

Circular (10/2015)

إدارة التسجيل

REGISTRATION DEPARTMENT

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">• All healthcare practitioners in the State of Qatar (Governmental and Private Sector)• All healthcare focal points in the State of Qatar (Governmental and Private Sector)
Subject	Granting provisional licenses to healthcare practitioners who work in facilities that are still in the licensing process.
Date	07 May 2015

“The Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments”.

Following circular no. (3/2015), regarding issuing provisional licenses for all healthcare practitioners, and in order to facilitate the healthcare facility licensing process, it has been decided to grant provisional licenses to healthcare practitioners who want to work for a healthcare facility that is still under the licensing process.

In this regard, to be issued a provisional license from QCHP, all healthcare practitioners/employers should comply with the following:

- 1- Healthcare practitioners are not allowed to practice until their facility is licensed.
- 2- Signing a facility undertaking letter from the facility’s medical director and submitting it in person to QCHP (attached).
- 3- Signing a practitioner undertaking letter and attaching it to their evaluation request through the electronic registration and licensing system (attached).

- 4- Attaching a copy of each practitioners' QID to their evaluation request through the electronic registration and licensing system.
- 5- Marking the box in the Registration/Licensing Electronic System that is related to provisional licensing before submitting the application form. (attached).


In case of any inquiries, please contact the following e-mail address:


Dr. Souma El-Torky - seltorky@sch.gov.qa

Thank you for your cooperation,

The Registration Team / QCHP

- Attachments:
 1. Screenshot from the Registration/Licensing Electronic System.
 2. Undertaking letter format related to facilities that are under the licensing process.

 Please note QID is mandatory for applying Provisional License, without QID Provisional license will not be issued

Provisional License	<input type="checkbox"/> Check if you need Provisional License
Profession *	Physician
Scope Of Practice*	General Scope Physician
General Practitioner Limited to	Select
Qatar ID Number	
QID Expiry Date	02/11/2015
QID Scanned Copy	<p>This photo is expired. Please upload another one.</p> <p><input type="button" value="Choose File"/> No file chosen</p> <p> Maximum File Size is : 2 MB</p> <p>Nouveau document-QID-61616.pdf</p> <p><input type="button" value="Attach"/></p>

Acknowledgment and Undertaking

Name of Institution/Healthcare Facility: _____

I, the undersigned _____, the medical director of the Institution/Healthcare Facility hereby undertake that the Institution/Healthcare Facility shall be fully responsible for the quality of the services provided by our healthcare practitioners who have obtained a provisional license by Qatar Council for Healthcare Practitioners. In the event of a medical error or negligence, QCHP will not be held liable in this regard. **I also acknowledge that I am fully aware of the conditions mentioned below and that they will be shared with all the concerned parties (focal points and healthcare practitioners)** as soon as they have been received and signed with all legal rights reserved to QCHP.

1- The licenses granted are provisional ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Department at the Supreme Council of Health, and may not be used in any other institution.*

2- Healthcare practitioners must have a valid residency permit in Qatar in order to obtain this license.

3- Healthcare practitioners cannot apply for any type of request using this license (renewal, change place of work...).

4- No certificate of good standing will be issued depending on this license. However, a "To Whom It May Concern" letter can be issued mentioning the type of license.

5- Healthcare practitioners must fulfill all the licensing requirements within six months from the date of provisional license; otherwise, the license will be automatically cancelled, the practitioner will have to apply again for registration/evaluation and won't be issued another provisional license.

6- This license will be cancelled after 6 months from the date of issuance and it is non renewable.

Date: _____ Signature of the above mentioned: _____

*Unless there is a formal agreement between QCHP and the above mentioned institution that states otherwise

Acknowledgment and Undertaking

Name of Institution/Healthcare Facility: _____

I, the undersigned _____, the practitioner aspiring to work in the Institution/Healthcare Facility mentioned above hereby undertake that in the event of a medical error or negligence, QCHP will not be held liable in this regard as long as I am holding a provisional license. **I also acknowledge that I am fully aware of the conditions mentioned below** as soon as they have been received and signed with all legal rights reserved to QCHP.

1- The licenses granted are provisional ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Department at the Supreme Council of Health, and may not be used in any other institution.*

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6- This license will be cancelled after 6 months from the date of issuance and it is non renewable.

Date: _____ Signature of the above mentioned **: _____

Facility Stamp:

*Unless there is a formal agreement between QCHP and the above mentioned institution that states otherwise

** This form – once signed – must be attached to your online application for registration/evaluation