

المجلس القطري للتخصصات الصحية

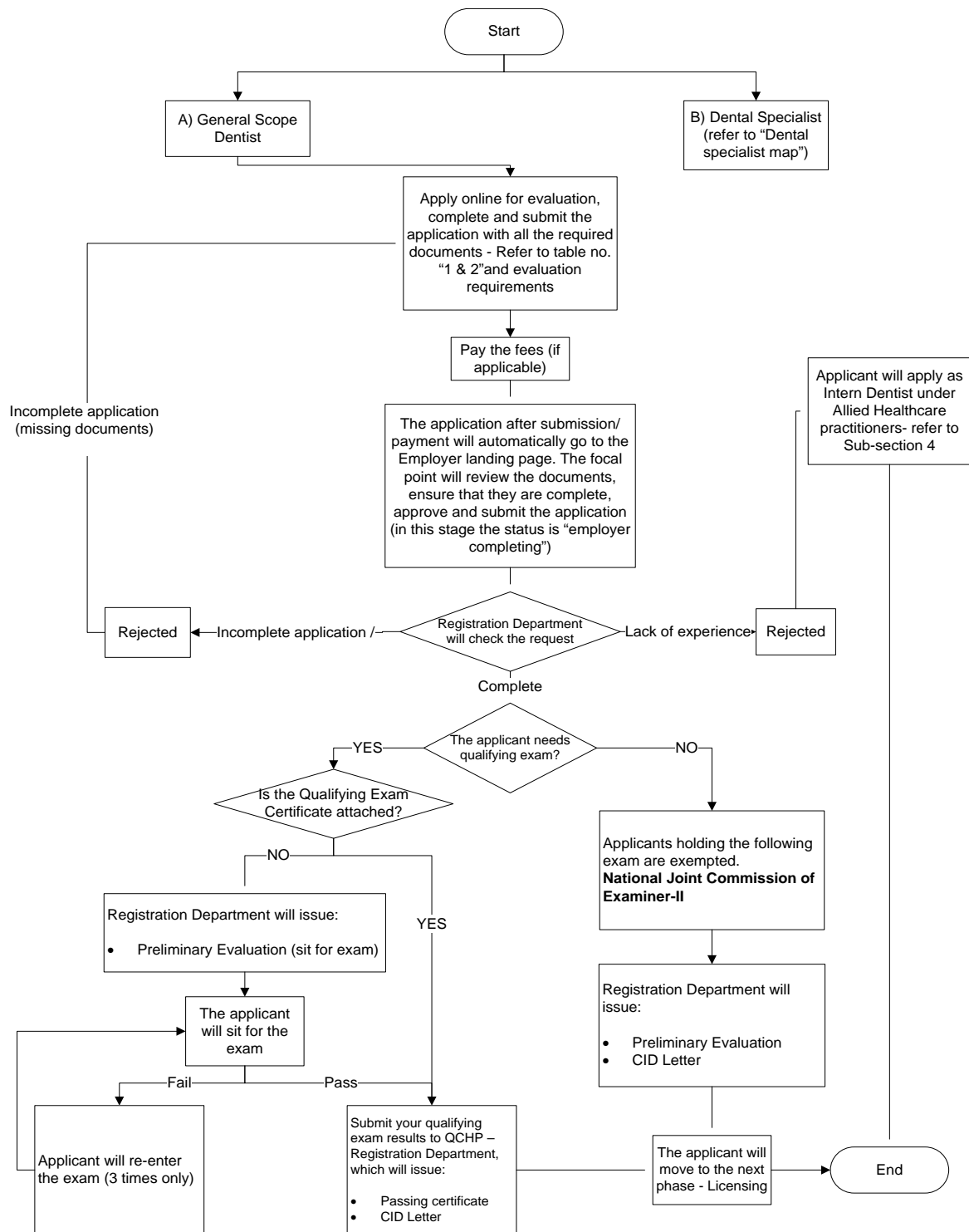
QATAR COUNCIL FOR HEALTHCARE PRACTITIONERS (QCHP)

إدارة التسجيل

REGISTRATION DEPARTMENT

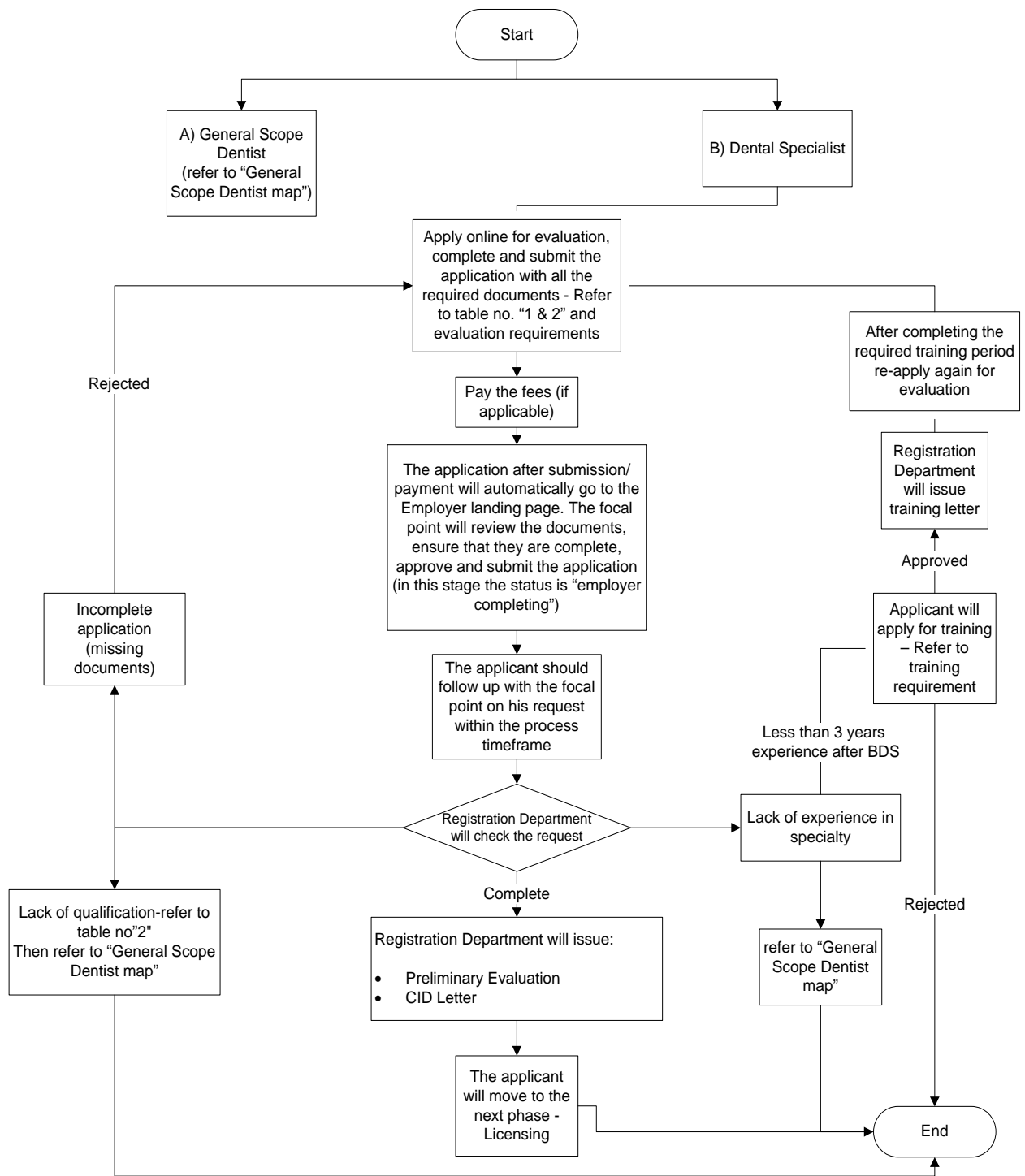
Guidelines for Dentists

1. A) Registration / Evaluation Process Map for “General Scope Dentist”



- ❖ The applicant should follow up on the request with the focal point.
- ❖ For break of practice policy, refer to attachment "1".
- ❖ Preliminary evaluation is only valid for 6 months.

B) Registration / Evaluation Process Map for “Dental Specialist”



- ❖ The applicant should follow up on the request with the focal point.
- ❖ For break of practice policy, refer to attachment "1".
- ❖ Preliminary evaluation is only valid for 6 months.

Registration / Evaluation Requirements

Please apply through the electronic registration and licensing system on the website of Qatar Council for Healthcare Practitioners (www.qchp.org.qa), complete the online application and pay the required fees (if applicable).

Submit an electronic evaluation request and upload all the below mentioned documents:

1. Copy of valid Passport.
2. Copy of valid QID (if applicable).
3. One recent photo (according to photo criteria stated in attachment 2).
4. Curriculum Vitae (C. V.).
5. Copy of all academic certificates with official transcript (refer to table no. 1 & 2).
6. Copy of all work experience certificates (refer to table no. 1 & 2).
7. Copy of valid medical/registration license from home country or medical/registration licenses accompanying the required years of work experience (if applicable).
8. Copy of proof of submission to the verification company (if applicable).
9. Copy of the passing certificate of the qualifying exam (if available).

Notes

- Applications that do not meet the requirements mentioned above will be rejected.
- The evaluation shall not obligate the Qatar Council for Healthcare Practitioners to grant the applicant any specific degree or title.
- Please note that verification process by the verification company replaces attestation of certificates by related competent authorities.
- The verification report and certificate of good standing shall be received in the licensing phase unless the case requires otherwise.
- It shall be the applicant's responsibility to follow up on receiving the report regarding verification and the certificate of good standing.
- Original document/ certificates if required shall be submitted upon request.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated and attached to a copy of the original documents.
- Please refer to the website of the Supreme Council of Health frequently to check the updates of the evaluation requirements.
- Case by case assessment may be implemented.

Follow-up on request (After a minimum period of 25 working days)

Table No. "1"

Scope of practice	Education Requirements	Experience Requirements	Qualifying Exam (Prometric)
General Scope Dentist	<ul style="list-style-type: none"> A minimum of 5 years undergraduate dental school (DDS/BDS/ DMD or its equivalent) 	<ul style="list-style-type: none"> Minimum of 3 years post graduate experience. One year Internship program after 5 years of study can be counted within the experience. 	Required Note: Holders of the National Joint Commission of Examiner-II certificate shall be exempted
Dental Specialist	<ul style="list-style-type: none"> Please refer to Table "2" 	<ul style="list-style-type: none"> Please refer to Table "2" 	Not required

Notes applicable for General Scope Dentist

- Applicants with Break from Practice (Attachment no. 1: break from practice policy) or lack of experience (3 years post graduate experience, one year Internship program after 5 years of study can be counted within the experience) can apply for training then re-apply for evaluation after successfully completing the required experience (check Training Letter requirements).

Table No. "2"

Approved Specialty certificates according to geographic location for the category of Dentists

- The following scopes of practice are evaluated according to the list below Periodontics, Orthodontics, Pedodontics, Endodontics and Prosthodontics specialties.
- Other scopes of practice must be evaluated by specialized committees in the State of Qatar.
- Other specialty certificates from countries which are not mentioned in the table below (i.e. Tunisia) shall be evaluated by specialized committees in the State of Qatar.
- Please read the notes in the below table regarding the specialist.

Country	Category 1: Qualifications are eligible for dental specialty scope of practice which requires no experience or supervision	Category2: Qualifications are eligible for dental specialty scope of practice which require years of experience or supervision on the specialty field
Australia	<ul style="list-style-type: none"> • Doctor of clinical dentistry • (approved specialist training program by Dental Board of Australia) 	
Canada	<ul style="list-style-type: none"> • Diploma in a clinical specialty, or • Dental specialty program, or • Proof of national dental specialty Examination (NDSC), or • Fellowship of the Royal College of Dentists of Canada 	
Denmark	<ul style="list-style-type: none"> • Specialty certificate 	
Egypt	<ul style="list-style-type: none"> • Doctoral degree 	<ul style="list-style-type: none"> • Clinical masters degree + • 3 years experience
France		<ul style="list-style-type: none"> • CES (certified d'études specialisees) granted to individuals of the EU until 1985, then substituted by the DES certificate • D.I.S(Diplome Interuniversitaire de Specialitie) granted to foreigners, and 2 years

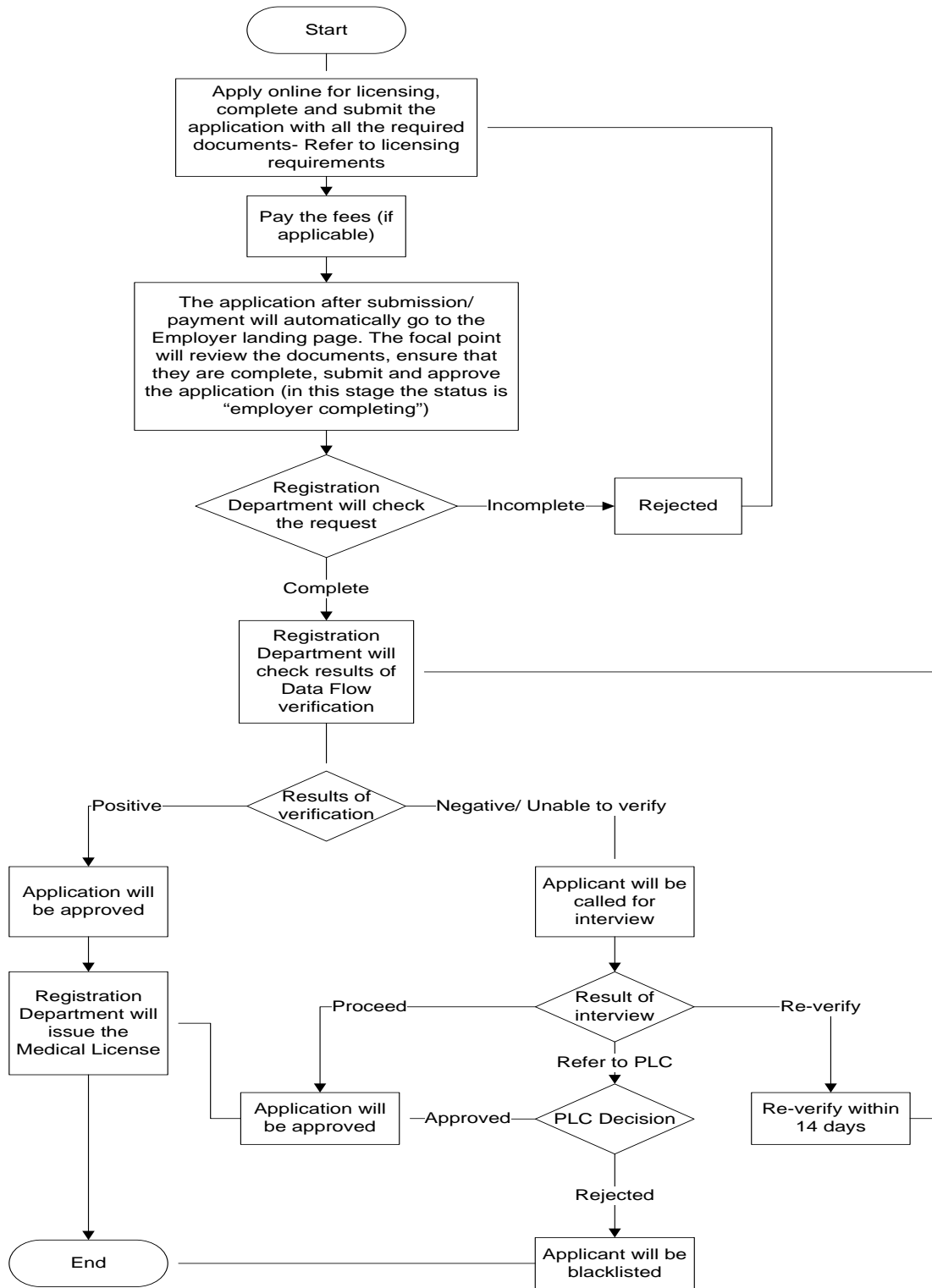
		<ul style="list-style-type: none"> experience (all applicants are required to submit their transcript and program curriculum or equivalent)
Germany		<ul style="list-style-type: none"> (Facharztliche Anerkennung) + 2 years experience
Hong Kong	<ul style="list-style-type: none"> Master of Dental Surgery 	
India		<ul style="list-style-type: none"> Master of dental Surgery + 4 years experience
Iran		<ul style="list-style-type: none"> Iranian Board + 4 years experience (All applicants are required to submit their transcript and program curriculum or equivalent)
Ireland	<ul style="list-style-type: none"> Before 2007 Master of Dental Surgery (M.Dent.Chi) After 2007 D.Ch.Dent 	-
Jordan		<ul style="list-style-type: none"> Advanced specialty certificate + 3 years experience (All applicants are required to submit their transcript and program curriculum or equivalent)
Lebanon		<ul style="list-style-type: none"> Master of Science in dentistry, or Post graduate Diploma + 3 years experience
Netherlands		<ul style="list-style-type: none"> Clinical specialty certificate + 2 years experience
New Zealand	<ul style="list-style-type: none"> MDs or Doctor of Clinical Dentistry (DClintDent) (Approved specialist training program by the dental Council of New Zealand) 	
Norway	<ul style="list-style-type: none"> Certificate of completion of 	

	specialist training	
Romania		<ul style="list-style-type: none"> • Specialty certificate + 4 years experience (All applicants are required to submit their transcript and program curriculum or equivalent)
Russia		<ul style="list-style-type: none"> • Specialty certificate (clinical ordinatura) + • 4 years experience (All applicants are required to submit their transcript and program curriculum or equivalent)
Singapore		<ul style="list-style-type: none"> • MDS + • 4 years experience
South Africa		<ul style="list-style-type: none"> • Master in Clinical Dentistry (MClinDent) + • 2 years experience
Sweden	<ul style="list-style-type: none"> • Specialty certificate 	
Switzerland	<ul style="list-style-type: none"> • Clinical Masters degree 	
Syria		<ul style="list-style-type: none"> • Specialization certificate OR Higher Postgraduate Studies + • 4 years experience (All applicants are required to submit their transcript and program curriculum or equivalent)
United Kingdom	<ul style="list-style-type: none"> • Master of Clinical Dentistry (MClinDent) • 	
USA	<ul style="list-style-type: none"> • ADA approved Specialty training program 	

Notes

- The tables above are not inclusive and may be frequently modified to be aligned with the registration standards of the degree of Specialist in Oral and Dental Medicine in the State of Qatar.
- In the event that post graduate degree was gained from a country not listed in the above table, the applicant will be evaluated by specialized committees of dental specialists in the State of Qatar.
- The table above doesn't obligate the Qatar Council for Healthcare Practitioners to grant the applicants any specific degrees.
- Registration for specialty degree in dental medicine requires completion of a comprehensive and advanced training program in the specialty.
- Holders of Master Degrees from any country shall submit the university transcripts and the duration of study.
- Doctors can be called for a personal interview according to the necessity of the case.
- Additional certificates and documents may be required as necessary.
- All above mentioned specialty certificates requires an approved training program from the donors of the program provided that the training duration is not less than two years except:
 - Orthodontics (3 years minimum)
- When the applicant's eligibility to be registered as Dental specialist is determined, the following requirements must be met:
 - Academic degree in dentistry (not less than 5 years) or an equivalent degree.
 - Successful completion of the training (internship) year

2. Licensing Process Map



❖ The applicant should follow up on the request with the focal point.

Licensing requirements

Please apply through the electronic registration and licensing system on the website of Qatar Council for Healthcare Practitioners (www.qchp.org.qa), complete the online application and pay the required fees (if applicable).

Submit an electronic Licensing request and upload all the below mentioned documents:

1. Copy of Verification Report payment receipt.
2. Copy of Valid passport +Copy of Valid QID (if applicable).
3. One recent photo (according to photo criteria stated in attachment 2).
4. Copy of Police Clearance Certificate from Qatari Ministry of Interior (**for visiting dentists**, Police Clearance Certificate from home country attested from Ministry of foreign affairs).
5. Blood test, which can be issued by:
 - Hamad Medical Corporation.
 - Medical Commission (with CDC stamp of Vaccination)
 - Private hospitals (Al Ahli, Al Emadi & Doha Clinic)
 - Primary Healthcare Corporation (For Qataris only)

For visiting dentists:

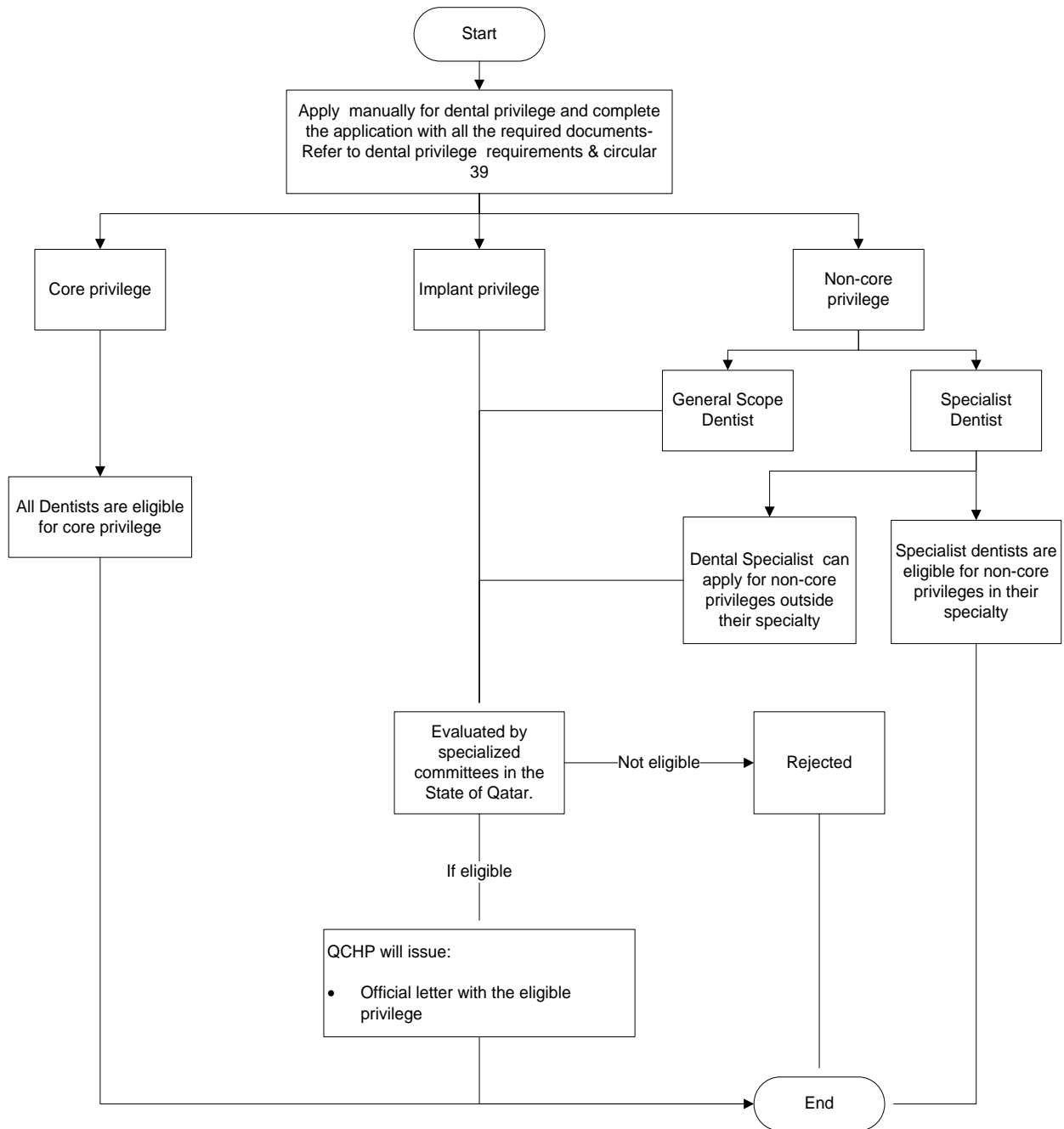
- Copy of recent blood test (valid for 6 months after the test date) from Medical Commission Dept. & CDC stamp of Vaccination from Department of Public Health, **OR** attested valid blood test from home country and undertaking letter signed and stamped from the place of work stating that the blood test will be undertaken in the State of Qatar before commencing work in the State of Qatar).
6. Blood test must include: HIV test, HCV test, HBV test, HB vaccination and chest X-Ray.
 7. Copy of Valid Recognized CPR (cardio-pulmonary resuscitation) course or its equivalent or CPR registration receipt + undertaking letter (not required for visiting dentist).
 8. Copy of all academic certificates (refer to table no. 1 & 2).
 9. Copy of all work experience certificates (refer to table no. 1 & 2).
 10. Copy of valid medical/registration license from home country and medical/registration licenses accompanying the required years of work experience.
 11. Original Certificate of Good Standing must be sent directly from the Registration authority of the last 5 years of work experience, to the: Registration Section, Medical Licensing, Supreme Council of Health, P.O. Box: 7744, Doha, Qatar.

Notes

- Applications that do not meet the requirements mentioned above will be rejected.
- The verification report and certificate of good standing shall be reviewed during this phase; any misleading information provided will result in the application being rejected.
- All documents submitted during the licensing phase shall be in accordance with those documents previously submitted in the evaluation phase. It shall be the applicant's responsibility to follow up on receiving the report regarding verification and the certificate of good standing.
- Original documents /certificates if required shall be submitted upon request.
- Any other documents required to support the application that are not mentioned above shall be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated and attached to a copy of the original documents.
- Please refer to the Supreme Council of Health website frequently to check the updates of the licensing requirements.

Follow-up on request (After a minimum period of 20 working days)

3. Dental privileges Process Map



- ❖ The applicant should follow up on the request with the focal point.
- ❖ For any other privileges, refer to circular “39” – Guidelines for Dentists.

Dental Privileges Requirements

Submit a manual Dental Privileges request attached with all the below mentioned documents:

1. Request letter from the place of work mentioned in it the requested privilege.
2. Copy of work experience in the requested privilege.
3. Copy of training certificate/courses attended in the requested privilege.
4. Curriculum - Vitae (C. V).
5. Copy of valid Medical License.
6. Personal declaration of dental privileges (available on the website).
7. Copy of bachelor degree or its equivalent.
8. Copy of post graduate degree certificates.
9. Any other additional requirements requested.

Notes

- Please note that any incomplete request will not be processed.
- Any other required documents that are not mentioned above shall be submitted upon request.
- Original documents / certificated if required shall be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated and attached to a copy of the original documents.

Follow-up on request (After a minimum period of 20 working days)

Circular "39" – Guidelines for Dentists

Circular (39)	
From	Dr. Jamal Rashid Al- Khanji Director, Healthcare Quality Management /SCH
To	All Dentists in the State of Qatar
Subject	Guidelines for Dentists General & specialist Scope of practice
Date	14 March 2012

At its meeting No.4 held on 28/2/2012, the Permanent Licensing Committee (PLC) approved the following Guidelines for Dentists, General & specialist Scope of practice

General Remarks

1) The Proposed guidelines are divided into two parts:

- a. Core privileges (for General Scope Dentist).
- b. Non-core privileges (for certified specialists).

2) Certified Specialists are automatically entitled to all core privileges.

3) Certified Specialists can only apply for non-core privileges outside of their specialty if they provide evidence of advanced training and/or experience in the individual procedure (an interview may be required).

4) General dentists can only apply for non-core privileges if they provide evidence of advanced training and/or experience in the requested procedure (an interview may be required).

Core privileges (for General Scope Dentist)

Diagnostic Procedures

- 1- Oral examination
- 2- Dental radiograph fabrication/diagnostic image interpretation
- 3- Pulp vitality testing
- 4- Plaster cast fabrication for diagnosis
- 5- Adjunctive medical laboratory evaluation

Preventive Procedures

- 1- Oral hygiene instruction procurement
- 2- General dental prophylaxis administration
- 3- Topical fluoride treatment
- 4- Fissure sealant application
- 5- Custom (fluoride) tray/mouth guard fabrication/ insertion

Restorative Procedures

- 1- Direct restoration (amalgam/composite/glass ionomer) fabrication
- 2- Post and core fabrication
- 3- Vital bleaching

Endodontic Procedures (permanent teeth)

- 1- Pulpotomy
- 2- Pulp extirpation
- 3- Direct and indirect pulp capping
- 4- Conventional root canal therapy (single rooted teeth)
- 5- Non-Surgical retreatment (single rooted teeth)
- 5- Non-vital bleaching

Periodontal Procedures

- 1- Scaling and root planning
- 2- Gingivoplasty/gingivectomy localized single tooth only
- 3- Application of local medication delivery system
- 4- Maintenance recalls
- 5- Single crown lengthening (not involving bone removal)
- 6- Incision and drainage of periodontal abscesses
- 7- Provisional splinting of teeth

Prosthodontics Procedures

- 1- Inlay and onlay preparation/fabrication
- 2- Ceramic veneer preparation/fabrication
- 3- Partial coverage crown preparation/fabrication
- 4- Full crown preparation/fabrication (maximum one Quadrant at a time)
- 5- Bridge preparation/fabrication (maximum one quadrant at a time)
- 6- Maryland bridge preparation/fabrication
- 7- Partial Denture fabrication
- 8- Complete Denture fabrication
- 9- Denture relining
- 10- Repair of removable prosthodontic restorations
- 11- Repair of fixed prosthodontic restorations

Oral Surgery Procedures

- 1- Extraction of Erupted teeth
- 2- Incision and drainage of intraoral abscesses
- 3- Suturing of Intraoral wounds
- 4- Closed reduction of TMJ dislocation
- 5- Excision of hyperplastic tissues

Orthodontic Procedures

- 1- Emergency treatment of fixed appliances
- 2- Repair or replacement of removable appliances

Pediatrics Procedures

- 1- Pulpotomy (primary teeth)
- 2- Passive space maintainer fabrication/insertion
- 3- Stainless Steel crown fabrication/insertion

Other Procedures

- 1- Prescription of medication
- 2- Administration of Local anesthesia
- 3- Desensitization procedure administration

Non-core privileges (for certified specialists) Only.

Endodontic Procedures (permanent teeth)

- a. Apexification /apexogenesis
- b. Conventional root canal therapy (multi rooted teeth)
- c. Non-surgical retreatment (multi rooted teeth)
- d. Root amputation/hemisection
- e. Periradicular Surgery
- f. Intentional reimplantation
- g. Treatment of obstructed canals
- h. Removal of broken instruments
- l. Repair of internal perforations

Periodontics Procedures

- a. Periodontal flap surgery

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- b. Mucogingival Surgery (gingivoplasty, gingivectomy, frenectomy, free gingival/mucosal grafting, root coverage)
- c. Osseous surgery/crown lengthening
- d. Guided tissue regeneration
- e. Guided bone augmentation

Prosthodontic Procedures

- a. Denture rebasing
- b. Immediate denture fabrication/insertion
- c. Over denture fabrication/insertion
- d. Multiple unit fixed prosthesis construction (more than one quadrant at a time)
- e. Implant supported restoration (single)
- (Multiple) f. Implant supported restoration
- g. Precision Attachment denture fabrication / insertion
- h. Full-mouth reconstruction with alteration of vertical dimension
- I. Complete occlusal adjustment

Oral Surgery Procedures

- a. Surgical exposure of un-erupted teeth
- b. Removal of impacted teeth
- c. Removal of remaining roots
- d. Removal of oral cavity cysts
- e. Transplantations of teeth
- f. Removal of palatal/alveolar exostoses
- g. Removal of foreign bodies in soft tissue and hard tissue
- h. Vestibuloplasty prosthetic surgery (e.g. alveoplasty, alveolar bone augmentation, sinus lifting etc.
- i. Closure of oroantral fistulas
- j. Intraoral hard tissue biopsy sampling
- k. Frenectomy
- l. Palatal tissue hyperplasia reduction

Orthodontic Procedures

- a. Interceptive orthodontic treatment
- b. Orthodontic treatment (including bonding bracket on surgically exposed teeth and applying traction on impacted teeth)
- c. Insertion of removable and fixed functional appliances.
- d. Orthodontics treatment in orthognathic surgery patients
- e. Orthodontic treatment for cleft and syndrome patients.
- f. Insertion of orthodontics mini screws.

Pedodontics Procedures

- a. Preventive dental care (including oral hygiene, injury prevention, dietary, and habit counseling)
- b. Behavior management techniques for apprehensive children (including voice control, non-verbal communication, tell-show-do, positive reinforcement, distraction, parental presence/absence, hand over mouth and Physical restraint)
- c. Aversive behavioral management (including digital and non-nutritive sucking behavior, tongue and swallowing habits)
- d. Management of bruxism
- e. Interceptive orthodontic treatment (correction of anterior and posterior cross bite, space regainers, maxillary expansion with removable appliances)
- f. Serial extraction.
- g. Prosthodontic procedures (including fabrication / insertion of stainless steel crowns)
- h. Uncomplicated extraction of primary and permanent teeth, full management of all types of tooth injuries (traumas)
- i. Treatment of medically compromised physically and mentally disables children under local or general anesthesia in operating room
- j. Full mouth rehabilitation for healthy apprehensive children under general anesthesia in operating room
- k. Management and treatment of children receiving chemotherapy and / or radiation

Implant Procedures

- a. Surgical placement of endosseous implants

Other Procedures (Procedures that need Special approvals)

- a. Treatment under general anesthesia
- b. Construction / insertion of obstructive sleep apnea appliances
- c. Intraoral use of lasers.

Notes and definitions

1) All dentists must follow standard recognized procedures in all the fields of dentistry for diagnosis, treatment and follow- up of their patients.

2) All dentists must take necessary impressions and radiographic images whenever required for treatment or documentation. For example: Orthodontist should take initial impressions of both arches, a panoramic radiograph, and a lateral cephalogram.

3) Any other procedure that is not listed in this guideline can be request by the practitioner and evaluated by the registration department.

4) Please kindly refer to the Website for updates on a regular basis.

5) DENTAL SCOPES OF PRACTICE:

1) Orthodontics

Is the diagnosis, prevention and treatment of all forms of malocclusion of the teeth (improper bite).

2) Oral & maxillofacial surgery

Is the diagnosis, surgical, and nonsurgical treatment of diseases, injuries and defects of the mouth, face, skull, jaw, and associated structures.

3) Periodontics

Is the prevention, diagnosis, and treatment of diseases or abnormalities of the periodontium, or supporting tissues of the teeth, including the gums, cementum and periodontal ligament.

4) Pediatric dentistry

Is the branch of dentistry that is concerned with oral healthcare for children and adolescents.

5) Endodontics

Is the diagnosis, prevention, and treatment of diseases and injuries to the dental pulp (the soft tissues inside the tooth) and the tissues surrounding the root of the tooth.

6) Restorative dentistry

Is the treatment of patients with the partial or complete loss of teeth, including surgical, endodontic, periodontic, orthodontic and prosthodontics procedures.

7) Prosthodontics

Is the restoration of oral function by creating prostheses and restorations (i.e. complete dentures, crowns, implant retained/supported restorations) for patients with a range of clinical conditions involving missing or deficient teeth and/or craniofacial tissues.

8) Oral surgery

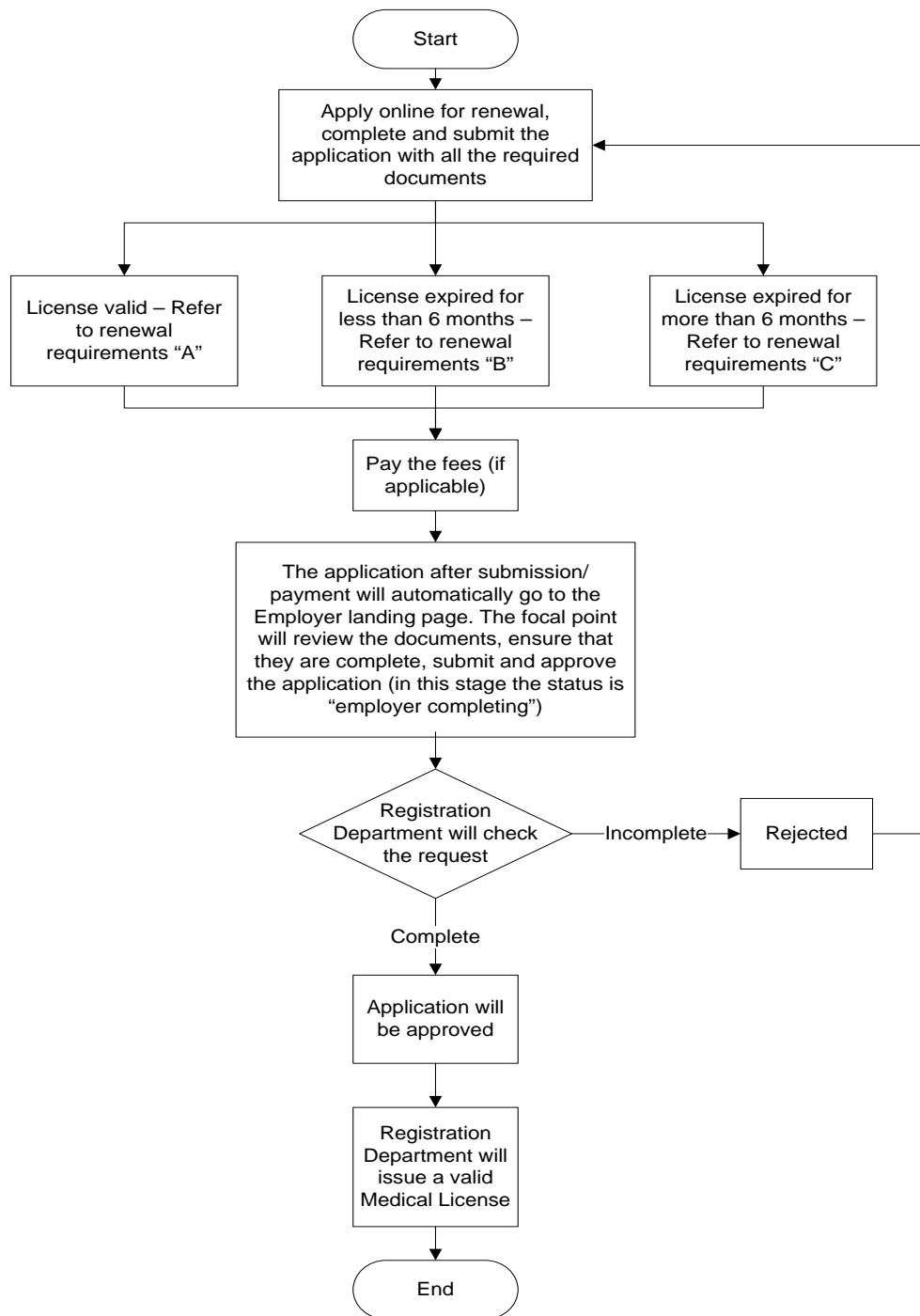
Is the diagnosis, surgical treatment and ongoing management of conditions affecting the teeth and the bone immediately surrounding teeth.

For further clarification please contact "Physician & Dentist Registration & Licensing Team":

- Dr. Yasamin Ali Morad, Registration Supervisor/email: yabdullahi@sch.gov.qa
- Dr. Rima Hekmat Haddad , Registration Coordinator /email: rhaddad@sch.gov.qa
- Dr. Esraa Aziz Kader , Registration Coordinator / email: ekader@sch.gov.qa
- Dr.Omar Mohamad Nigm ,Registration Coordinator /email: onigm@sch.gov.qa

Thank you for your kind cooperation

4. License Renewal Process Map



❖ The applicant should follow up on the request with the focal point.

License Renewal Requirements

Please apply through the electronic registration and licensing system on the website of Qatar Council for Healthcare Practitioners (www.qchp.org.qa), complete the online application and pay the required fees (if applicable).

Submit an electronic renewal request and upload all the below mentioned documents:

A. If License is valid

1. Copy of valid QID (if applicable).
2. Copy of valid passport.
3. One recent photo (according to photo criteria stated in attachment 2).
4. Blood test, which can be issued by:
 - Hamad Medical Corporation.
 - Medical Commission (with CDC stamp of Vaccination)
 - Private hospitals (Al Ahli, Al Emadi & Doha Clinic)
 - Primary Healthcare Corporation (For Qataris only)
5. Blood test must include: HIV test, HCV test, HBV test and HB vaccination.
6. Copy of valid Recognized CPR Course or its equivalent, (or CPR registration receipt & Undertaking letter) - **Not required for visiting Dentists.**
7. Any other additional requirements.

B. If License expired for less than 6 months

1. Copy of valid QID (if applicable).
2. Copy of valid passport.
3. One recent photo (according to photo criteria stated in attachment 2).
4. Blood test, which can be issued by:
 - Hamad Medical Corporation
 - Medical Commission (with CDC stamp of Vaccination)
 - Private hospitals (Al Ahli, Al Emadi & Doha Clinic)
 - Primary Healthcare Corporation (For Qataris only)
5. Blood test must include: HIV test, HCV test, HBV test and HB vaccination.
6. Copy of valid Recognized CPR Course or its equivalent, (or CPR registration receipt & Undertaking letter) - **Not required for visiting Dentists.**
7. Declaration letter signed and attached to the comments page of the Registration/Licensing electronic system (Refer to Declaration letter attachment).
8. Verification (Retrospective): Verify academic qualifications through verification company & attach a copy of the receipt in the comments page of the Registration/Licensing electronic system.

C. If License expired for more than 6 months

1. Copy of valid QID (if applicable).
2. Copy of valid passport.
3. One recent photo (according to photo criteria stated in attachment 2).
4. Blood test, which can be issued by:
 - Hamad Medical Corporation
 - Medical Commission (with CDC stamp of Vaccination)
 - Private hospitals (Al Ahli, Al Emadi & Doha Clinic)
 - Primary Healthcare Corporation (For Qataris only)
5. Blood test must include: HIV test, HCV test, HBV test and HB vaccination.
6. Copy of valid Recognized CPR Course or its equivalent, (or CPR registration receipt & Undertaking letter) - **Not required for visiting Dentists.**
7. Declaration letter signed and attached to the comments page of the Registration/Licensing Electronic System (Refer to Declaration letter attachment).
8. Verification (Retrospective): Verify academic qualifications through verification company & attach a copy of the receipt in the comments page of the Registration/Licensing electronic system.
9. Justification Letter signed by the practitioner/ employer explaining the reason behind the late renewal (except PHCC & HMC).
10. **Only for HMC & PHCC** Qualifying Exam (if applicable).

Notes

- Applications that do not meet the requirements mentioned above will be rejected.
- Original document/ certificates if required shall be submitted upon request.
- Any other required documents required to support the application that are not mentioned above shall be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated and attached to a copy of the original documents.
- Please refer to the Supreme Council of Health website frequently to check the updates of the licensing requirements.

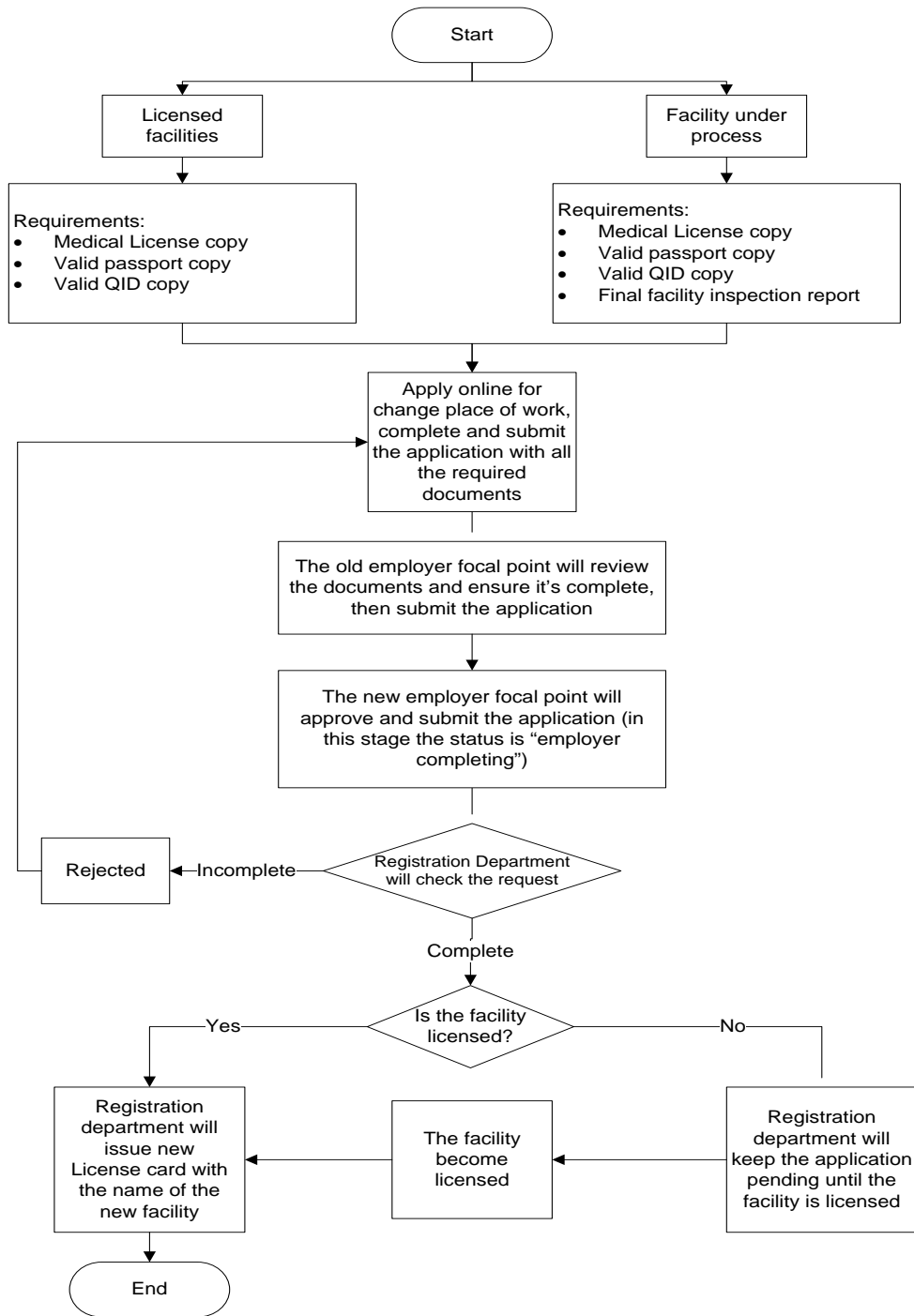
Follow-up on request (After a minimum period of 15 working days)

Notes for visiting Dentists

The following items are required in addition to the previous requirements noted above:

1. Copy of recent blood test (valid for 6 months after the test date) from Medical Commission Dept. & CDC stamp of Vaccination from Department of Public Health Or attested valid blood test from home country and undertaking letter signed and stamped from the place of work stating that the blood test will be undertaken in the State of Qatar before commencing work in the State of Qatar.
2. Work experience certificate for the last one year of experience attested from Ministry of Foreign Affairs or copy of proof of submission to the verification company for the work experience certificate and the last one year work experience certificate

5. Change Place of Work Process Map



❖ The applicant should follow up on the request with the focal point.

Change Place of Work Requirements

Please apply through the electronic registration and licensing system on the website of Qatar Council for Healthcare Practitioners (www.qchp.org.qa) and complete the online application.

Submit an electronic change place of work request and upload all the below mentioned documents:

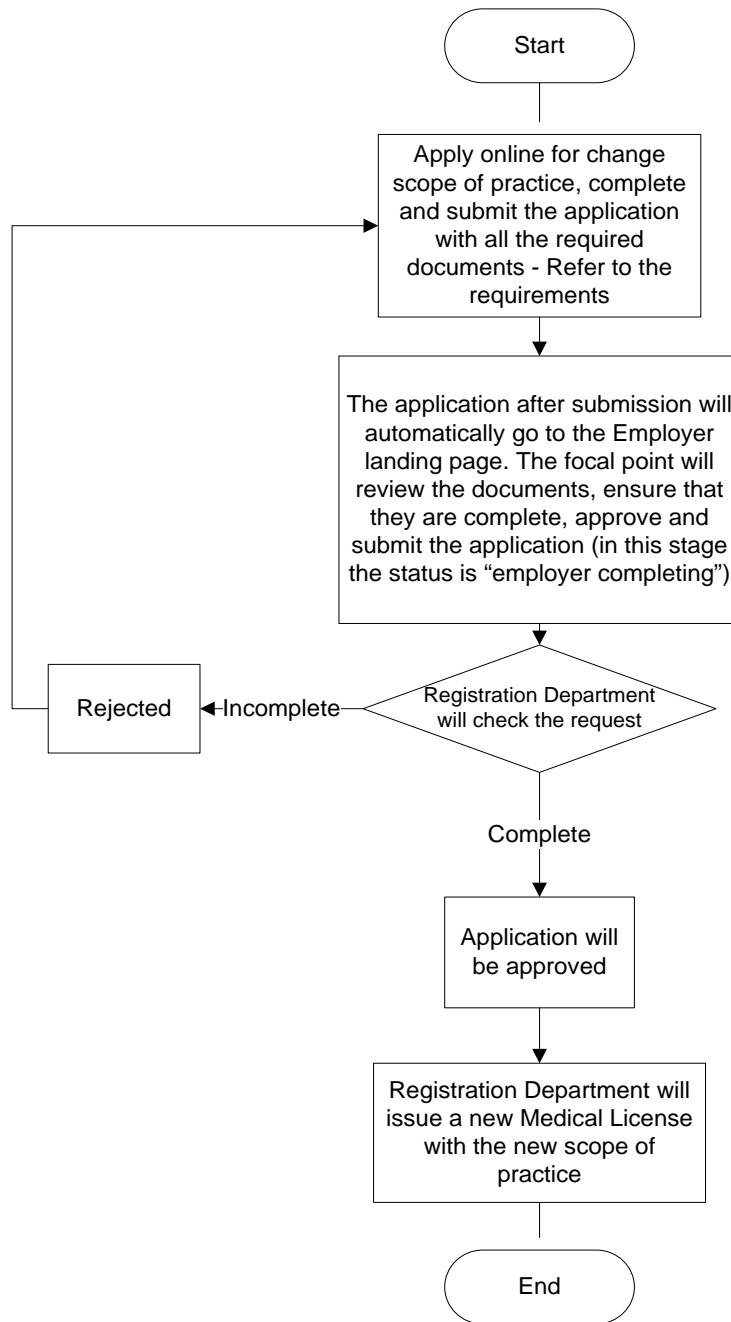
1. Copy of valid passport + copy of valid QID (should be changed to the new employer or secondment from the Ministry of Interior or any other adjustment according to the current laws and regulations in the State of Qatar).
2. Copy of valid medical license.
3. Copy of Final Facility Inspection Report (only for facilities under licensing process).

Notes

- Applications that do not meet the requirements mentioned above will be rejected.
- Original document/ certificates if required shall be submitted upon request.
- Any other required documents required to support the application that are not mentioned above shall be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated and attached to a copy of the original documents.
- Please refer to the Supreme Council of Health website frequently to check the updates of the change place of work requirements.

Follow-up on request (After a minimum period of 15 working days)

6. Change Scope of Practice Process Map



❖ The applicant should follow up on the request with the focal point.

Change Scope of Practice Requirements

Please apply through the electronic registration and licensing system on the website of Qatar Council for Healthcare Practitioners (www.qchp.org.qa) and complete the online application.

Submit an electronic Change Scope of Practice request and upload all the below mentioned documents:

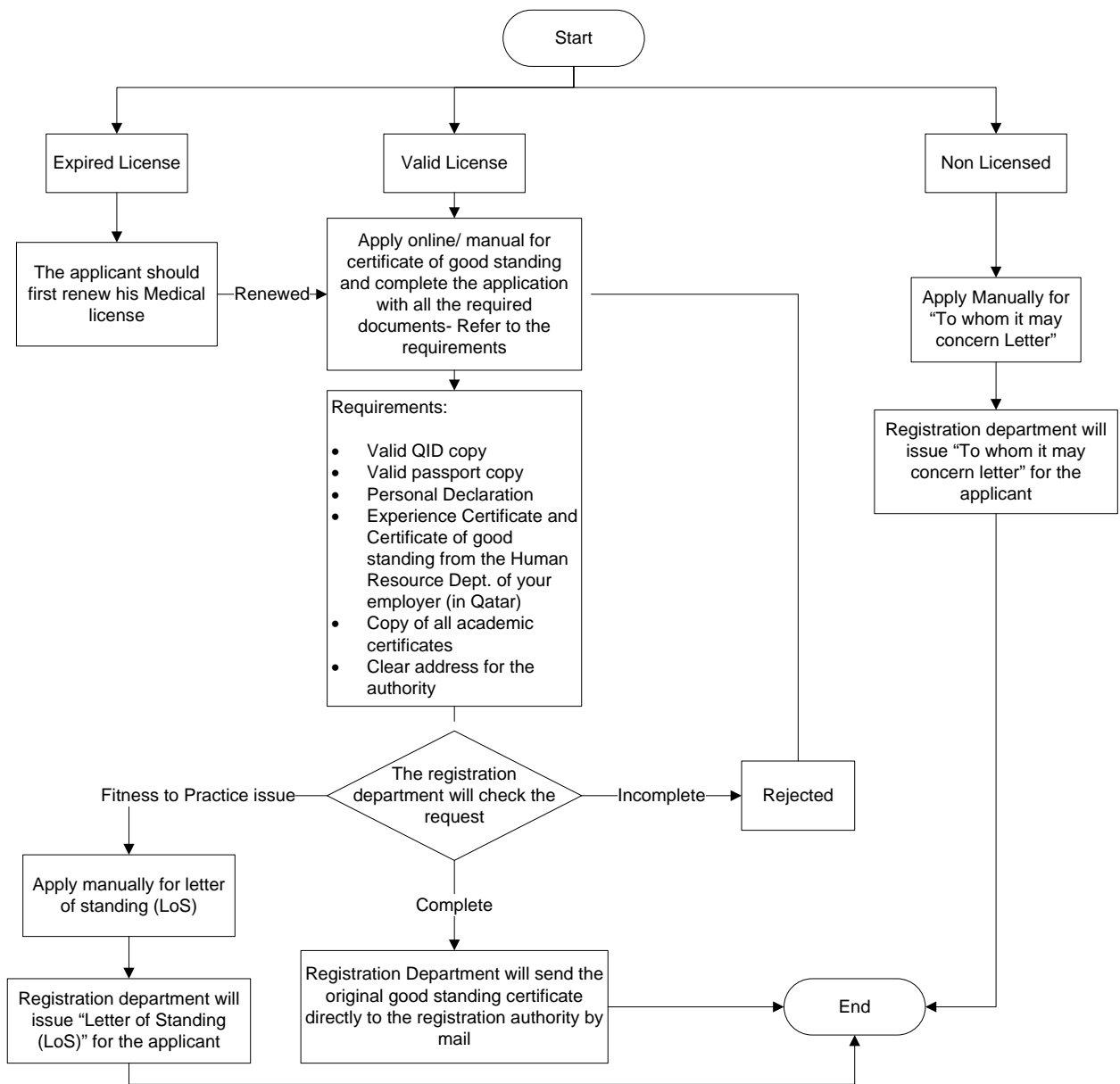
1. Copy of valid passport + copy of valid QID (If applicable).
2. Copy of current or last Medical license in the State of Qatar.
3. Copy of additional academic certificates.
4. Copy of additional experience.

Notes

- Applications that do not meet the requirements mentioned above will be rejected.
- Original document/ certificates if required shall be submitted upon request.
- Any other required documents required to support the application that are not mentioned above shall be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated and attached to a copy of the original documents.
- Please refer to the Supreme Council of Health website frequently to check the updates of the change scope of practice requirements.

Follow-up on request (After a minimum period of 15 working days)

7. Certificate of Good Standing Process Map



Certificate of Good Standing (COGS) Requirements

Please apply through the electronic registration and licensing system on the website of Qatar Council for Healthcare Practitioners (www.qchp.org.qa) and complete the online application.

Submit an electronic Certificate of Good Standing request and upload all the below mentioned documents:

1. Copy of valid passport + copy of valid QID (If applicable).
2. Copy of current or last Medical license in the State of Qatar.
3. Experience Certificate from Human Resource Dept. of your employer in State of Qatar.
4. Copy of all academic certificates.
5. Certificate of good standing from place of work (in Qatar).
6. Clear address for the Registration Authority.

Notes

- Applications that do not meet the requirements mentioned above will be rejected.
- Original document/ certificates if required shall be submitted upon request.
- Any other required documents required to support the application that are not mentioned above shall be submitted upon request.
- Please be informed that the original certificate of good standing will be sent directly to the department of request.
- Any documents presented in languages other than Arabic or English must be translated and attached to a copy of the original documents.
- Please refer to the Supreme Council of Health website frequently to check the updates of the certificate of good standing requirements.
- If the license is expired and the practitioners left the country or out of practice , Manual application can be accepted with the expired license

Follow-up on request (After a minimum period of 25 working days)