



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



Certificate of Good Standing 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)

Medical License Details or Evaluation details (in case of to whom it may concern certificate)

License No ----- Evaluation result -----

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

License Expiry Date -----

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

Yes

No

If yes, please explain

Certificate Language Arabic English

Required Certificate To whom it may concern Registration Certificate CGS

Name of Registration Authority, which the Certificate of Good Standing should be directed

Name of Registration Authority

Country _____

P.O. Box _____

Name of applicant -----

Date -----

Signature -----



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Certificate of Good Standing Requirements

Requirements

- Certificate of Good Standing Application Form.
- Copy of valid passport.
- Copy of valid QID (front and back).
- Copy of current or last Medical license in state of Qatar. (if applicable)
- Personal Declaration (available on the website).
- Experience Certificate from your place of work in State of Qatar mentioned in it your good standing status and signed by medical director.
- Copy of all academic certificates

Notes

- Please note that any incomplete request will not be processed.
- Please arrange your application according to the above mentioned requirements order.
- Documentation necessary to support this application must be maintained and presented upon request.
- Please be informed that the original certificate of good standing will be Sent directly to the department of request, but certificate of registration is handed to the applicant.
- Presented documents must be translated in to Arabic or English (attached to A copy of the original documents)

Name of applicant-----

Date-----

Signature-----

For official use only

Date -----

Signature -----