



**QCHP**

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



# Personal Medical Radiation License Renewal 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 )

#### 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

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

Yes

No

### Medical Radiation License Details

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

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