

Application Guide – Medical Licensing

Please read the following instructions carefully, as proper and timely completion and submission of your application is essential for consideration of your appointment in HMC. You are to complete **two (2)** steps:

- A. Apply for Primary Source Verification on **DataFlow** (all applicants need to pay) ***unless advised not to apply**
- B. Apply for Evaluation on **Qatar Council for Healthcare Practitioners (QCHP) website** (HMC applicants are exempt from paying)

***Once the application for Evaluation has been submitted, please send the Request Transaction Number to the Credentialing officer. The application will then be submitted by the Employer (HMC Licensing Analyst) before it goes Under Process with the QCHP. Please note that the QCHP communicates directly with the applicant regarding any feedback on applications and so, it is important for the applicant to inform the Credentialing team of any feedback (missing documents, approval of evaluation, etc.) that they may get.**

A. Step 1 - Primary Source Verification [DataFlow]

a. Documents to be verified:

I. New Application

- Primary Degree
- Highest Post Graduate Degree
- Work Experience for last **FIVE** years
- Medical License for current place of work

II. Applicants holding Dataflow report from other authorities:

(Refer to <https://www.dataflowgroup.com/faq.html>). The old report will have to be transferred to the QCHP. For this, applicants will have to send Dataflow:

- The old Dataflow report
- Any additional documents that may have to be verified under QCHP requirements (please refer to requirements under New Applicant).

Save all the documents as a **ZIP** file and upload them to https://forms.na1.netsuite.com/app/site/crm/externalcasepage.nl?compid=3856436&formid=4&h=ce6e945cdde28f83f50e&redirect_count=1&did_javascript_redirect=T. Under **Nature of Query** – select **Report Transfer, Detailed nature of Query** – select **Report Transfer Request**. The cost of Report Transfer is **200QAR (plus the costs of any additional verification)**.

b. How to apply:

1. Online application through the electronic verification system using the link <http://www.dfgsch.com>, which permits the Healthcare Practitioner to create individual accounts, apply for online verification, e-payment and follow-up on the application. Please make sure that the information entered is accurate so as to avoid delays in the verification process.
2. Download the DataFlow application form from the QCHP website by visiting <https://d2vcob0ykg520b.cloudfront.net/app/media/1451>. Complete the form, attach the required documents, a copy of the bank transfer fees and upload them as a **ZIP** file to https://forms.na1.netsuite.com/app/site/crm/externalcasepage.nl?compid=3856436&formid=4&h=ce6e945cde28f83f50e&redirect_count=1&did_javascript_redirect=T.
3. Physically hand over the application at the DataFlow counter in the Ministry of Public Health building

c. Additional notes:

Verification Price List

Verification Element	Description	Price
New Applications		
Physicians and Dentists	1. Two Educational Degrees 2. One Professional License 3. Last Five years of experience	QAR 880
Allied Health Care Professionals	1. One Educational Degree 2. One Professional License 3. Last Three years of experience	QAR 660
Retrospective Applications		
Physicians and Dentists working in Qatar for more than FIVE Years	1. Two Educational Degrees 2. One Professional License	QAR 550
Allied Health Care Professionals working in Qatar for more than THREE Years	1. Two Educational Degrees 2. One Professional License	QAR 550
Additional Verification		
Additional Documents	Additional Educational Degree	QAR 330
	Additional Professional License	QAR 110
	3 years additional employment screening, Also applicable if applicant has more than TWO	QAR 110

- For any queries, enter information into the **Contact Us** page on Dataflow website (https://forms.na1.netsuite.com/app/site/crm/externalcasepage.nl?compid=3856436&formid=4&h=ce6e945cdde28f83f50e&redirect_count=1&did_javascript_redirect=T)

B. Step 2 - Application for Evaluation

a. General notes:

- Needs to be completed before physician arrives/lands in Qatar. HR needs an approved Evaluation to process joining formalities.
- First step** in the licensing process. The second step is the **Application for Licensing**, which is to be completed once the applicant is in the country.
- An approved Evaluation is required to obtain a **Provisional License [valid for 6 months]**. An applicant **CANNOT** start clinical practice without a Provisional License.
- Determines eligibility for Permanent License (*however, an approved Evaluation **does not** guarantee obtaining a permanent license*)
- Takes a minimum of 25 working days to process

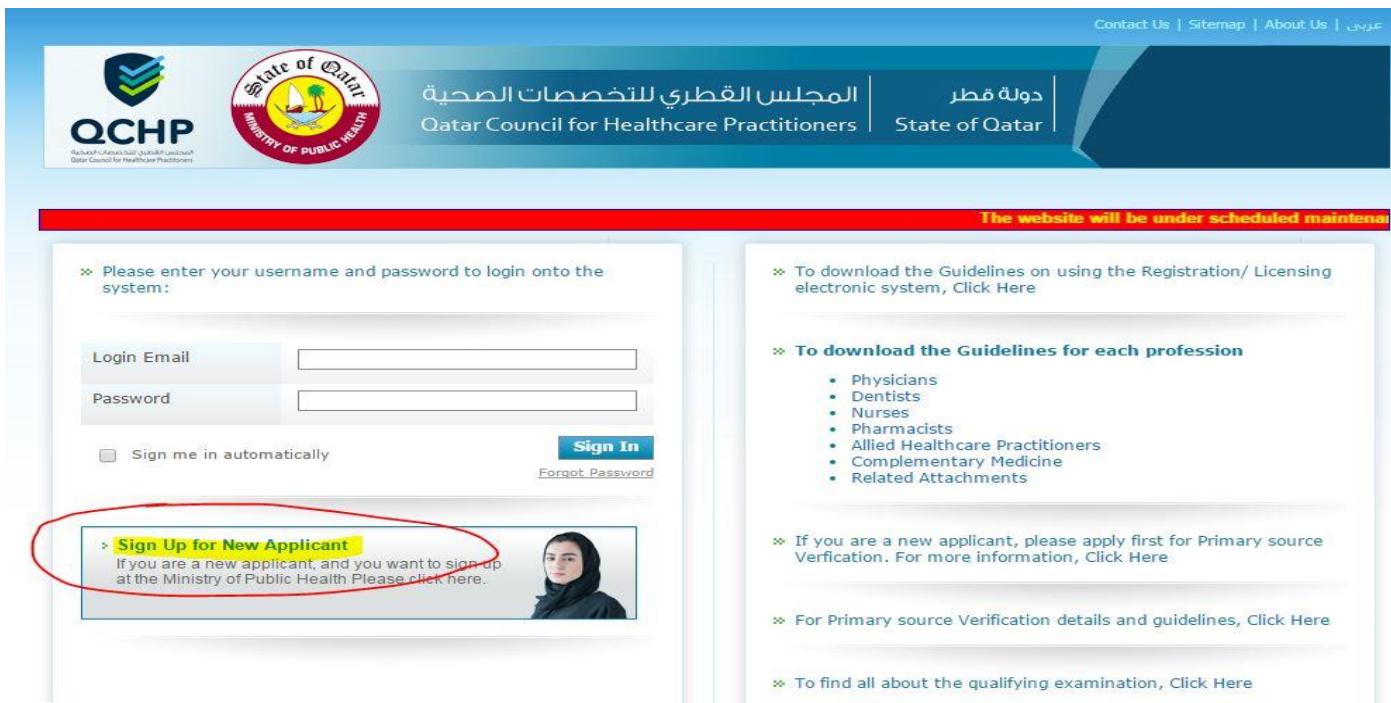
How to apply:

1. Go to www.qchp.org.qa and click on **Login to the Medical Licensing Registration System**

(Use a PC or Laptop - iPad, tablets or smart phones cannot be used. Make sure browser is IE7 or Chrome)



2. Click on **Sign up for New Applicant**.



3. Create an account by entering an email address and password

(Password should contain letters A-Z, numbers 0-9 and special characters!@#\$%^&*)

User Registration- New User

E-mail*

Confirm E-mail*

Password*

Confirm Password*

First Name*

Last Name*

Enter Code * 040238

Sign Up **Reset**

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4. After creating the account, activate it by clicking on the link in the email sent by the QCHP.

5. Login to the account created and click on **Apply for Evaluation**.

Welcome : Aparna Nair - You may perform the following actions:

» - Apply for evaluation » - Apply for licensing » Print Receipt for Online Payments » - Change my place of work

Status of my applications:

Search

Request No	Request Type	Request Submission Date	Completion Date	Current Status	Remove	Edit
177620	Apply for Evaluation	----	----	Not completed by applicant		

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6. In the **Personal Declaration**, tick all the boxes and click on Next (to go to the next page)

7. In the **Personal Information and Identification Info** page,

a. Upload copy of valid Passport

b. Upload a personal photograph with a **White Background**

Attachments Description Remove

flower-Passport-177620.jpg

Personal Photo: Please upload your Photo of same size as passport photo with White background

Choose File No file chosen
Maximum File Size is : 2 MB
Dummy-Photo-177620.jpg

Attach

Gender * Female

Nationality * Bahrain



Part-time Clinician License

Kindly tick the below option only if you are applying for Part-time clinician license

Part-time Clinician License Check only if you need a Part-time Clinician License

c. **Select I am a visiting doctor (Non Resident) if you are a LOCUM applicant**

Kindly tick the below option only if you are applying for Part-time clinician license

Part-time Clinician License Check only if you need a Part-time Clinician License

Profession

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

Provisional License Check if you need Provisional License

Profession * Physician

Scope Of Practice* Cardiology

I am a visiting doctor (Non Resident) I am a visiting doctor (Non Resident)

Visa Number

Contact Information

The following information will be used to contact you. Please make sure to enter accurate and valid contact

POBox

Corporate ID

8. In the **Place of work Information** page, select

- Governmental** under Institution Type
- Hamad Medical Corporation** under Institution



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QCHP Qatar Council for Healthcare Practitioners | دولة قطر State of Qatar

Place of work information

If your potential place of work is not already licensed, please Select "Under Process"

- I know that the institution is aware that I am applying for it.
- If you selected Under process, please upload primary inspection approval in the comments and uploads section.

Institution Type: Governmental

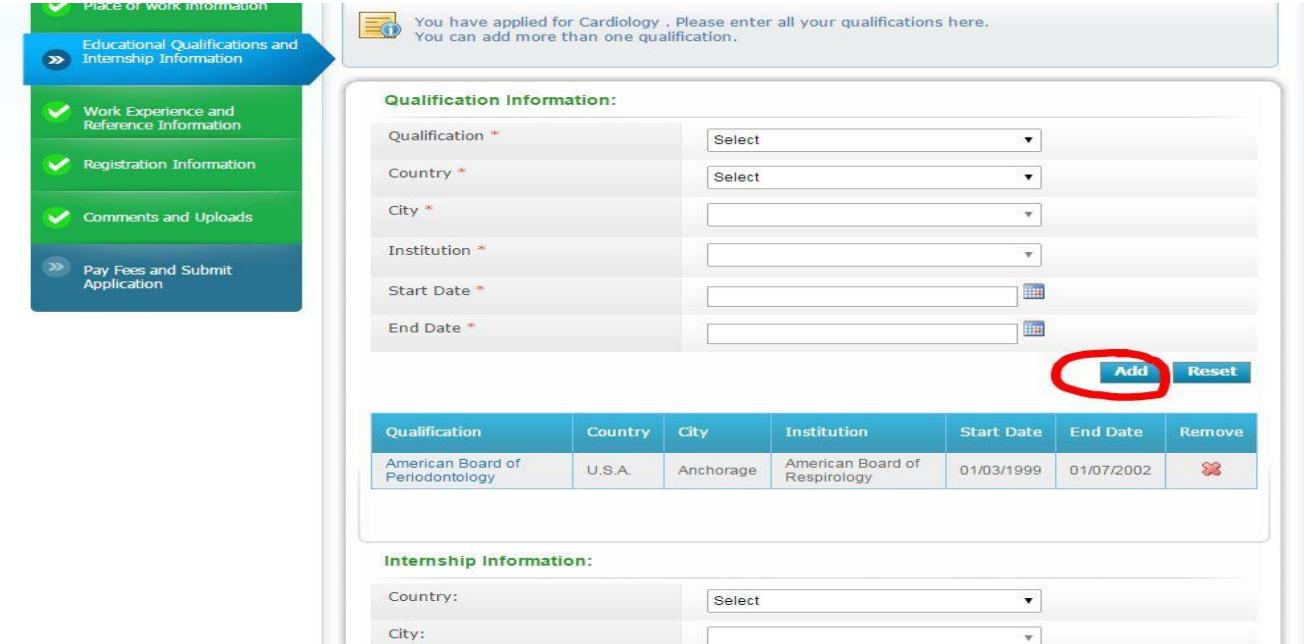
Institution: Hamad Medical Corporation

Save | Save And Close | Cancel | Reset | Previous | Next

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9. In the **Educational Qualifications and Internship Information** page,

- Include the information for **Primary Degree** and **Highest Post Graduate Degree**. Click on Add after every entry to save the information as a record on the page. The Internship and Training information need not be uploaded.



Place of work Information

Educational Qualifications and Internship Information

You have applied for Cardiology . Please enter all your qualifications here.
You can add more than one qualification.

Qualification Information:

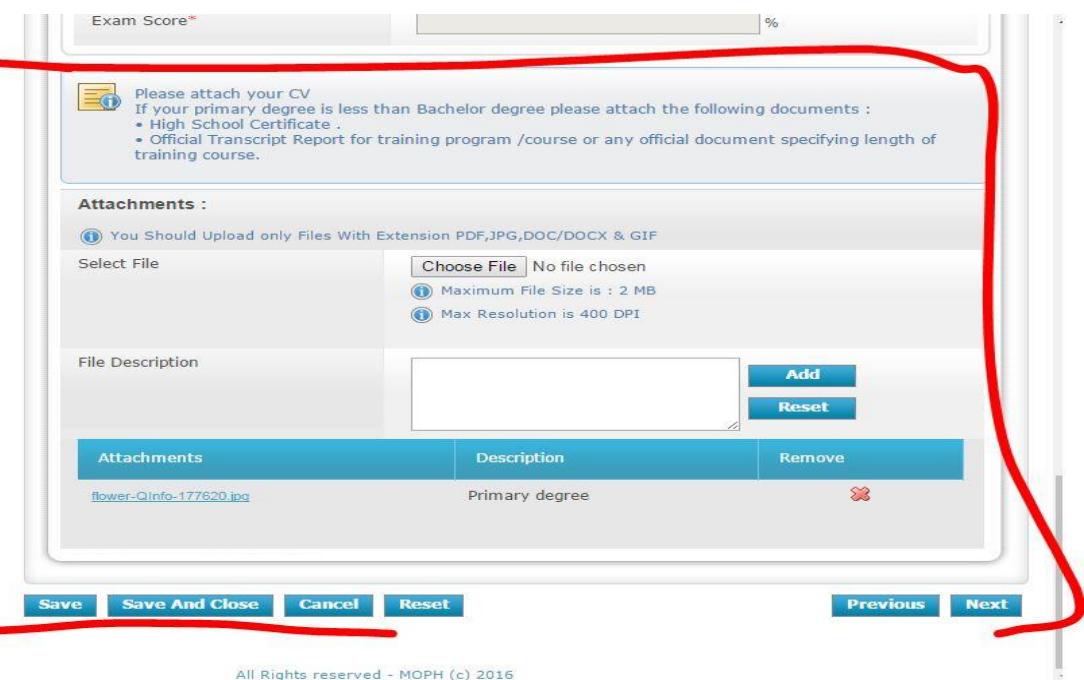
Qualification *	Country	City	Institution	Start Date	End Date	Remove
American Board of Periodontology	U.S.A.	Anchorage	American Board of Respiriology	01/03/1999	01/07/2002	

Add **Reset**

Internship Information:

Country:	Select
City:	Select

b. Upload a copy of the **updated CV**, the **primary degree certificate**, the **highest post graduate degree certificate** and, **proof of any other relevant educational qualifications**. Applicants holding Indian qualifications are required to upload the mark-sheets/transcripts.



Exam Score* %

Please attach your CV
If your primary degree is less than Bachelor degree please attach the following documents :
• High School Certificate .
• Official Transcript Report for training program /course or any official document specifying length of training course.

Attachments :

(i) You Should Upload only Files With Extension PDF,JPG,DOC/DOCX & GIF

Select File No file chosen
(i) Maximum File Size is : 2 MB
(i) Max Resolution is 400 DPI

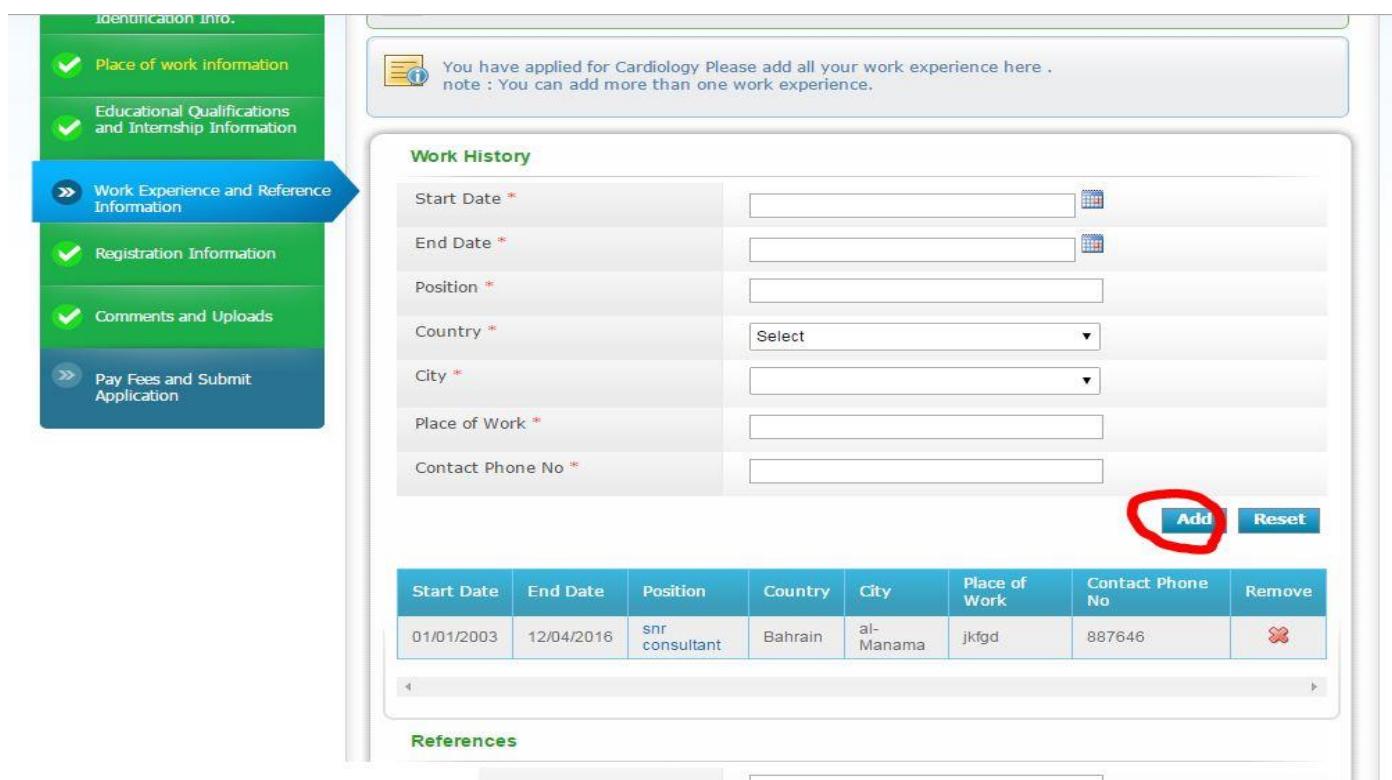
File Description

Attachments	Description	Remove
flower-QInfo-177620.jpg	Primary degree	

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10. In the **Work Experience and Reference Information** page,

a. Include the employment details for the last **FIVE** years. Click on Add after every entry to save the information as a record on the page. The References need not be uploaded.



Identification Info.

- Place of work information
- Educational Qualifications and Internship Information
- Work Experience and Reference Information
- Registration Information
- Comments and Uploads
- Pay Fees and Submit Application

You have applied for Cardiology Please add all your work experience here .
note : You can add more than one work experience.

Work History

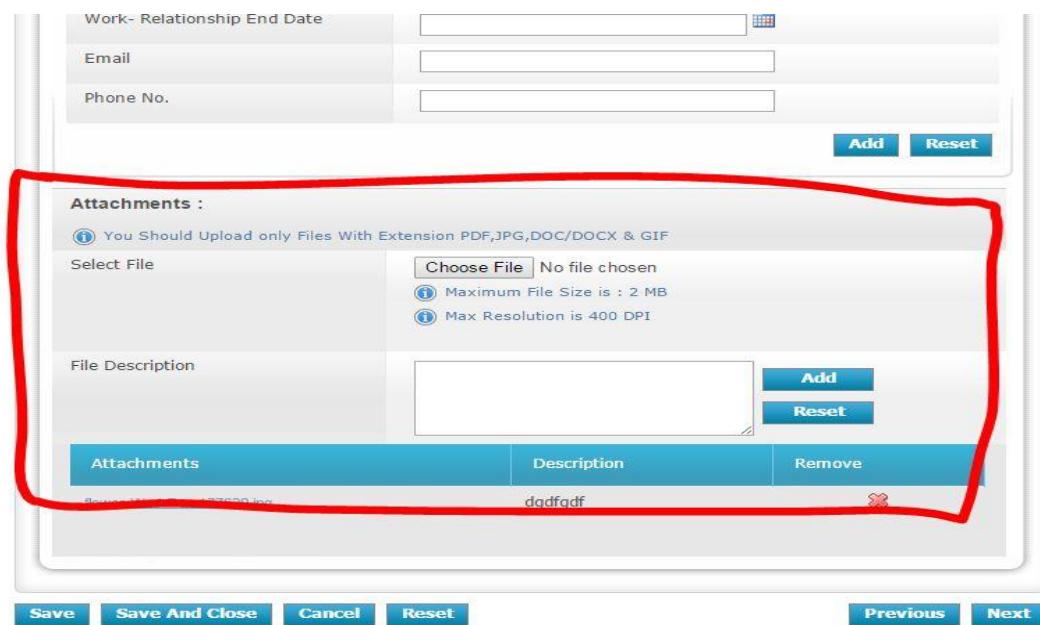
Start Date *	<input type="text"/>
End Date *	<input type="text"/>
Position *	<input type="text"/>
Country *	<input type="text"/>
City *	<input type="text"/>
Place of Work *	<input type="text"/>
Contact Phone No *	<input type="text"/>

Start Date	End Date	Position	Country	City	Place of Work	Contact Phone No	Remove
01/01/2003	12/04/2016	snr consultant	Bahrain	al-Manama	jkfgd	887646	

References

b. Upload **Work Experience Certificates or Letters of Employment** issued by the HR/Admin/Practice Manager at places of work. QCHP will NOT accept Letters of Recommendation or Reference Letters.

Please upload an Explanation letter for Break in Practice (if applicable), signed and stamped by applicant.



Work- Relationship End Date:

Email:

Phone No.:

Add **Reset**

Attachments :

Info: You Should Upload only Files With Extension PDF,JPG,DOC/DOCX & GIF

Select File: No file chosen

File Description:

Choose File **Add** **Reset**

Info: Maximum File Size is : 2 MB

Info: Max Resolution is 400 DPI

Attachments **Description** **Remove**

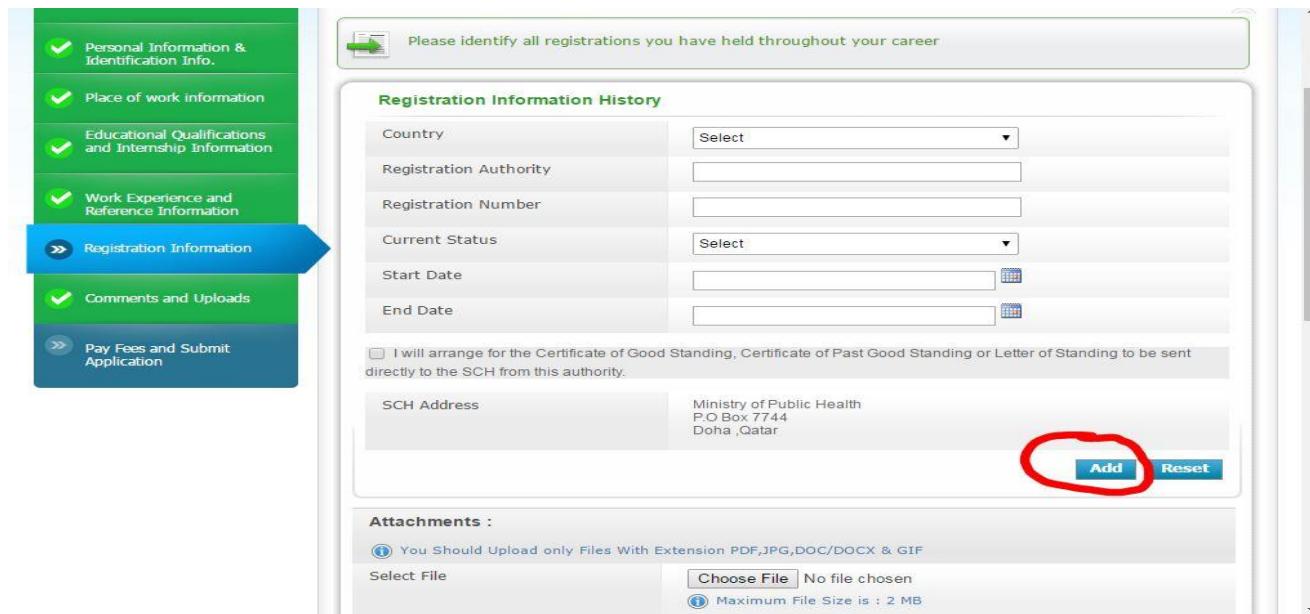
Report_1234567890.jpg dadfafdf 

Save **Save And Close** **Cancel** **Reset** **Previous** **Next**

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11. In the **Registration Information** page,

a. Include the **Medical Licensing/Registration** information for the last **FIVE** years of employment. Click on Add after every entry to save the information as a record on the page.



Personal Information & Identification Info.

Place of work information

Educational Qualifications and Internship Information

Work Experience and Reference Information

Registration Information

Comments and Uploads

Pay Fees and Submit Application

Please identify all registrations you have held throughout your career

Registration Information History

Country:

Registration Authority:

Registration Number:

Current Status:

Start Date:

End Date:

I will arrange for the Certificate of Good Standing, Certificate of Past Good Standing or Letter of Standing to be sent directly to the SCH from this authority.

SCH Address: Ministry of Public Health
P.O Box 7744
Doha ,Qatar

Add **Reset**

Attachments :

Info: You Should Upload only Files With Extension PDF,JPG,DOC/DOCX & GIF

Select File: Choose File No file chosen

Info: Maximum File Size is : 2 MB

b. Tick the box to send the Good Standing letter/certificate from the Registration Authority directly to the QCHP.

- Can be sent by Post to **Registration Section, Medical Licensing, Qatar Council for Healthcare Practitioners, P.O. Box: 7744, Doha, Qatar**
- Can be sent by email to qchpgoodst@moph.gov.qa
- Can be delivered by hand, in a sealed envelope, to the Ministry of Public Health building

Work Experience and Reference Information

Registration Information

Comments and Uploads

Pay Fees and Submit Application

Registration Number: _____

Current Status: Select

Start Date: _____

End Date: _____

I will arrange for the Certificate of Good Standing, Certificate of Past Good Standing or Letter of Standing to be sent directly to the SCH from this authority.

SCH Address: Ministry of Public Health
P.O Box 7744
Doha ,Qatar

Add Reset

Attachments :

(i) You Should Upload only Files With Extension PDF,JPG,DOC/DOCX & GIF

Select File Choose File No file chosen

(i) Maximum File Size is : 2 MB

(i) Max Resolution is 400 DPI

c. For countries that do not have a registration authority, tick this option to send Employer Reference Forms directly from the employer to the QCHP.

Please also arrange for Certificates of Good Standing to be sent directly to the SCH for from any registration authority with which you have held an active license over the past five years. In cases where you are no longer registered, this may be known at your organization authority as as a Certificate of Past Good Standing.

The Certificate of Good Standing or Certificate of Past Good Standing must:

- Confirm that you are entitled to practise in the appropriate country
- State that you were not disqualified, suspended or prohibited from practicing within your scope
- State that the regulatory authority is not aware of any matters that call into question your good standing
- State the start and end date of the registration.

If you are unable to meet this criteria and therefore unable to get a Certificate of Good Standing or Certificate of Past Good Standing, please obtain a Letter or Standing from the registration authority.

If there is no registration authority in the country to issue Certificates of Good Standing, Certificates of Past Good Standing, or Letters of Standing you will need to ask your employer(s) in each of those countries to complete the Employer Reference Form.

Once you have arranged for your documents to be sent directly to the SCH, please confirm the statements below that apply:

I have arranged for Certificates of Good Standing, Certificates of Past Good Standing or Letters of Standing to be sent directly to the SCH from the following registration authorities:

I will arrange for Employer Reference Forms to be sent from the countries where there is no registration authority

Note that Certificates of Good Standing, Certificates of Past Good Standing, Letters of Standing, and Employer Reference Forms must be sent directly from registration bodies to the SCH. These documents are not accepted directly from Applicants

Save Save And Close Cancel Reset Previous Next

12. In the **Comments and uploads** page,

- Enter any additional information required, without using any special characters.
- Upload a copy of the **Dataflow receipt** to the Attachments

The screenshot shows a step in the application process. On the left, a vertical green sidebar lists completed steps: Personal Information & Identification Info, Place of work information, Educational Qualifications and Internship Information, Work Experience and Reference Information, and Registration Information. A blue arrow points to the 'Comments and Uploads' step, which is currently active. Below this, another blue arrow points to the 'Pay Fees and Submit Application' step. The main content area has a light gray background. At the top, a note says: 'This is an optional step. You can add any comments or attach any documents that are related to your application here.' Below this is a 'Comments:' section with a text input field labeled 'Type in your comments :'. A red circle highlights this field. Below it is an 'Attachments:' section with a file input field labeled 'Select File' and a 'Choose File' button. A note above the file input says: 'You Should Upload only Files With Extension PDF,JPG,DOC/DOCX,BITF'. Below the file input are two informational notes: 'Maximum File Size is : 2 MB' and 'Max Resolution is 400 DPI'. A red circle highlights the 'Choose File' button and these notes. At the bottom of the page are buttons for 'Save', 'Save And Close', 'Cancel', 'Reset', 'Previous', and 'Next'.

13. In the **Pay Fees and Submit** page,

- Note down the Request Transaction ID (which is to be sent to the Credentialing Officer)
- Submit the application by clicking on Submit

It is important for the applicant to inform the Credentialing officer once the application has been submitted so as to avoid delays in submitting the application from the Employer's end.

The screenshot shows the 'Pay Fees and Submit Application' page. At the top, the QCHP logo, the State of Qatar Ministry of Public Health logo, and the text 'المجلس القطري للتقنيات الصحية' and 'Qatar Council for Healthcare Practitioners' are displayed. The page title is 'Pay Fees and Submit Application'. A note says: 'There are No Fees For This Request. Evaluation request will be processed within 25 days after Employer Submission. There is no payment for Send back requests kindly submit to proceed. Police Clearance request will be processed within 10 days after Employer Submission.' Below this is a 'Request Type' dropdown set to 'Apply for Evaluation' and a 'Request Transaction ID' input field containing '177620', which is circled in red. At the bottom are buttons for 'Save', 'Save And Close', 'Cancel', 'Reset', 'Previous', and 'Submit' (which is circled in red).

Additional Notes:

- I. Requirements to obtain a Provisional License (please approach your department Focal Point for help with these once you join HMC):**
 - a. Recruitment Candidates:
 - Qatar ID
 - Undertaking letter for Provisional License – signed and stamped by applicant and stamped by facility
 - Evaluation report
 - b. Locum Candidates:
 - Blood test report (*to be done at HMC*)
 - Chest XRay report (*to be done at HMC*)
 - Police Clearance Certificate (Please bring along a PCC from your home country, which has been attested by the Qatar Embassy and the Ministry of Foreign Affairs [*or other relevant authority*] in your home country)
 - Undertaking letter for Provisional License – signed and stamped by applicant and stamped by facility
 - Evaluation report
- II. Requirements for Application for Licensing (please approach your department Focal Point for help with these once you join HMC):**
 - a. Recruitment Candidates:
 - Qatar ID
 - Police Clearance Certificate (Please bring along a PCC from your home country, which has been attested by the Qatar Embassy and the Ministry of Foreign Affairs [*or other relevant authority*] in your home country. Upon arrival in Qatar, the PCC needs to be attested by the Ministry of Foreign Affairs here and then submitted to the CID office, along with a copy of the MOI letter sent to the applicant, for a PCC for Qatar)
 - Blood test results (*to be done at HMC*)
 - Chest XRay report (*to be done at HMC*)
 - Valid CPR course certificates
 - Dataflow report
 - Certificate of Good Standing sent from registration authorities to QCHP
 - b. Locum Candidates:
 - Police Clearance Certificate (Please bring along a PCC from your home country, which has been attested by the Qatar Embassy and the Ministry of Foreign Affairs [*or other relevant authority*] in your home country)
 - Blood test results (*the same report used for Provisional License*)
 - Chest XRay report (*the same report used for Provisional License*)
 - Valid CPR course certificates
 - Dataflow report
 - Certificate of Good Standing sent from registration authorities to QCHP

For any assistance, email/contact your Credentialing officer OR the MSO Licensing Focal Point at anair10@hamad.qa.