



Type - A

ONLY TYPED FORMS IN ENGLISH WILL BE ACCEPTED

Verification Program – Supreme Council of Health, Qatar

Personal Details: Please give your name in full (as per your Passport/ National ID) and alternatives where applicable. Maiden Name (i.e. Family Name / Last / Surname before marriage) should be provided where appropriate.

(FORM TO BE FILLED IN BLOCK / CAPITAL LETTERS ONLY)

* Family Name (Last / Surname)			
* Given Name (First Name)			
* Middle Name			
Maiden Name (If Applicable)			
* Date of Birth (dd/mm/yyyy)	Place of Birth		
* Passport No.	* Nationality		
National Identity Card No.	* Gender	Male / Female	
* Visa Type	<input type="checkbox"/> Visit <input type="checkbox"/> Resident		
* Mailing Address in Qatar			
City	* Post Code		
Area	Country		
Tel. No. in Qatar (Mobile / Res)			
Email Address			

Educational Qualifications and license information. Please provide **full and clear name and address** for the institution attended. Indicate clearly your qualification and the **exact name and address** of the qualifying body. **Do not use abbreviated terms or initials.**

Please provide FULL details of your highest degree / diploma level qualification as follows

Application for: Physician and Dentist Nursing Allied Health Professional



Education Information – 1

* Name as per Certificate			
	(If certificate name is different than name as per passport, then please submit the relevant name change document)		
* University/Institution Name			
College Name			
University Address.			
City		Area	
* University Country		Telephone No.	
Qualification Attained (e.g. Doctor of Medicine)			
* Major Subject		Minor Subject	
Student Identity / Roll No.			
Seat No. / Registration No.			
Attendance Period	From (dd/mm/yyyy)		To (dd/mm/yyyy)
Qualification Conferred Date (dd/mm/yyyy)			

Education Information – 2 (When applicable)

* Name as per Certificate			
	(If certificate name is different than name as per passport, then please submit the relevant name change document)		
* University/Institution Name			
College Name			
University Address.			
City		Area	
* University Country		Telephone No.	
Qualification Attained (e.g. Doctor of Medicine)			
* Major Subject		Minor Subject	
Student Identity / Roll No.			
Seat No. / Registration No.			
Attendance Period	From (dd/mm/yyyy)		To (dd/mm/yyyy)
Qualification Conferred Date (dd/mm/yyyy)			



License Information			
* Name as per License			
* Issuing Authority Name			
City		Area	
* Issuing Authority Country		Telephone No.	
License Attained			
License Type			
* License No.			
Issue Period	From (dd/mm/yyyy)		To (dd/mm/yyyy)
License Conferred Date (dd/mm/yyyy)			

Experience Details			
Please provide FULL details of employer for last 5 years starting in order from latest to the previous employer			
1st Employer Details			
* Name of the Employer			
* Address			
Website address (URL)			
Telephone No		Employment Code	
* Period of Employment	From (dd/mm/yyyy)		To (dd/mm/yyyy)
* Job Title / Designation		Department	
* Full time / Temporary	(If temporary please specify the agency name if any)		
2nd Employer Details			
* Name of the Employer			
* Address			
Website address (URL)			
Telephone No		Employment Code	
* Period of Employment	From (dd/mm/yyyy)		To (dd/mm/yyyy)
* Job Title / Designation		Department	
* Full time / Temporary	(If temporary please specify the agency name if any)		



3rd Employer Details			
* Name of the Employer			
* Address			
Website address (URL)			
Telephone No		Employment Code	
* Period of Employment	From (dd/mm/yyyy)	To (dd/mm/yyyy)	
* Job Title / Designation		Department	
* Full time / Temporary	(If temporary please specify the agency name if any)		
4th Employer Details			
* Name of the Employer			
* Address			
Website address (URL)			
Telephone No		Employment Code	
* Period of Employment	From (dd/mm/yyyy)	To (dd/mm/yyyy)	
* Job Title / Designation		Department	
* Full time / Temporary	(If temporary please specify the agency name if any)		
5th Employer Details			
* Name of the Employer			
* Address			
Website address (URL)			
Telephone No		Employment Code	
* Period of Employment	From (dd/mm/yyyy)	To (dd/mm/yyyy)	
* Job Title / Designation		Department	
* Full time / Temporary	(If temporary please specify the agency name if any)		



Letter of Authorization

I hereby authorize the Supreme Council of Health or DataFlow FZ LLC, its authorized affiliates, agents and subsidiaries, acting on its behalf to verify information, documentation and back ground verification presented on my application form including but not limiting to education, employment and licenses.

I hereby grant the authority for the bearer of this letter, with immediate effect, to release all necessary information to the Supreme Council of Health or DataFlow FZ LLC, its authorized affiliates, agents and subsidiaries.

This information / documentation may contain but is not limited to grades, dates of attendance, grade point average, degree / diploma certification, employment title, employment tenure, license attained, status of the license, place of issue and any other information deemed necessary to conduct the verification of the information / documentation provided.

I hereby release all persons or entities requesting or supplying such information from any liability arising from such disclosure. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I further understand and acknowledge that this Information Release Form will remain valid for a period of two years following its completion.

Personal Details:
(in BLOCK letters)

Full Name : _____
(Last / Surname) (First Name) (Middle Name)

Passport / Identity Card Number: _____

Signature

Date (dd/mm/yyyy)



Document / Information Checklist

The following documents are mandatory . Please note that the request will not be processed if this information / documents are not provided. (Please provide clear and legible copies of the documents indicating the University logo)		<i>Submitted</i>
1	Application form duly filled in its entirety	<input type="checkbox"/>
2	Signed letter of authorization	<input type="checkbox"/>
3	Valid Passport Copies	<input type="checkbox"/>
4	Name change certificate, if applicable (Marriage certificate, affidavit, any legal document, etc.)	<input type="checkbox"/>
5	Degree certificate copies (copy of original certificate(s)& translated copy)	<input type="checkbox"/>
6	Mark sheet for the final year (all year mark sheets for applicants who have studied in India)	<input type="checkbox"/>
7	Certificate of Authenticity and Verification (CAV) for applicants who have studied in Philippines	<input type="checkbox"/>
8	Copy of the backside on the degree certificate (for applicants having Afghanistan, Egyptian & Pakistani degrees/certificates)	<input type="checkbox"/>
9	Experience letters from previous employers for the last five years	<input type="checkbox"/>
10	Medical / Nursing license copy (front and back)	<input type="checkbox"/>
11	Renewal document (if applicable)	<input type="checkbox"/>
12	Payment receipt copy	<input type="checkbox"/>



The Supreme Council of Health has partnered with DataFlow FZ LLC to speed up the application for license to practice as a health professional in Qatar.

How does it work?

- The Applicant prepares and submits the evaluation application as per the instructions of the Supreme Council of Health, Qatar (Council).
- The Applicant delivers copies of the Dataflow application form, along with all the required supporting documents and the payment, to DataFlow Desk number 12.
- Applicants outside Qatar, can email their documents to qatarmoh@dataflowgroup.com along with a copy of the bank transfer advice. (please see “how do I pay” for payment details)
- DataFlow FZ LLC will make a background check on the educational qualification, health license and the last 5 years of recent work experiences, If the Issuing Authority refuses, or unable to provide a written verification, DataFlow FZ LLC to fill the form and mention the verifier details: Name, Title, Department and Phone number.,
- Within 30 working days, DataFlow FZ LLC will update Council on the result of the verifications.

How much this service cost?

Nurses and Technician: 600 QR

All other applicants: 800 QR

Applications must provide proof of receipt when they submit the license application.

How do I pay?

Applicant must pay the fees direct to DataFlow Desk number 12 located at the Supreme Council for Health.

Applicant outside Qatar must transfer the fee to the below account:

Integrascreen FZ LLC

HSBC Dubai Branch

Account NO: 021 179379 002

Swift Code: BBMEAEAD



Is this service Mandatory?

The purpose of this service is to speed up the process, and allow the applicants to obtain a health professional license in a short period.

The service will be mandatory to all health professionals

What are the advantages to the applicant?

- The approval of the application will be processed once the verification process and medical check have been completed.
- The applicant will save the efforts and expenses to send the required verification forms overseas themselves.
- The applicant can track the status of his application by email at qatarmoh@dataflowgroup.com

Who is DataFlow?

DataFlow provides background screening and immigration checks, and will verify the documents and information that doctors, nurses, and other health professionals provide when they apply for a health professional license.