



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



Circular No. (11/2017)

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">All healthcare practitioners in the state of Qatar.All Focal Points of Healthcare Facilities in the State of Qatar
Subject	Specifications of the Healthcare Practitioner's CV during the Evaluation Process.
Date	4 May 2017

"The Registration Department in Qatar Council for Healthcare Practitioners presents to you its compliments"

In the Registration Department's pursuit to maintain the precision of the incoming information, to maintain the database for healthcare practitioners' information, and in order to facilitate the licensing procedures, it was decided to oblige all healthcare practitioners to submit a professional CV during the Evaluation process.

The CV must meet the purposes it is applied for, and the written information must comply with the practitioner's professional registry; in addition it should include:

- Contact information
- All educational qualification certificates, mentioning the institution name, country and start/end date of the academic program.
- All clinical experiences, mentioning the job title, place of work, and start/end date.
- Licensing and registration information from countries the practitioners have practiced in.
- Research and publications (if any).
- References (At least two)

All data regarding qualifications, experiences, and registrations that is mentioned in the CV must exactly match the information submitted to Dataflow, and the documents attached to the evaluation application.

Any CV that doesn't meet the criteria mentioned above will be sent back by the registration team, which will have a negative impact on the request's processing time.

Attached is a template of the CV to be filled with required information.

For further information, contact:

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

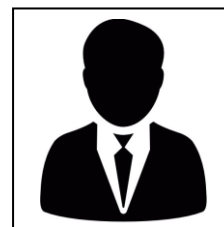
Jowaher Al Ali
Jalali@moph.gov.qa

**Thank you for your cooperation,
Registration Team/ Qatar Council for Healthcare Practitioners**

Practitioner Name

[Phone]

[E-mail]



Educational Qualifications	<p>Degree 1 University Name , Country (Start Date - End Date)</p> <p>Degree 2 University Name , Country (Start Date - End Date)</p> <p><i>(Add more as applicable)</i></p>
Internship	<p>(Start Date-End Date) – Institution Name – Job Posting</p> <ul style="list-style-type: none"> Responsibility 1 Responsibility 2
Clinical Experience (including training)	<p>Institution Name , Country Job Title (Start Date – End Date)</p> <ul style="list-style-type: none"> Responsibility 1 Responsibility 2 <p>Institution Name , Country Job Title (Start Date – End Date)</p> <ul style="list-style-type: none"> Responsibility 1 Responsibility 2 <p><i>(Add more as applicable)</i></p>
License	<p>License Title 1 Authority Name, Inclusive Years</p> <p><i>(Add more as applicable)</i></p>



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Training Courses	Course Name 1 , Country, Date attended
	Course Name 2 , Country, Date attended

Publications (if applicable)	(Follow AMA or Vancouver style while referencing)
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References	(Name) (Institution Name, Designation) (Contact details)
	<i>Provide at least two references</i>

Declaration	I hereby declare the above mentioned information is true and verifiable to the best of my knowledge and I bear responsibility for the correctness of the above mentioned particulars.
	Date: _____ Signature: _____