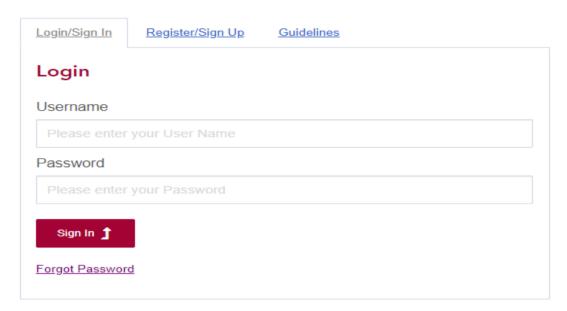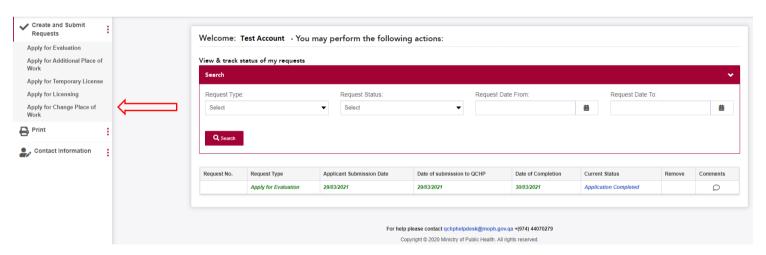## B.   Change Place of Work User Manual

On approval of evaluation by DHP, the applicant can apply for a change place of work request.
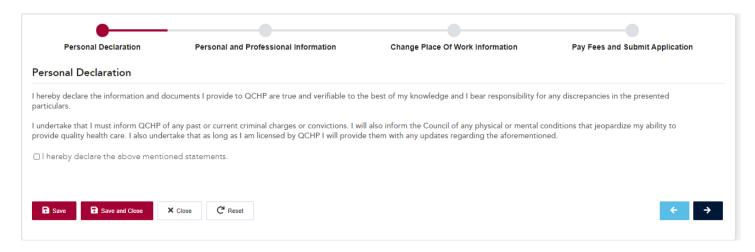
Enter applicant's DHP account username and password on login Tab.

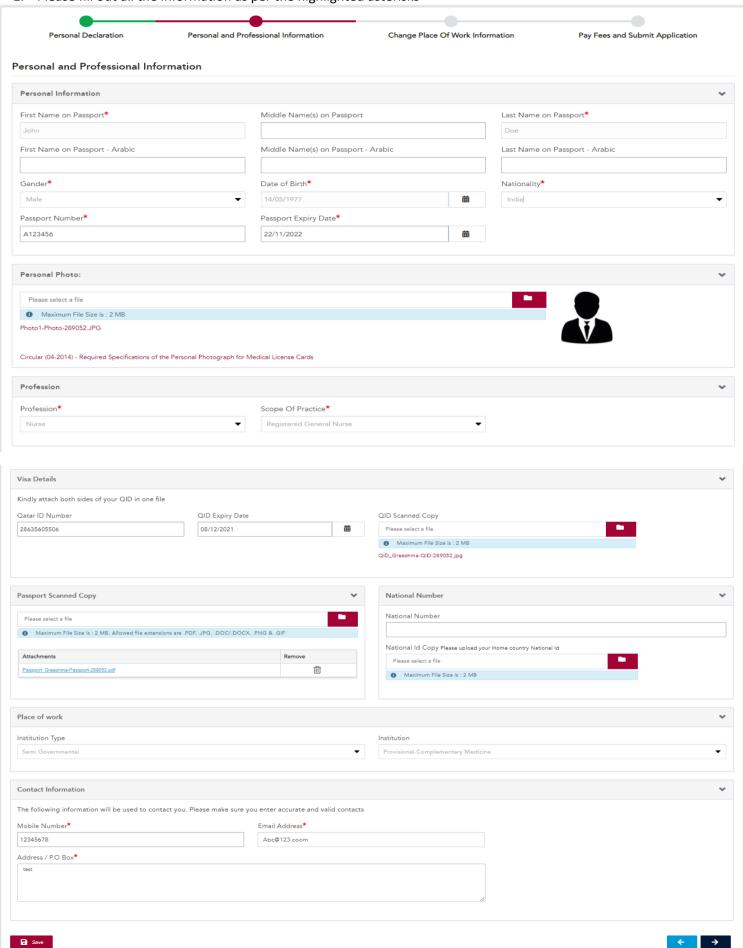1.   After Successful login, kindly choose Apply for Change Place of Work

2.   Please read through the declaration statements and click on the required points
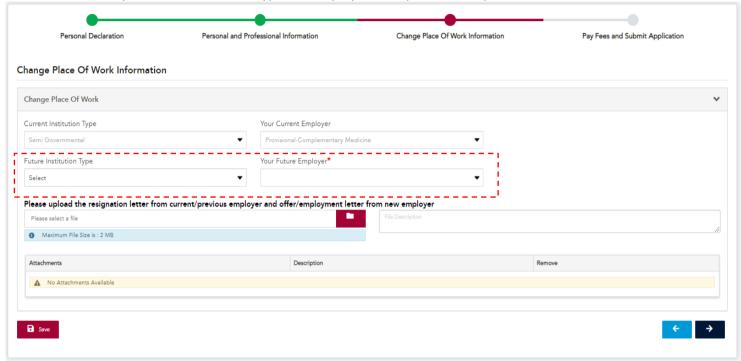
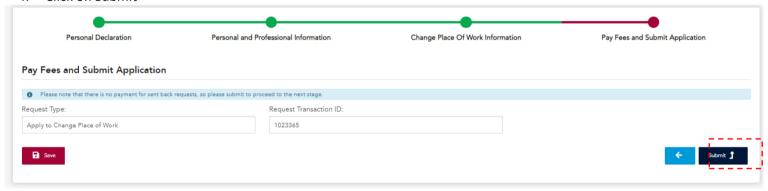1. Please fill out all the information as per the highlighted asterisks

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*	Middle Name(s) on Passport	Last Name on Passport*
John		Doe

First Name on Passport - Arabic	Middle Name(s) on Passport - Arabic	Last Name on Passport - Arabic

Gender*	Date of Birth*	Nationality*
Male	14/05/1977	India

Passport Number*	Passport Expiry Date*
A123456	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*	Scope Of Practice*
Nurse	Registered General Nurse

Visa Details

Kindly attach both sides of your QID in one file

Qatar ID Number	QID Expiry Date	QID Scanned Copy
28635605506	08/12/2021	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	Institution
Semi Governmental	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*	Email Address*
12345678	Abc@123.coom

Address / P.O Box*

test

Save

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

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*
Select

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

Please select a file

File Description

ℹ Maximum File Size is : 2 MB

Attachments	Description	Remove
⚠ No Attachments Available		

Save

4. Click on Submit

Pay Fees and Submit Application

ℹ 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

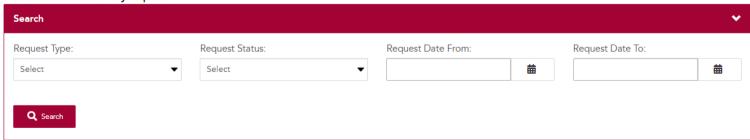Save | Submit ⬆

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:

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		💬
1023366	Apply to Change Place of Work	03/04/2021	-----	-----	Under process with QCHP		💬