

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=ce6e945cddde28f83f50e&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=ce6e945cddde28f83f50e&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!@#\$%^&*)

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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**.

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[Change your password](#) [Sign Out](#)

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 Type: Select Request Status: Select

Request Date From: Request Date To:

[Search](#)

Request No	Request Type	Request Submission Date	Completion Date	Current Status	Remove
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)

The screenshot shows the 'Personal Declaration' page of the Qatar Council for Healthcare Practitioners (QCHP) website. The page has a blue header with the QCHP logo, the State of Qatar emblem, and navigation links in Arabic and English. A sidebar on the left lists the application steps: Personal Information & Identification Info, Place of work information, Educational Qualifications and Internship Information, Work Experience and Reference Information, Registration Information, Comments and Uploads, and Pay Fees and Submit Application. The main content area is titled 'Personal Declaration' and contains five checkboxes, all of which are checked. The checkboxes are: 'I certify that I am the person applying to the Ministry of Public Health for registration, that I am the person named in the submitted documents and that the information I have given is true and correct.', 'I understand that any license or approval that may result from this application will be void if I have made any false or misleading representations or declarations in this application through error or omission.', 'I authorize the Ministry of Public Health to post my professional information on a publicly available register of licensed practitioners should my application be successful.', 'I certify that the information contained in this application form or accompanying documents is correct to the best of my knowledge and belief', and 'I understand that I will be liable to penalties prescribed under the law if I fail to comply with the obligation to declare, or provide complete and correct information.' At the bottom of the form are buttons for 'Save', 'Save And Close', 'Cancel', 'Reset', 'Previous', and 'Next'. The 'Next' button is circled in red.

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

a. Upload copy of valid Passport

The screenshot shows the 'Personal Information and Identification Info' page of the QCHP website. The page has a blue header with the QCHP logo, the State of Qatar emblem, and navigation links in Arabic and English. A sidebar on the left lists the application steps: Personal Information & Identification Info, Place of work information, Educational Qualifications and Internship Information, Work Experience and Reference Information, Registration Information, Comments and Uploads, and Pay Fees and Submit Application. The main content area is titled 'Personal Information' and contains a form with the following fields: First Name On Passport, Middle Name(s) On Passport, Family Name On Passport, First Name On Passport - Ar, Middle Name(s) On Passport - Ar, Family Name On Passport - Ar, Passport Number, Date of Birth, Passport Country, Passport Expiry Date, and Passport Scanned Copy. The 'Passport Scanned Copy' field is highlighted with a red circle. Below this field, there is a message: 'You Should Upload your files With Extension PNG, DOC/DOCX & GIF'. Below this message, there is a 'Select File' button, a 'Choose File' button, and a 'No file chosen' button. Below these buttons, there are two informational messages: 'Maximum File Size is : 2 MB' and 'Max Resolution is 400 DPI'. At the bottom of the form are buttons for 'Add' and 'Reset'.

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

This screenshot shows the 'Personal Photo' upload section of a form. At the top, there is a table with columns 'Attachments', 'Description', and 'Remove'. The first row contains the file 'flower-Passport-177620.jpg' with a red 'X' icon in the 'Remove' column. Below this table, the 'Personal Photo:' label is followed by instructions: 'Please upload your Photo of same size as passport photo with White background'. There is a 'Choose File' button, a status 'No file chosen', and a note 'Maximum File Size is : 2 MB'. An 'Attach' button is present next to a placeholder image of a smiley face. Below the photo section, there are dropdown menus for 'Gender' (set to 'Female') and 'Nationality' (set to 'Bahrain').

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

This screenshot shows the 'Profession' and 'Contact Information' sections of a form. The 'Part-time Clinician License' section at the top has a checkbox that is not checked. The 'Profession' section includes a note about QID being mandatory for provisional licenses. It has a 'Provisional License' checkbox (unchecked), a 'Profession' dropdown set to 'Physician', and a 'Scope Of Practice' dropdown set to 'Cardiology'. The checkbox 'I am a visiting doctor (Non Resident)' is checked and circled in red. Below this is a 'Visa Number' input field. The 'Contact Information' section at the bottom has a note about accurate contact information and input fields for 'POBox' and 'Corporate ID'.

8. In the **Place of work Information** page, select
- Governmental** under Institution Type
 - Hamad Medical Corporation** under Institution

QCHP
Qatar Council for Healthcare Practitioners

State of Qatar
MINISTRY OF PUBLIC HEALTH

المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners

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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

Work Experience and Reference Information

Registration Information

Comments and Uploads

Pay Fees and Submit Application

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

Qualification Information:

Qualification * | Select

Country * | Select

City * |

Institution * |

Start Date * |

End Date * |

Add | Reset

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	

Internship Information:

Country: | Select

City: |

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

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

File Description

Attachments	Description	Remove
flower-QInfo-177620.jpg	Primary degree	<input type="button" value="X"/>

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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 *

End Date *

Position *

Country *

City *

Place of Work *

Contact Phone No *

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	<input type="button" value="X"/>

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 :

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

Select File

Choose File No file chosen

Maximum File Size is : 2 MB

Max Resolution is 400 DPI

File Description

Add

Reset

Attachments	Description	Remove
dadfdf		X

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 Select

Registration Authority

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 :

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

Select File

Choose File No file chosen

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 gchpgoodst@moph.gov.qa
 - Can be delivered by hand, in a sealed envelope, to the Ministry of Public Health building

- 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.

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

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

This is an optional step . You can add any comments or attach any documents that are related to your application here.

Comments:

Type in your comments :

Uploads:

Attachments :

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

Select File

Choose File No file chosen

Maximum File Size is : 2 MB

Max Resolution is 400 DPI

File Description

Add

Reset

Save Save And Close Cancel Reset Previous Next

javascript:_doPostBack('ctl00\$PlaceHolderMain\$WizardSteps...

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

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

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

Personal Declaration

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

Pay Fees and Submit Application

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

Request Type: Apply for Evaluation

Request Transaction ID: 177620

Save Save And Close Cancel Reset Previous Submit

QCHP

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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.