



Surgical Privileges 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

Oatari

Non - Oatari

Submitted by (Employer)

Scope of practice

Physician please specify your Specialty

Dentist -----

Medical License in Qatar Details or Evaluation Details

License No ----- Evaluation Result -----

License Expiry Date ----- Place of work -----

Scope of Practice -----

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

Yes

No

If yes, explain

Name of applicant -----

Date -----

Signature -----