

# C. Apply for Licensing User manual

On approval of evaluation from DHP, the applicant can apply for licensing.

Enter applicant's DHP account Username and password on login tab.

Login/Sign In	Register/Sign Up	Guidelines
Login		
Username		
Please enter	your User Name	
Password		
Please enter	your Password	
Sign In 🕇	d	

# 1. After Successful login, kindly choose Apply for Licensing

Requests	Welcome: Te	est Account - You m	nay perform the following	q actions:				
Apply for Evaluation			•••	-				
pply for Additional Place of Vork	View & track st	atus of my requests						
pply for Temporary License	Search							
ply for Licensing	Request Type:		Request Status:	F	Request Date From:	Request Date 1	io:	
ply for Change Place of rk	Select		▼ Select	•		<b>#</b>		ŧ
rint :	Q Saarab							
Contact Information								
	Request No.	Request Type	Applicant Submission Date	Date of submission to QC	CHP Date of Completion	Current Status	Remove	Comment
		Apply for Evaluation	29/03/2021	29/03/2021	30/03/2021	Application Completed		0

### 2. Please read through the declaration statements and click on the required points

Personal Declaration  Are by declare the information and documents I provide to QCHP are true and verifiable to the best of my knowledge and I bear responsibility for any  undertake that I must inform QCHP of any past or current criminal charges or convictions. I will also inform the Council of any physical or mental conditions that are paradize my ability to provide quality health care. I also undertake that as long as I am licensed by QCHP I will provide them with any updates regarding the formation.  I there authorize the release of my license details and information shared with QCHP, including derogatory information, to the concerned authorities having a gittmate need for the information and release QCHP from all liability for the release of this information.  I hereby declare the above mentioned statements.  Are the the following scanned documents before you proceed with the application:  Q and P blice Clearance from Qatar Are the following scanned documents before you proceed with the application:  Q and P blice Clearance from Qatar P blice Clearance form P blice P	Personal Declaration	Personal and Professional Informatic	n Medical Information	Verification Report and Additional Information	Pay Fees and Submit Application
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ease make sure you have the following scanned documents before you proceed with the application: QID Police Clearance from Qatar Medical Fitness Report CPR certificates (as required by your scope of practice) Primary source verification report Confirmation that your certificate of good standing has been received by QCHP	I hereby declare the	above mentioned statements.			
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CPR certificates (as required by your scope of practice) Primary source verification report Confirmation that your certificate of good standing has been received by QCHP	Medical Fitness Repo	ort			
Primary source verification report	CPR certificates (as re	equired by your scope of practice)			
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	Confirmation that you	ur certificate of good standing has b	een received by QCHP		
Save and Close Creset	Save Save	e and Close X Close C Re	et		← →



3. Please fill out all the information as per the asterisks

	•			Mark and a			•
Personal Declaration Personal a	and Professional Information	on Medi	cal Information	Verificatio	n Report and	Additional Information	Pay Fees and Submit Application
Personal and Professional Information							
Personal Information							•
First Name on Passport*		Middle Name(s) on Passpor	t			Last Name on Passport*	
John						Doe	
First Name on Passport - Arabic*		Middle Name(s) on Passpor	t - Arabic			Last Name on Passport - Arabic*	
Gender* Male	-	Date of Birth*			曲	Nationality*	
Passport Number*		Passport Expiry Date*					
CM12345		04/04/2022			曲		
Personal Photo:							•
Please select a file							
Maximum File Size is : 2 MB							
Photo1-Photo-1023362.JPG						Ŵ	
Circular (04-2014) - Required Specifications of the Personal Photograph for	Medical License Cards						
Profession							`
Profession*	-	Scope Of Practice*			•		
	•				-		
Vien Dotaile							
Visa Details							
Kindly attach both sides of your QID in one file				OID Scanned Copy			
28635605506	08/12/2022		曲	Please select a file			
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				CM1-QID-207664.jpg			
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Please select a file				National Number			
Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG	, .DOC/.DOCX, .PNG & .GIF			National Inf Convert			
Attachments		Remove		Please select a file	osd your Home	country National Id	
Employer account-Passport-207884.pdf		1		Maximum File Size is :	2 MB		
Place of work							
If your potential place of work is not already licensed, please select     Institution Taxo	"Under Process".			Institution			
Semi Governmental			-	Provisional-Complementary N	/ledicine		-
Contact Information							
The following information will be used to contact you	J. Please make sure w	ou enter accurate and vali	id contacts				
Mobile Number*	mane sure y	Email Address*					
00918136880010		complementarymedicine®w	vipro.com				
Address / P.O Box*							
SCH							
					11		
Police Clearance Documents							
Presse attach your police clearance from Qatar.							
Maximum File Size is : 2 MB. Allowed file extensions are .PDF, J	PG, .DOC/.DOCX, .PNG & .GI	F					h
						-	
Attachments		Description				Remove	
Save and Close X Close	C Reset						← →



4. Please fill Medical Information and CPR course information

ersonal Declaration	Personal and Professional In	formation	Medical Information	Verification Report and Additional Infor	mation Pay Fees and Submit Applicat
dical Informatio	n & CPR				
R					
⊖ The CPR course is a	achieved O The CPR cours	e is not achiev	ved		
ood Test Results					
⊖ Blood Test Results	are available 🛛 Blood Test	Results will b	e sent Directly to MC	PH	
Save Save	and Close X Close	C Reset			<del>\</del>
Jpload Verifica	ition report				
				•	
ification Report	: and Additional Info	rmation			
ification Report ditional Information Please attach the Prin prification Report Please select a file Maximum File Size is .GIF	t and Additional Info	ease add any con	nments and/or attach any	supporting documents that are relevant to your a	application.
ification Report dditional Information Please attach the Prir arification Report Please select a file Maximum File Size is .GIF	t and Additional Infor	rmation	nments and/or attach any	supporting documents that are relevant to your a File Description	application.
ification Report dditional Information Please attach the Prin Prification Report Please select a file Maximum File Size is .GIF tttachments	t and Additional Infor	rmation	nments and/or attach any DC/.DOCX, .PNG & Description	supporting documents that are relevant to your a File Description	application.
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6. Payment (if applicable) and Licensing application submission - Kindly follow the below steps for online payment

Personal Declaration Personal a	d Professional Information Medical Information Ver	ification Report and Additional Information	Pay Fees and Submit Application
Pay Fees and Submit Appli	cation		
Please note that there is no payment for sent b	ack requests, so please submit to proceed to the next stage.		
Request Type:	Request Transaction ID:	Request Fees:	
Apply for Licensing	1061840	1000 QR	
<ul> <li>Prease note that the tees are non-refundable</li> <li>confirm that I have attached the below di</li> <li>Passport</li> <li>Educational qualifications</li> <li>Work experience certificates</li> <li>Licensing exam (if required by your scope of Previous registration/medical license</li> <li>Primary source verification report</li> </ul>	ocuments in the application: f practice)		
Save Save and Close	se C'Reset		← Submit Ĵ

#### 1. Click here to pay online.

Online Payment	×
<ul> <li>Important Information: QCHP online payment has been modified for security reasons. Please read the below steps         <ul> <li>Click below link to Pay Online. This will open in new tab</li> <li>The below link will only be clickable once.</li> <li>If want to try to pay again, close this small windows and start from "Pay Fees and Submit Application" screen </li> <li>Once you finish the payment in the new tab, come back here and close this window</li> <li>Proceed and submit the request to QCHP</li> </ul> </li> </ul>	
Click here to Pay Online	
•	



### 2. Enter your Credit card information and Click on Pay Now"

## Qatar e-Government

Card number *	card		
Billing address Street 1 Street 2 City Postcode / Zipcode	State / Province Country Select Country		
Order details e-Service		The	TO TAL QAR: 100.00 بيال next screen you see may be payment card verification through your card issuer.

After successful payment submission, the request status will show as under process with DHP.

Welcome: Test Account - You may perform the following actions:

/iew & track	status of my reques	ots							
Search									*
Request Typ	be:	Request Status:		Request	Date From:		Request Date T	0:	
Select		▼ Select	-			曲			曲
	_								
Request No.	Request Type	Applicant Submission Date	Date of submission to	QCHP	Date of Completion	Current St	atus	Remove	Comments
207664	Apply for Evaluation	07/02/2016			20/03/2019	Applicatio	n Completed		Q
1023362	Apply for Evaluation	03/04/2021	03/04/2021		03/04/2021	Applicatio	n Completed	1	Q
1023367	Apply for Licensing	03/04/2021				Under pro	cess with QCHP	1	0

If you face any technical issues, please send an email to our technical support helpdesk: <u>DHPHelpDesk@moph.gov.qa</u>