



QCHP

المجلس القطري للخصائص الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



Personal Medical Radiation License Application Form

Registration & Licensing

Personal Details

Name (as in passport)

First Name ----- Middle -----

Family Name -----

Nationality ----- Gender Female Male

Date of Birth -----

Mobile No ----- Phone No -----

P.O. Box-----

E-mail-----

Private Sector

Public Sector

Qatari

Non - Qatari

Submitted by (Employer)

Profession

Has any Disciplinary action
ever been taken against
you because of violations
related to your profession?

Yes

No

Medical License in Qatar Details

License No----- License Expiry Date-----

Scope of Practice----- Place of work-----

Training Courses in Radiation Protection

Name of the Training Course -----

Month / Year of Conferment -----

Duration of training Course-----

Institution & Country -----

Radiation safety officer (R. S. O) Yes No

Field of License Therapeutic Radiation Protection

Diagnostic Nuclear Medicine

If yes, explain

