

Circular No. (3/2015)

From	Qatar Council for Healthcare Practitioners (QCHP)
To	<ul style="list-style-type: none">All healthcare facilities focal points in the State of Qatar (Governmental/ Private sectors)All healthcare practitioners from all categories in the State of Qatar (Governmental/Private sectors)
Subject	Granting Provisional Licenses for all Healthcare Practitioners
Date	9-2-2015

“Registration department in Qatar Council for Healthcare practitioners presents to you its compliments”

With reference to the subject mentioned above, and in order to improve the efficiency of the Registration/Licensing process while ensuring patient safety, and to prevent any delay in completing the registration/licensing applications for all healthcare practitioners, it has been decided to:

1. Grant provisional licenses for all Healthcare Practitioners.
2. Provisional Licenses shall be valid for a maximum period of **6 month**)- non-renewable, meanwhile the completion of registration and licensing procedures should be finalized to practice in both governmental/ private health sectors provided that all other requirements of registration and licensing have been met.
3. Provisional license will be granted after completing the evaluation process successfully including sitting for the qualifying exam.
4. The practitioner must apply for an electronic license application during the provisional license validity time frame and meet all the licensing requirements according to the policies and procedures of registration/ licensing (available on the QCHP website: www.qchp.org.qa).

Note:

In case of negative verification reports and proven incidents of fraud, the license will be suspended and practitioner will be banned from practicing immediately and case will be reported directly to the Permanent Licensing Committee (PLC) for blacklisting procedures.

Thank you for your kind cooperation.

Registration Team / Qatar Council for healthcare practitioners.

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, 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, 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....).

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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