Date To:			
Lontact	Select	▼ Select	•				
	Q, Search						



4. Fill in the "Patient Details" and "Leave Details" and click on Submit. The e-Jaza will be downloaded to your computer.

Patient Name					
QID / Passport No*	i≣ Fetch				
First Name*		Middle Name		Last Name*	
First Name Ar		Middle Name Ar		Last Name	٨٠
IISt Name Ar					
Place of Work*		Mobile Number*		HC Number	
Practioner Details					
License No.	Practitioner I	Name	Scope Of Practice		Facility
P10044	John Doe		Urology		Provisional-Complementary Medicine
Leave Details					
● Out Patient ○ In PatientF From Date*	Patient Type*	To Date*		No. of Days	
03/05/2021					
Diagnosis*					
Diagnosis	•				
Diagnosis Details*					

- Enter the patient's QID or passport number and click on "Fetch Details". If the patient data is already present on the system, then the patient details will be displayed automatically.
- > Print Preview: This Report cannot be used as an e-Jaza certificate
- > Print the e-Jaza, sign it and stamp it with your practitioner stamp and facility stamp.

View Issued e-Jazas

> Click On "issued e-Jazas" to view already issued electronic sick leaves.

View	- 1	
e-License		Welcome : John Doe - You could perform the following actions:
Profile		As per QCHP new process, we will be allowing only one request at a time
CPD ePortfolio		You have already created a request and its in pending stage. Hence you will not be allowed to create new request until completed
Online Payment		View & track status of my requests
Receipts Issued e-Jazas	7	Search 🗸
Issued e-Jazas		

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



2. For Employer Accounts:

1. Visit <u>https://dhp.moph.gov.qa</u> and click on Registration & Licensing System (Highlighted below).

e-Services B-Sel	Registration and Lic System		tional CME/CPD tation System	Medical Complaints System
Policies and Procedures View→	Circulars View→	view→	Primary Source Verifica View →	ation

2. Sign in with your "Employer Account" email ID and password

Login/Sign In	<u>Register/Sign Up</u>	<u>Guidelines</u>	
Login			
Username			
Please enter	your User Name		
Password			
Please enter	your Password		
Sign In 1 Forgot Passwor	<u>d</u>		

3. Click on "Issue e-Jaza on behalf of a Practitioner"

Department of Healthcare Professions	



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Manage Request	1					
O View		Hamad Medical Corporation - Employer Landin	ig Page			
🔒 Print	1	View & Track status of Practitioner's requests Search				
Cthers	1	Request No.	Request Type:		Applicant/Practitioner Name :	
Upload Employer Representative photo			Select	•		
Apply on behalf of a		Licence Number:	Request Date From:		Request Date To:	
Practitioner Issue e-Jaza on behalf of a Practitioner	1			▦		▦
Contact Information	1	Q Search				



4. Choose the practitioner and click on "Issue e-Jaza"

Issue e-Jaza on behalf of a Practitioner										
Search							~			
Licence Numb	er:		Applica	nt Name:		Profession:				
						Select	-			
Scope of pract	ice:									
			-							
Q Search										
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	wiprotestaccrd@gmail.com	Issue e-Jaza			

5. Fill in the "Patient Details" and "Leave Details" and click on Submit. The e-Jaza will be downloaded to your computer.

Patient Name					
QID / Passport No*					
First Name*	i≣ Fetch Details	Middle Name		Last Name*	
First Name Ar		Middle Name Ar		Last Name A	ſ
Place of Work*		Mobile Number*		HC Number	
Practioner Details					
icense No.	Practition	er Name	Scope Of Practice		Facility
P10044	John Doe	1	Urology		Provisional-Complementary Medicine
eave Details					
● Out Patient O In PatientPa	tient Type*				
From Date*		To Date*		No. of Days	
03/05/2021					
Diagnosis*					
Diagnosis		~			
Diagnosis Details*					
			11		

- Enter the patient's QID or passport number and click on "Fetch Details". If the patient data is already present on the system, then the patient details will be displayed automatically.
- Print Preview: This Report cannot be used as an e-Jaza certificate
- > Print the e-Jaza, sign it and stamp it with your practitioner stamp and facility stamp.



e-Jaza Report and Print

1. Click On "e-Jazas" and you will find e-Jazas issued by all practitioners.

Manage Request	11						
<u> </u>	-1		Employer L	anding Page			
View	11						
D Drint		View & Track status of Practitioner's re	quests				
🖶 Print	- 1	Search					~
Expiring Evaluations & Licenses Report		Request No.	F	Request Type:		Applicant/Practitioner Name :	
Evaluation Reports & MOI Letters				Select	•		
Temporary Licenses		Licence Number:	F	Request Date From:		Request Date To:	
Online Payment Receipts							曲
e-Jazas	-	Q Search					

2. Click on *patient name* to print the issued electronic sick leave.

eJaza Reference N	lumber		Licenc	e Number:							
		eJaza Reference Number			Licence Number:				Practitioner Name :		
Patient Name :			Reque	Request Date From:				Request Date To:			
											
Q Search											
itient Name	Place of Work	Issue Date	From Date	To Date	No. of Days	License No.	Practitioner Name	Category	Scope of Practice		

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