



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



Circular No. (26/2016)

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">All Healthcare Facilities in the State of QatarAll Healthcare Facilities Focal Points in the State of Qatar
Subject	Update on Circular (7/2015) on the Procedure to Share Information in case a Practitioner Quits Practicing.
Date	27 th of November, 2016

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

In alignment with circular no. (7/2015) and in accordance with QCHP’s commitment to regulate healthcare practitioners’ work in the State of Qatar and the need for continuous update of our healthcare practitioners’ database and to keep track of their actual number on the Electronic Registration/Licensing system; QCHP calls upon all employers/focal points to immediately inform the Registration Department when any practitioner quits practicing in their facilities for any reason. This should be done by applying electronically for “**Removal from the Registry**” and attaching an official letter signed from the medical director showing the date and reason. Examples for these cases are:-

- Resignation
- End of practitioners’ services
- Leave out of the country

Please note that the above mentioned will be effective immediately.

Attachment: User Manual: “Removal from the Registry”

For further information, kindly 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 Practitioner



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



User Manual

Apply for Removal from Registry

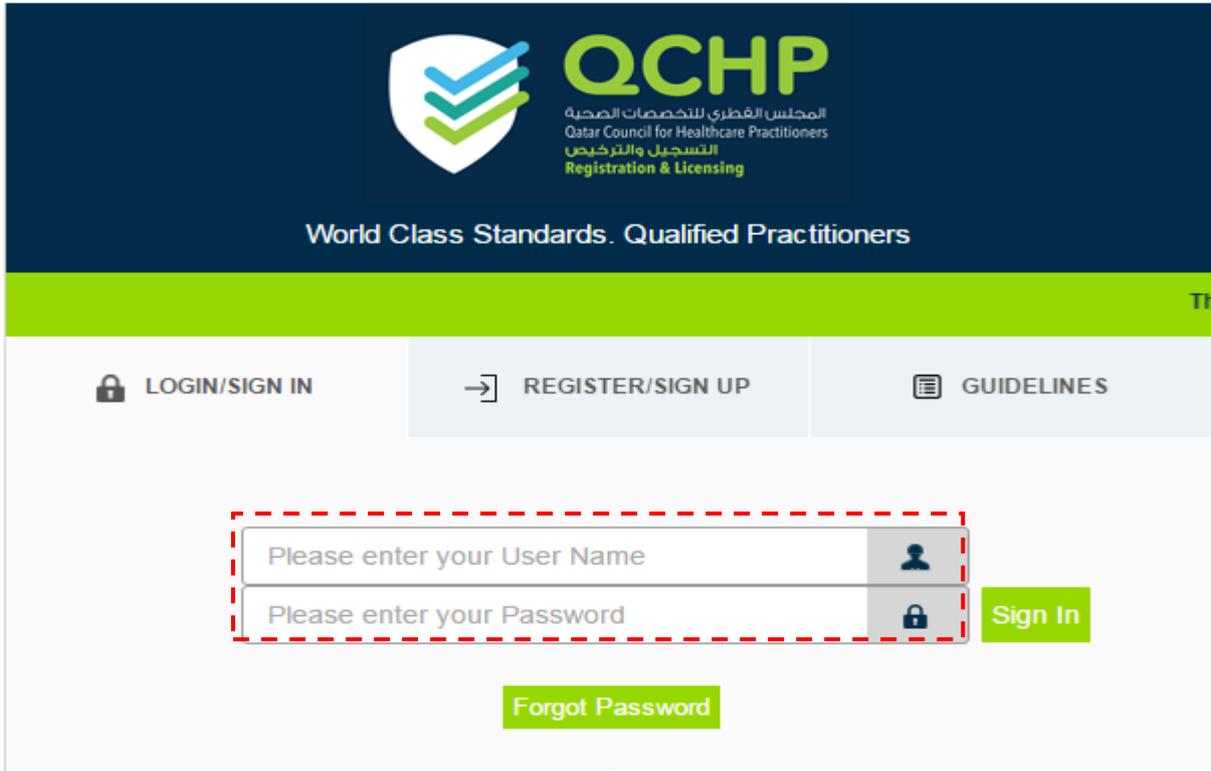


QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



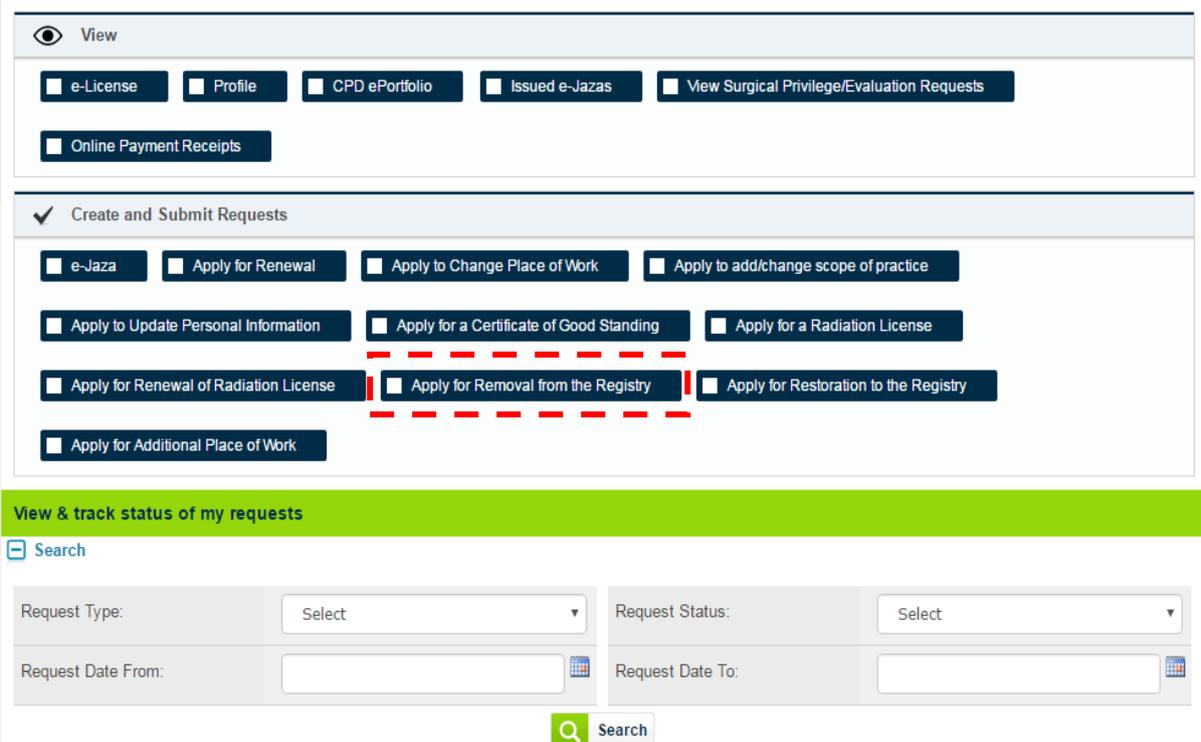
A. Apply For Removal From registry

Enter Practitioner account User name and password on login Tab



The login page features the QCHP logo and name in Arabic and English, along with the tagline "World Class Standards. Qualified Practitioners". Navigation buttons for "LOGIN/SIGN IN", "REGISTER/SIGN UP", and "GUIDELINES" are present. The login form includes fields for "Please enter your User Name" and "Please enter your Password", a "Sign In" button, and a "Forgot Password" link.

After Successful login, kindly choose Apply for Removal from the registry



The dashboard shows a "View" section with buttons for "e-License", "Profile", "CPD ePortfolio", "Issued e-Jazas", "View Surgical Privilege/Evaluation Requests", and "Online Payment Receipts". The "Create and Submit Requests" section contains buttons for "e-Jaza", "Apply for Renewal", "Apply to Change Place of Work", "Apply to add/change scope of practice", "Apply to Update Personal Information", "Apply for a Certificate of Good Standing", "Apply for a Radiation License", "Apply for Renewal of Radiation License", "Apply for Removal from the Registry", "Apply for Restoration to the Registry", and "Apply for Additional Place of Work". The "Apply for Removal from the Registry" button is highlighted with a red dashed box. Below this is a "View & track status of my requests" section with a search form including "Request Type", "Request Status", "Request Date From", and "Request Date To" dropdowns and text boxes, and a "Search" button.



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



1. Please read through the below points and click on the highlighted points

✓ Personal Declaration	Personal Declaration
✓ Personal Information & Identification Info.	I certify that I am the person applying for removal from the register and that the information I have given above is true and correct.
✓ Complete Application For Removal From The Register	I understand if I have made a false declaration or given false information or documentation in my application, the Qatar Council for Healthcare Practitioners may refuse to allow my name to be removed from the register
✓ Additional Information and Uploads	I authorize registration authorities, educational institutions, and employers to release any information about my professional performance and other information pertaining to me to the Qatar Council for Healthcare Practitioners.
✓ Pay Fees and Submit Application	<input type="checkbox"/> I hereby declare the above mentioned statements.
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> Save Save and Close Close Reset </div> <div style="border: 1px dashed red; padding: 2px;"> Previous Next </div> </div>	

2. Please fill all the information as per the highlighted asterisk

✓ Personal Declaration	Personal and Identification Information																										
✓ Personal Information & Identification Info.	<p>Personal Information</p> <table border="1"> <tr><td>First Name on Passport*</td><td><input type="text"/></td></tr> <tr><td>Middle Name(s) on Passport</td><td><input type="text"/></td></tr> <tr><td>Last Name on Passport*</td><td><input type="text"/></td></tr> <tr><td>First Name on Passport - Arabic</td><td><input type="text"/></td></tr> <tr><td>Middle Name(s) on Passport - Arabic</td><td><input type="text"/></td></tr> <tr><td>Last Name on Passport - Arabic</td><td><input type="text"/></td></tr> <tr><td>Gender*</td><td>Select</td></tr> <tr><td>Passport Number*</td><td><input type="text"/></td></tr> <tr><td>Date of Birth*</td><td><input type="text"/></td></tr> <tr><td>Passport Country*</td><td>Select</td></tr> <tr><td>Passport Expiry Date*</td><td><input type="text"/></td></tr> <tr> <td>Passport Scanned Copy</td> <td> <p>Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF</p> <p>Select File Choose File No file chosen</p> <p>Maximum File Size is : 2 MB</p> <p>Max Resolution is 400 DPI</p> </td> </tr> <tr> <td>File Description</td> <td><input type="text"/></td> </tr> </table>	First Name on Passport*	<input type="text"/>	Middle Name(s) on Passport	<input type="text"/>	Last Name on Passport*	<input type="text"/>	First Name on Passport - Arabic	<input type="text"/>	Middle Name(s) on Passport - Arabic	<input type="text"/>	Last Name on Passport - Arabic	<input type="text"/>	Gender*	Select	Passport Number*	<input type="text"/>	Date of Birth*	<input type="text"/>	Passport Country*	Select	Passport Expiry Date*	<input type="text"/>	Passport Scanned Copy	<p>Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF</p> <p>Select File Choose File No file chosen</p> <p>Maximum File Size is : 2 MB</p> <p>Max Resolution is 400 DPI</p>	File Description	<input type="text"/>
First Name on Passport*	<input type="text"/>																										
Middle Name(s) on Passport	<input type="text"/>																										
Last Name on Passport*	<input type="text"/>																										
First Name on Passport - Arabic	<input type="text"/>																										
Middle Name(s) on Passport - Arabic	<input type="text"/>																										
Last Name on Passport - Arabic	<input type="text"/>																										
Gender*	Select																										
Passport Number*	<input type="text"/>																										
Date of Birth*	<input type="text"/>																										
Passport Country*	Select																										
Passport Expiry Date*	<input type="text"/>																										
Passport Scanned Copy	<p>Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF</p> <p>Select File Choose File No file chosen</p> <p>Maximum File Size is : 2 MB</p> <p>Max Resolution is 400 DPI</p>																										
File Description	<input type="text"/>																										
✓ Educational Qualifications and Internship Information																											
✓ Work Experience and Registration Information																											
✓ Additional Information and Uploads																											
✓ Pay Fees and Submit Application																											



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners



Personal Information Tab

Profession	
Profession*	Physician
Scope Of Practice*	Cardiology
I am a visiting doctor (Non Resident)	<input type="checkbox"/>
i Kindly attach both sides of your QID in one file	
Qatar ID Number	<input type="text"/>
QID Expiry Date	<input type="text"/>
QID Scanned Copy	<input type="button" value="Choose File"/> No file chosen <small>Maximum File Size is : 2 MB</small>
<input type="button" value="Attach"/>	
Provisional License	
i Please note that the QID is mandatory for requesting a Provisional License	
Provisional License	<input type="checkbox"/>
Circular (10-2015) - Granting provisional licenses to healthcare practitioners	
Part-time Clinician License	
i Kindly tick the below option only if you are applying for Part-time clinician license	
Part-time Clinician License	<input type="checkbox"/>
Circular (03-2016) - Part-time Clinician Registration/Licensing Policy for healthcare practitioners	
i If your potential place of work is not already licensed, please select "Under Process".	
Place of work	
Institution Type	Under Process
Institution	Select
Contact Information	
i The following information will be used to contact you. Please make sure you enter accurate and valid contacts	
Corporate ID	<input type="text"/>
Landline Number	<input type="text"/>
Mobile Number*	<input type="text"/>
Email Address*	mophqchp@qchp.com
Address / P.O Box*	<input type="text"/>



3. Please fill all the information as per the highlighted asterisk

- ✓ Personal Declaration
- ✓ Personal Information & Identification Info.
- ✓ Complete Application For Removal From The Register
- ✓ Additional Information and Uploads
- ✓ Pay Fees and Submit Application

Complete Application For Removal From The Register
?

Select one of the following statements. I wish to have my account removed from the register of health practitioners

On the date this application is approved
 With effect on calendar to select date

(Note that the date must be within three months of this application)

Please answer the following questions, which are asked for our workforce statistics:

Note: Information provided shall be confidential and will not be communicated or shared with your employer or any other parties.

Are you retiring from practice? Select ▼

If you are not retiring

- In which country/countries are you planning to work? Select ▼

- Do you intend to work in the same scope of practice as you worked in Qatar? Select ▼

- If a different scope of practice, please specify. [Text Field]

- Would you consider returning to work in Qatar? Select ▼

Save
 Save and Close
 Close
 Reset

< Previous
Next >

4. Additional Information

- ✓ Personal Declaration
- ✓ Personal Information & Identification Info.
- ✓ Complete Application For Removal From The Register
- ✓ Additional Information and Uploads
- ✓ Pay Fees and Submit Application

Additional Information and Uploads

Additional Information:

Please provide additional information(if required) [Text Field]

Uploads:

Attachments :

Allowed file extensions are .PDF, .JPG, .DOC/DOCX, .PNG & .GIF

Select File Choose File No file chosen

Maximum File Size is : 2 MB

Max Resolution is 400 DPI

File Description [Text Field]

Add
 Reset

Save
 Save and Close
 Close
 Reset

< Previous
Next >



5. Click on Submit

<p>✓ Personal Declaration</p> <p>✓ Personal Information & Identification Info.</p> <p>✓ Complete Application For Removal From The Register</p> <p>✓ Additional Information and Uploads</p> <p style="background-color: #92d050; color: white;">✓ Pay Fees and Submit Application</p>	<p>Pay Fees and Submit Application</p>				
<div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <p>i There are No Fees For This Request Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Request Type:</td> <td style="padding: 5px;">Apply for Removal from the Registry</td> </tr> <tr> <td style="padding: 5px;">Request Transaction ID:</td> <td style="padding: 5px;">259481</td> </tr> </table>		Request Type:	Apply for Removal from the Registry	Request Transaction ID:	259481
Request Type:	Apply for Removal from the Registry				
Request Transaction ID:	259481				
<p> Save Save and Close Close Reset Previous Submit </p>					

After Submission, your request will show (Pending with employer) which means your authorized focal point should approve your request via the institution account.

View

e-License
 Profile
 CPD ePortfolio
 Issued e-Jazas
 View Surgical Privilege/Evaluation Requests
 Online Payment Receipts

✓ Create and Submit Requests

e-Jaza
 Apply for Renewal
 Apply to Change Place of Work
 Apply to add/change scope of practice

Apply to Update Personal Information
 Apply for a Certificate of Good Standing
 Apply for a Radiation License

Apply for Renewal of Radiation License
 Apply for Removal from the Registry
 Apply for Restoration to the Registry

Apply for Additional Place of Work

View & track status of my requests

Request Type:	Select	Request Status:	Select
Request Date From:		Request Date To:	

Search

Request No.	Request Type	Date of submission to Employer	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
259481	Apply for Removal from the Registry	31/10/2016	----	----	Pending with employer		

After Employer approval the request will be evaluated by QCHP.

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