



## 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

Password

[Sign In](#)

[Forgot Password](#)

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

✓ 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: Select Request Status: Select Request Date From: Request Date To:

Q 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		

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

Personal Declaration Personal and Professional Information Medical Information Verification Report and Additional 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 further authorize the release of my license details and information shared with QCHP, including derogatory information, to the concerned authorities having a legitimate need for the information and release QCHP from all liability for the release of this information.

☒ I hereby declare the above mentioned statements.

Please 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

[Save](#) [Save and Close](#) [Close](#) [Reset](#) [←](#) [→](#)



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

Personal Declaration

Personal and Professional Information

Medical Information

Verification Report and Additional 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\*

25/01/1986

Nationality\*

India

Passport Number\*

CM12345

Passport Expiry Date\*

04/04/2022

Personal Photo:

Please select a file

Maximum File Size is : 2 MB

Photo1-Photo-1023362.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\*

2863505506

QID Expiry Date\*

08/12/2022

QID Scanned Copy

Please select a file

Maximum File Size is : 2 MB

CM1-QID-207664.jpg

Passport Scanned Copy

Please select a file

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

Attachments

Remove

Employer\_account-Passport-207664.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

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

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\*

00918136880010

Email Address\*

complementarymedicine@wipro.com

Address / P.O Box\*

SCH

Police Clearance Documents

Please attach your police clearance from Qatar.

Please select a file

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

File Description

Attachments

Description

Remove

No Attachments Available

Save

Save and Close

Close

Reset

←

→



#### 4. Please fill Medical Information and CPR course information

Personal DeclarationPersonal and Professional InformationMedical InformationVerification Report and Additional InformationPay Fees and Submit Application

### Medical Information & CPR

CPR

☐ The CPR course is achieved ☐ The CPR course is not achieved

Blood Test Results

☐ Blood Test Results are available ☐ Blood Test Results will be sent Directly to MOPH

SaveSave and CloseCloseReset

←→

#### 5. Upload Verification report

Personal DeclarationPersonal and Professional InformationMedical InformationVerification Report and Additional InformationPay Fees and Submit Application

### Verification Report and Additional Information

Additional Information:

Please attach the Primary Source Verification report. Please add any comments and/or attach any supporting documents that are relevant to your application.

Verification Report

Please select a file

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

File Description

Attachments	Description	Remove
No Attachments Available		

Please provide additional information(if required)

Please select a file

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

File Description

Attachments	Description	Remove
No Attachments Available		

SaveSave and CloseCloseReset

←→

Tel: +974 4407 0319 / 0366 / 0340 P.O Box: 7744. Doha – Qatar <https://dhp.moph.gov.qa>



## 6. Payment (if applicable) and Licensing application submission - Kindly follow the below steps for online payment

Personal Declaration   Personal and Professional Information   Medical Information   Verification Report and Additional Information   Pay Fees and Submit Application

### 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 for Licensing

Request Transaction ID:  
1061840

Request Fees:  
1000 QR

#### Payment Method

Online payment Pay Application Fees

Please note that the fees are non-refundable

☐

confirm that I have attached the below documents in the application:

- Passport
- Educational qualifications
- Work experience certificates
- Licensing exam (if required by your scope of practice)
- Previous registration/medical license
- Primary source verification report

Save

Save and Close

Close

Reset

←

Submit ↑

### 1. Click here to pay online.

Online Payment

**Important Information:** QCHP online payment has been modified for security reasons.  
Please read the below steps

- Click below link to Pay Online. This will open in new tab
- The below link will only be clickable once.
- If want to try to pay again, close this small windows and start from "Pay Fees and Submit Application" screen
- Once you finish the payment in the new tab, come back here and close this window
- Proceed and submit the request to QCHP

Click here to Pay Online





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

### Qatar e-Government

Secure payment

Card number \*




Expiry month \* Expiry year \*

MM

YY

Cardholder name \*

Security code \*

 3 digits on back of your card

Billing address

Street 1

Street 2

City

State / Province

Postcode / Zipcode

Country

Select Country

Order details

e-Service

TOTAL QAR: 100.00

The next screen you see may be payment card verification through your card issuer.

[Cancel](#)

[Pay now](#)

After successful payment 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:



Request Date To:



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		
1023367	Apply for Licensing	03/04/2021	----	----	Under process with QCHP		

If you face any technical issues, please send an email to our technical support helpdesk: [DHPHelpDesk@moph.gov.qa](mailto:DHPHelpDesk@moph.gov.qa)