

On Approval of evaluation by DHP, the applicant will receive an SMS and email for their evaluation status - applicant can perform the below requests.

- A. Apply for Temporary License
- B. Change Place of Work.
- C. Apply for Licensing

A. <u>Temporary License User manual</u>

On Approval of evaluation by DHP, the applicant can apply for temporary license.

Enter Applicant 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 🕇 Forgot Password | 1 | |
| | | |



1. After Successful login, kindly choose Apply for Temporary license.

Department of Healthcare Professions

| | | | | | | | | | | | User 🔑 Rese |
|---------------------------------------|----|-------------------------|--------------|--------------|---------------------------|---------|--------------------|--------------------|----------------|--------|-------------|
| Create and Submit Requests | W | /elcome:[| OHP Test - | You may | perform the followir | ng acti | ons: | | | | |
| Apply for Evaluation | | | | - | - | - | | | | | |
| Apply for Additional Place of Work | Vi | iew & track | status of my | requests | | | | | | | |
| Apply for Temporary License | | Search | | | | | | | | | × |
| Apply for Licensing | | Request Typ | e: | I | Request Status: | | Request Date From | m: | Request Date | To: | |
| e Print | | Select | | • | Select | • | | 曲 | | | 苗 |
| Contact Information | | Q Search Request No. | Request Type | Request Type | Applicant Submission Date | Date of | submission to QCHP | Date of Completion | Current Status | Remove | Comments |
| | | | | | | | | | | | |

2. Please read through the below points and click on the highlighted points

| Personal Declaration | Apply Temporary License |
|--|---|
| Personal Declaration | |
| I hereby declare the information and documents I provide to QCHP are true and verific discrepancies in the presented particulars. | iable to the best of my knowledge and I bear responsibility for any |
| I undertake that I must inform QCHP of any past or current criminal charges or convic jeopardize my ability to provide quality health care. I also undertake that as long as I a aforementioned. | tions. I will also inform the Council of any physical or mental conditions that am licensed by QCHP I will provide them with any updates regarding the |
| I further authorize the release of my license details and information shared with QCHI legitimate need for the information and release QCHP from all liability for the release | P, including derogatory information, to the concerned authorities having a of this information. |
| l hereby declare the above mentioned statements. | |
| | |
| Save Save and Close X Close C Reset | ← → |



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

| Personal Declaration | | | | Apply Temporary License | e | |
|--|--------------------------------|-------|-----------|-------------------------|---------|---|
| mporary License Requirements | | | | | | |
| Personal Information | | | | | | - |
| First Name on Passport* | Middle Name(s) on Passport | | | Last Name on Passport* | | |
| John | | | | Doe | | |
| irst Name on Passport - Arabic* | Middle Name(s) on Passport - A | rabic | | Last Name on Passport - | Arabic* | |
| ج ون | | | | دى | | |
| Ĵender* | Date of Birth* | | | Nationality* | | |
| Male 👻 | 25/01/1986 | | 苗 | QATAR | | - |
| ^J assport Number* | Passport Expiry Date* | | | | | |
| A12356 | 04/04/2022 | | 曲 | | | |
| Passport Scanned Copy & Personal Photo | | | | | | |
| Please select a file | | | | | | |
| Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, . | DOC/.DOCX, .PNG & .GIF | | | | | |
| Attachments | | De | scription | | Remove | |
| Employer account-Passport-207684,pdf | | | | | Û | |
| Personal Photo: | | | | | | |
| Please upload a passport sized photo with white background | | | | | | |
| Circular (04-2014) - Required Specifications of the Personal Photograp | ph for Medical License Cards | | | | | |
| Please select a file | | | | | | |
| Maximum File Size is : 2 MB | | | | | | |
| Photo1-Photo-1023361.JPG | | | | A i | | |



| Search | | | | | | * |
|---|------------------------|--------------------|---|---|--------|-------|
| Do you have a Qatar National ID (QID)? ⊛ Yes ⊖ No | | | | | | |
| Qatar ID Number* | QID Expiry Date* | | | | | |
| 28635605506 | 08/12/2022 | | 曲 | | | |
| QID Scanned Copy | | | | | | |
| Please select a file | | | | • | | |
| Maximum File Size is : 2 MB | | | | | | |
| CM1-QID-207664.jpg | | | | | | |
| Undertaking Letter | | | | | | |
| Please attach the practitioner undertaking letter for the temporary liv | cense. | | | | | |
| G Circular (9-2018) - Updates on Temporary License Policy | | | | | | |
| Undertaking Letter | | | | | | |
| Please select a file | | File Description | | | | |
| Maximum File Size is : 2 MB. Allowed file extensions are .PDF, .JPG, . | DOC/.DOCX, .PNG & .GIF | | | | | |
| | | | | | | |
| Attachments | | Description | | | Remove | |
| Photo-EmploymentLetter-1023361.JPG | | Undertaking letter | | | 圓 | |
| | | | | | | |
| | | | | | | |
| Save and Close X Close C Reset | | | | | 🔶 Sub | mit 🖠 |
| | | | | | | |

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

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

| Search | | | | | | | | | |
|-------------------------|--------------------------------------|--------------------------------------|--------------------|-----------|-------------------------------|------------------------|-----------------------|--------|----------|
| Request Type: | | Request Status: | Request Status: | | Request Date From: | | Request Date To: | | |
| Select 🗸 | | Select | Select 🗸 🗸 | | | | | | |
| Q Search | | | | | | | | | |
| Q Search | Request Type | Applicant Submission Date | Date of submission | n to QCHP | Date of Completion | Current S | tatus | Remove | Comments |
| Q Search Request No. | Request Type Apply for Evaluation | Applicant Submission Date 07/02/2016 | Date of submission | n to QCHP | Date of Completion 20/03/2019 | Current S Applicati | tatus on Completed | Remove | Comments |

| For | help | please | contac | t qchph | elpdes | sk@mop | h.gov. | qa +(9) | 74) 4407 | 70279 |
|-----|------|---------|--------|----------|--------|----------|---------|----------|----------|-------|
| | Copy | right © | 2021 | Ministry | of Pul | olic Hea | th. All | l riahts | reserve | d. |

On completion of the temporary license process by DHP, an email and SMS will be sent.

You can do the following according to the evaluation decisions mentioned below

- 1. Send back: Click on "Apply for Temporary license" and provide missing information according to the comments mentioned by DHP.
- 2. *Rejected*: Contact your employer representative.
- 3. Approved: Click on "Temporary license" and Print license.

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