



B. Change Place of Work User Manual

On approval of evaluation by DHP, the applicant can apply for a change place of work request.

Enter applicant's DHP account username and password on login Tab.

[Login/Sign In](#) [Register/Sign Up](#) [Guidelines](#)

Login

Username

Password

Sign In ↑

[Forgot Password](#)

1. After Successful login, kindly choose Apply for Change Place of Work

✓ Create and Submit Requests

Apply for Evaluation

Apply for Additional Place of Work

Apply for Temporary License

Apply for Licensing

Apply for Change Place of Work

Print

Contact Information

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

View & track status of my requests

Search

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

Search

Request No.	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
	Apply for Evaluation	29/03/2021	29/03/2021	30/03/2021	Application Completed		

For help please contact qchphelpdesk@moph.gov.qa + (974) 44070279
Copyright © 2020 Ministry of Public Health. All rights reserved.

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

Personal Declaration

Personal and Professional Information

Change Place Of Work Information

Pay Fees and Submit Application

Personal Declaration

I hereby 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 discrepancies in the presented particulars.

I 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 jeopardize 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 aforementioned.

☐ I hereby declare the above mentioned statements.

Save

Save and Close

Close

Reset

←

→



1. Please fill out all the information as per the highlighted asterisks

Personal Declaration

Personal and Professional Information

Change Place Of Work Information

Pay Fees and Submit Application

Personal and Professional Information

Personal Information

First Name on Passport*

John

Middle Name(s) on Passport

Last Name on Passport*

Doe

First Name on Passport - Arabic

Middle Name(s) on Passport - Arabic

Last Name on Passport - Arabic

Gender*

Male

Date of Birth*

14/05/1977

Nationality*

India

Passport Number*

A123456

Passport Expiry Date*

22/11/2022

Personal Photo:

Please select a file

Maximum File Size is : 2 MB

Photo1-Photo-289052.JPG

Circular (04-2014) - Required Specifications of the Personal Photograph for Medical License Cards

Profession

Profession*

Nurse

Scope Of Practice*

Registered General Nurse

Visa Details

Kindly attach both sides of your QID in one file

Qatar ID Number

28635605506

QID Expiry Date

08/12/2021

QID Scanned Copy

Please select a file

Maximum File Size is : 2 MB

QID_Greeshma-QID-289052.jpg

Passport Scanned Copy

Please select a file

Maximum File Size is : 2 MB. Allowed file extensions are :PDF, .JPG, .DOC/.DOCX, .PNG & .GIF

Attachments

Remove

Passport_Greeshma-Passport-289052.pdf

National Number

National Number

National Id Copy Please upload your Home country National Id

Please select a file

Maximum File Size is : 2 MB

Place of work

Institution Type

Semi Governmental

Institution

Provisional-Complementary Medicine

Contact Information

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

Mobile Number*

12345678

Email Address*

Abc@123.com

Address / P.O Box*

test

Save

←

→



3. Please Choose your future institution type and employer and upload the required documents.

Progress bar: Personal Declaration (Completed), Personal and Professional Information (Completed), Change Place Of Work Information (Current), Pay Fees and Submit Application (Upcoming).

Change Place Of Work Information

Change Place Of Work

Current Institution Type
Semi Governmental

Your Current Employer
Provisional-Complementary Medicine

Future Institution Type
Select

Your Future Employer*

Please upload the resignation letter from current/previous employer and offer/employment letter from new employer

Please select a file

Maximum File Size is : 2 MB

File Description

Attachments	Description	Remove
No Attachments Available		

Save

← →

4. Click on Submit

Progress bar: Personal Declaration (Completed), Personal and Professional Information (Completed), Change Place Of Work Information (Completed), Pay Fees and Submit Application (Current).

Pay Fees and Submit Application

Please note that there is no payment for sent back requests, so please submit to proceed to the next stage.

Request Type:
Apply to Change Place of Work

Request Transaction ID:
1023365

Save

← **Submit** →

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

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

View & track status of my requests

Search

Request Type:
Select

Request Status:
Select

Request Date From:
Calendar icon

Request Date To:
Calendar icon

Search

Request No.	Request Type	Applicant Submission Date	Date of submission to QCHP	Date of Completion	Current Status	Remove	Comments
207664	Apply for Evaluation	07/02/2016	-----	20/03/2019	Application Completed		
1023362	Apply for Evaluation	03/04/2021	03/04/2021	03/04/2021	Application Completed		
1023366	Apply to Change Place of Work	03/04/2021	-----	-----	Under process with QCHP		