

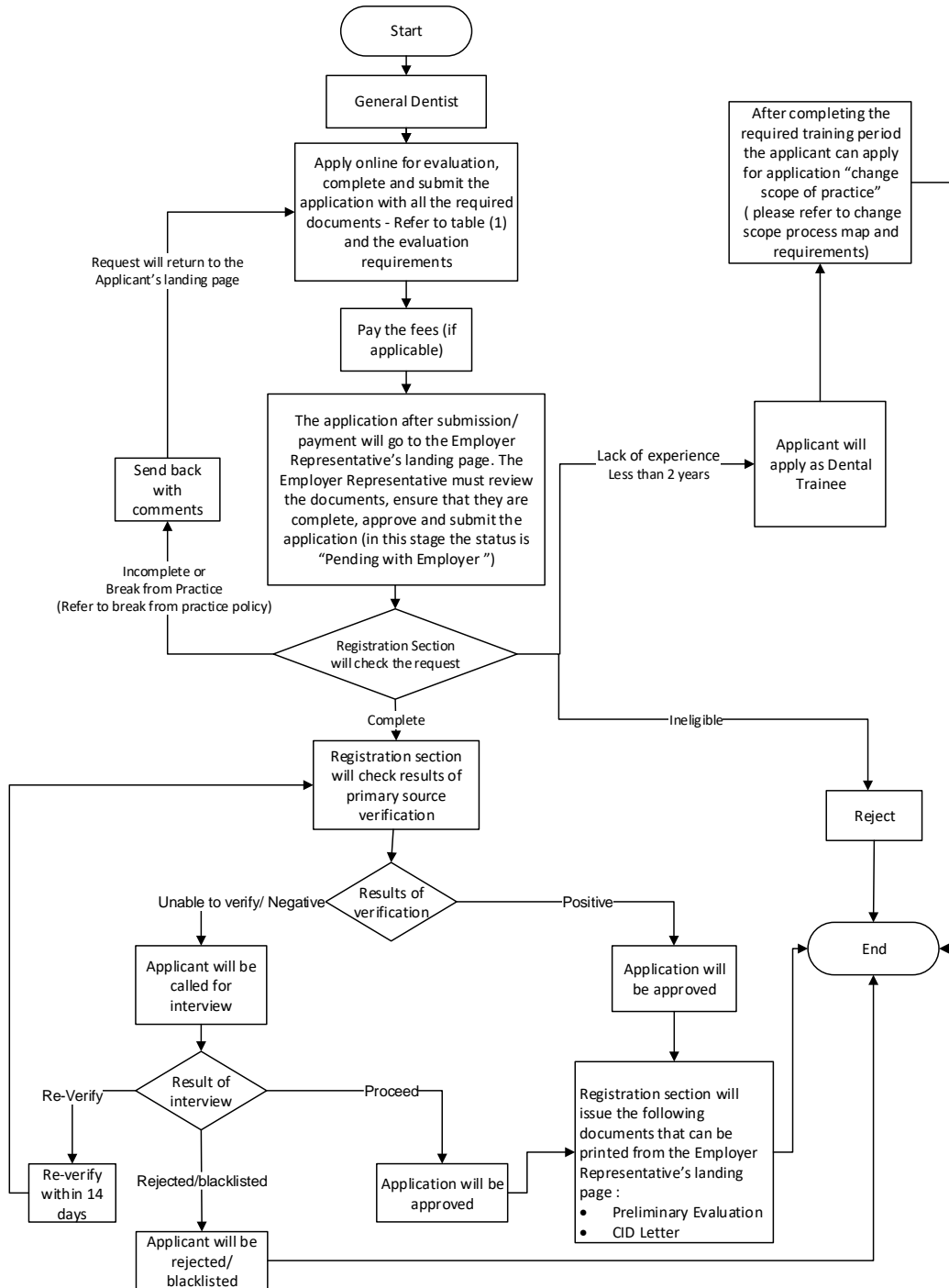


# Guidelines for Dentists

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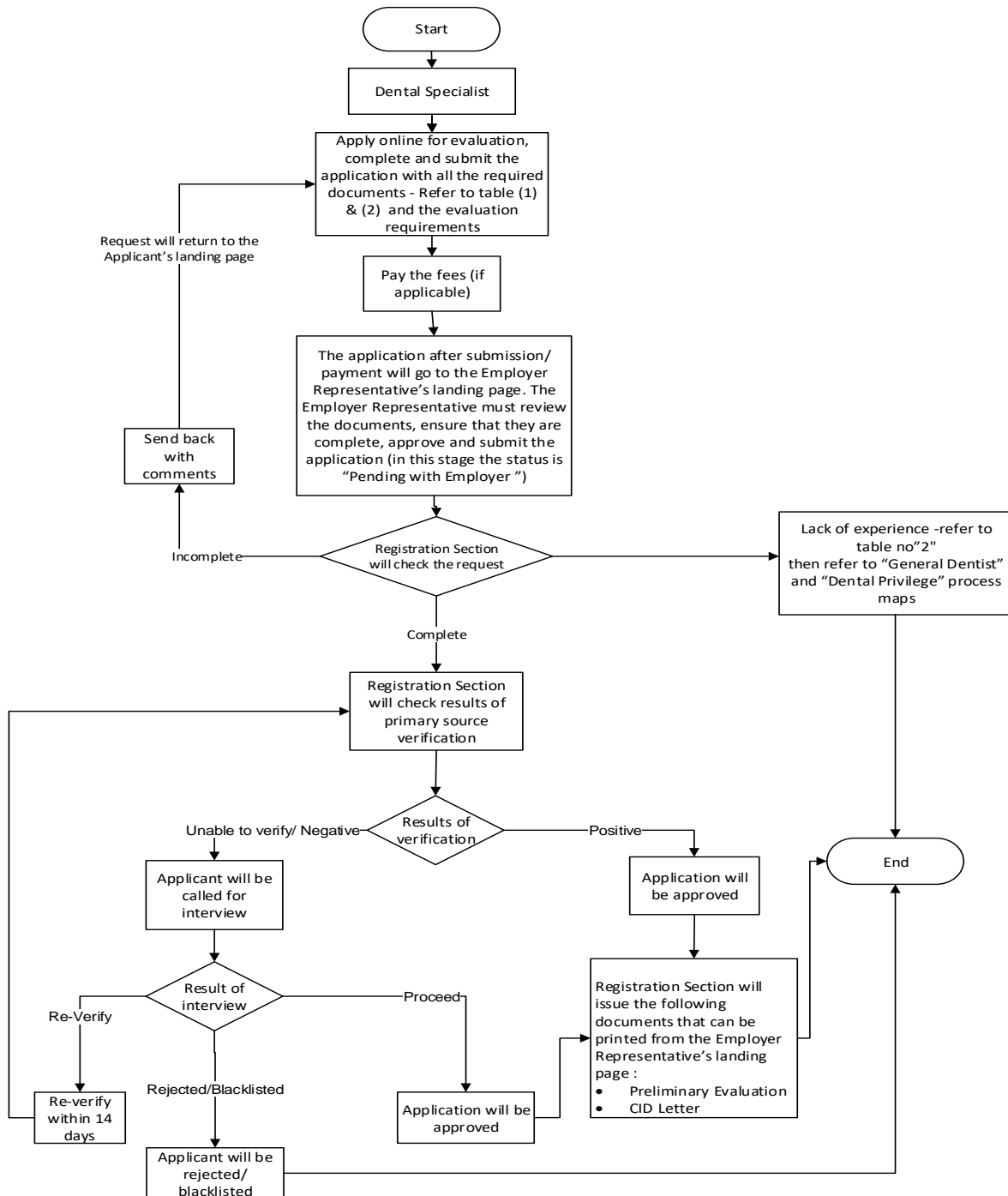
## 1. A) Registration/Evaluation Process Map for “General Dentist”



- ❖ The applicant should follow up on the request with the employer representative.
- ❖ For break from practice policy, refer to attachment "1" in the “Additional Attachments” document.
- ❖ Preliminary evaluation is only valid for 6 months.



## B) Registration/Evaluation Process Map for “Dental Specialist”



- ❖ The applicant should follow up on the request with the employer representative.
- ❖ For break from practice policy, refer to attachment "1" in the [“Additional Attachments”](#) document.



- ❖ Preliminary evaluation is only valid for 6 months.
- ❖ Other scopes of practice and post graduate degrees from countries that are not mentioned in the approved qualification (Table No.2) must be evaluated by specialized committees in the State of Qatar provided that the applicant has at least three years of experience as a specialist after the post-grad is completed.

## Registration/Evaluation Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website: ([website](#)), complete the online application and pay the required fees (if applicable).

**Submit an electronic “Apply for Evaluation” request and upload the below mentioned required documents:**

1. Copy of valid passport.
2. Copy of valid QID (front and back) or (the national number\* with copy of the document).
3. One recent photo (according to photo criteria stated in [circular \(04-2014\)](#) or in the “[Additional Attachments](#)” document).
4. An up to date Curriculum Vitae (C.V).(Refer to CV template on Circular 11/2017)
5. Copy of all academic certificates relevant to applicant’s scope with official transcript (refer to Table no. 1 & 2).
6. Copy of the recent work experience certificates (with an issue date) required according to applicant’s scope (refer to Table no. 1 & 2).
7. Copy of valid medical/registration licenses accompanying the required years of work experience (if applicable).
8. Copy of primary source verification report.
9. The verification report will be reviewed during this phase; any misleading information provided will result in further investigations and could result in disciplinary action.
10. Copy of the passing certificate of the qualifying exam (if applicable).

\*The National number depends on each country such as the national ID in Sudan, the national insurance number in UK, the multi-purpose number in the Philippines...etc.

## Notes

- Applications that do not meet the requirements above will be sent back to the applicant.
- The evaluation shall not obligate the Department of Healthcare Professions to grant the applicant any specific degree or title.
- Please note that the verification process done by the verification companies replaces attestation of certificates by related competent authorities (i.e.: certificates do not have to be attested).
- The certificate of good standing shall be received in the licensing phase unless the case



- requires otherwise.
- It shall be the applicant's responsibility to follow up on receiving the report regarding verification and the certificate of good standing.
- Applicants/employer representatives can follow up on the certificate of good standing with [QCHPGoodSt@moph.gov.qa](mailto:QCHPGoodSt@moph.gov.qa)
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above Must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check the updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with your employer representative.

Table No. "1"

Scope of practice	Education Requirements	Experience Requirements	Qualifying Exam (Prometric)
General Dentist	A minimum of 5 years' undergraduate dental school (DDS/BDS/ DMD or its equivalent)	<ul style="list-style-type: none"> <li>• Minimum of 2 years post graduate experience.</li> <li>• One year Internship program after 5 years of study can be counted within the experience.</li> </ul>	<p><b>Should sit for the qualifying exam unless exempted as per the Qualifying Examination Policy</b>            (Please check the Qualifying Examination policy on the Department of Healthcare Professions website)</p>
Dental Specialist	Please refer to Table "2"	Please refer to Table "2"	Not required

#### Dental Trainee:

- Applicants who do not meet the experience requirements mentioned in the above table can apply as a Dental Trainee by Submitting an electronic "Apply for Evaluation" request and upload the below mentioned required documents:
  1. Copy of valid passport.
  2. Copy of valid QID (front and back) or (the national ID number with copy of the document).
  3. One recent photo (according to photo criteria stated in [circular \(04-2014\)](#) or in the



4. "[Additional Attachments](#)" document).
  5. An up to date Curriculum Vitae (C.V), as per template available in Circular 11/2017.
  6. Copy of all academic certificates relevant to applicant's scope with official transcript (refer to Table no. 1).
  7. Copy of the recent work experience certificates (with an issue date) required according to applicant's scope ( if applicable).
  8. Copy of valid medical/registration licenses accompanying the required years of work experience (if applicable).
  9. Supervision letter from the place of work mentioning supervisor name and license number.
  10. Copy of primary source verification report.
  11. The verification report will be reviewed during this phase; any misleading information provided will result in further investigations and could result in disciplinary action.
- After completion of the required years of experience, the applicant can change scope of practice to General Dentist, with all requirements (please refer to change scope of practice requirements).

## Table No. "2"

### Approved Specialty certificates according to geographic location for the category of Dentists

- The following scopes of practice are evaluated according to the list below: Periodontics, Orthodontics, Pedodontics, Endodontics Prosthodontics, Oral Medicine and Public Health Dentistry.
- Other scopes of practice and post graduate degrees from counties that are not mentioned in the below table must be evaluated by specialized committees in the State of Qatar provided that the applicant has at least three years of experience as a specialist after the post-grad is completed.
- Regarding Restorative Dentistry and Endodontic scopes of practice (please refer to [circular no.19/2016](#) on the Department of Healthcare Professions website) and for Oral Medicine and Public Health Dentistry scopes of practice (please refer to [circular no.14/2016](#)) on the Department of Healthcare profession website)



- Please read the notes in the below table regarding specialists.

<b>Country</b>	<b>Category 1: Qualifications are eligible for dental specialty scope of practice which requires no experience or supervision</b>	<b>Category 2: Qualifications are eligible for dental specialty scope of practice which require years of experience or supervision on the specialty field</b>
<b>Australia</b>	<ul style="list-style-type: none"> <li>• Doctor of clinical dentistry</li> <li>• (approved specialist training program by Dental Board of Australia)</li> </ul>	
<b>Canada</b>	<ul style="list-style-type: none"> <li>• Diploma in a clinical specialty, <b>or</b></li> <li>• Dental specialty program, <b>or</b></li> <li>• Proof of national dental specialty Examination (NDSC), <b>or</b></li> <li>• Fellowship of the Royal College of Dentists of Canada</li> </ul>	
<b>Denmark</b>	<ul style="list-style-type: none"> <li>• Specialty certificate</li> </ul>	
<b>Egypt</b>	<ul style="list-style-type: none"> <li>• Doctoral degree</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Master's degree</li> <li>+</li> <li>• 3 years' experience</li> </ul>
<b>France</b>		<ul style="list-style-type: none"> <li>• CES (certified d'études specialises) granted to individuals of the EU until 1985, then substituted by the DES certificate</li> <li>• D.I.S (Diplome Interuniversitaires de Specialitie) granted to foreigners,</li> <li>+</li> <li>• 2 years' experience</li> <li>• (all applicants are required to submit their transcript and program curriculum or equivalent)</li> </ul>
<b>Germany</b>		<ul style="list-style-type: none"> <li>•</li> <li>• Facharzt (Facharztliche Anerkennung)</li> <li>+</li> <li>• 2 years' experience</li> </ul>



<b>Hong Kong</b>	<ul style="list-style-type: none"> <li>• Master of Dental Surgery</li> </ul>	
<b>India</b>		<ul style="list-style-type: none"> <li>• Master of Dental Surgery (MDS)</li> <li>+</li> <li>• 4 years' experience</li> </ul>
<b>Iran</b>		<ul style="list-style-type: none"> <li>• Iranian Board</li> <li>+</li> <li>• 4 years' experience</li> <li>• (All applicants are required to submit their transcript and program curriculum or equivalent)</li> </ul>
<b>Ireland</b>	<ul style="list-style-type: none"> <li>• Before 2007 Master of Dental Surgery (M.Dent.Ch)</li> <li>• After 2007 D.Ch.Dent</li> </ul>	-
<b>Jordan</b>		<ul style="list-style-type: none"> <li>• Advanced specialty certificate</li> <li>+</li> <li>• 3 years' experience</li> <li>(All applicants are required to submit their transcript and program curriculum or equivalent)</li> </ul>
<b>Lebanon</b>		<ul style="list-style-type: none"> <li>• Master of Science in dentistry, <b>or</b></li> <li>• Post graduate Diploma</li> <li>+</li> <li>• 3 years' experience</li> </ul>
<b>Netherlands</b>		<ul style="list-style-type: none"> <li>• Clinical specialty certificate</li> <li>+</li> <li>• 2 years' experience</li> </ul>
<b>New Zealand</b>	<ul style="list-style-type: none"> <li>• MDs <b>or</b> Doctor of Clinical Dentistry (DClintDent) (Approved specialist training program by the dental Council of New Zealand)</li> </ul>	
<b>Norway</b>	<ul style="list-style-type: none"> <li>• Certificate of completion of specialist training</li> </ul>	
<b>Romania</b>		<ul style="list-style-type: none"> <li>• Specialty certificate</li> <li>+</li> <li>• 4 years' experience</li> <li>(All applicants are required to submit their transcript and program curriculum or equivalent)</li> </ul>
<b>Russia</b>		<ul style="list-style-type: none"> <li>• Specialty certificate (Clinical Ordinatura)</li> <li>+</li> <li>• 4 years' experience</li> </ul>





		(All applicants are required to submit their transcript and program curriculum or equivalent)
<b>Singapore</b>		<ul style="list-style-type: none"> <li>• MDS</li> <li>+ <ul style="list-style-type: none"> <li>• 4 years' experience</li> </ul> </li> </ul>
<b>South Africa</b>		<ul style="list-style-type: none"> <li>• Master in Clinical Dentistry (MClindent)</li> <li>+ <ul style="list-style-type: none"> <li>• 2 years' experience</li> </ul> </li> </ul>
<b>Sweden</b>	<ul style="list-style-type: none"> <li>• Specialty certificate</li> </ul>	
<b>Switzerland</b>	<ul style="list-style-type: none"> <li>• Clinical Master's degree</li> </ul>	
<b>Syria</b>		<ul style="list-style-type: none"> <li>• Specialization certificate</li> <li><b>Or</b></li> <li>Higher Postgraduate Studies</li> <li>+ <ul style="list-style-type: none"> <li>• 4 years' experience</li> </ul> </li> </ul> <p>(All applicants are required to submit their transcript and program curriculum or equivalent)</p>
<b>United Kingdom</b>	<ul style="list-style-type: none"> <li>• Master of Clinical Dentistry (MClindent)</li> <li>OR</li> <li>• Master of Dental Science form UK or its equivalent, provided that the mentioned certificate should be accredited by General Dental Council, and qualify the applicant to sit for the Royal College Membership/Fellowship exam.</li> <li>OR</li> <li>• Specialty Membership/Fellowship of Royal College from UK or Ireland</li> </ul>	
<b>USA</b>	<ul style="list-style-type: none"> <li>• ADA approved Specialty training program</li> </ul>	

## Notes

- Holders of any post-graduate degree that is not included in the above table must submit his/her transcript and program curriculum or equivalent subject for review according to the Department of Healthcare Professions' policies and procedures.
- The above table is not exclusive and the Department of Healthcare Professions reserves the right to amend and update the requirements at different intervals without prior notice.



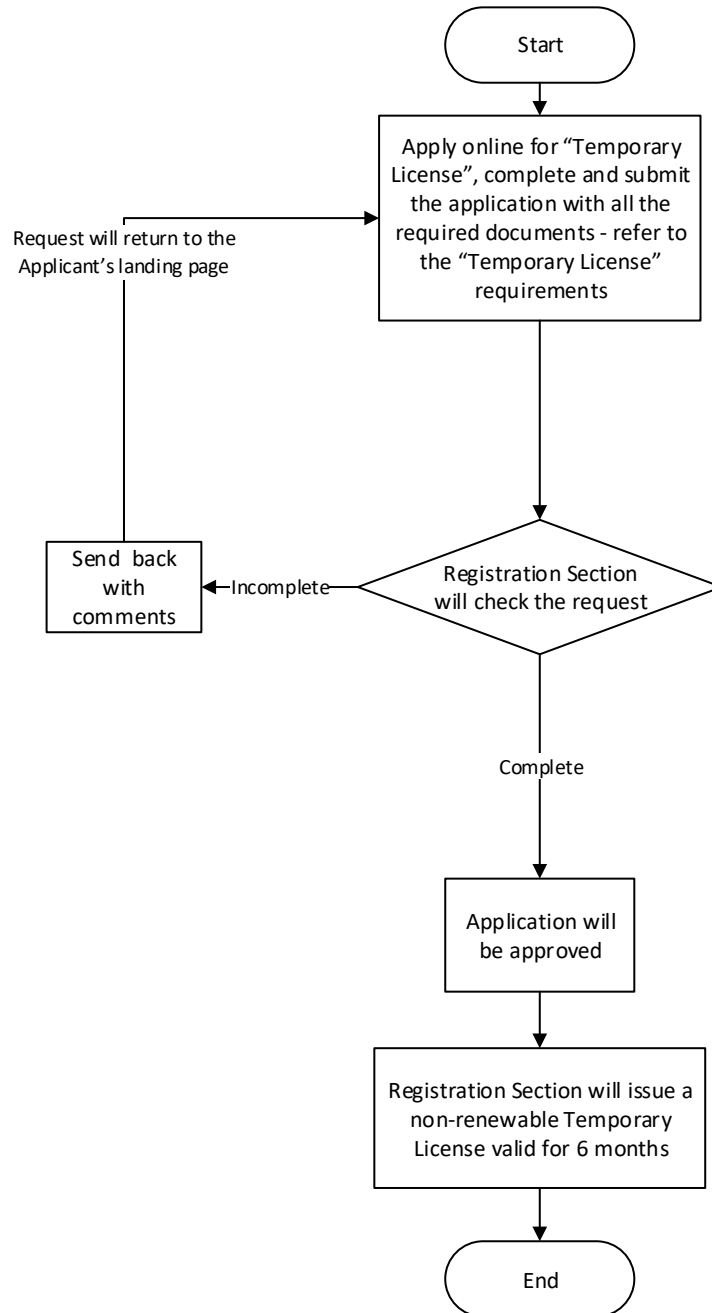
- Holder of a Qualification degree which is higher than the degrees mentioned in the above table will be considered accordingly.
- The Department of Healthcare Professions reserves the right to ask for recommendation letters if required.
- The Department of Healthcare Professions reserves the right to conduct interviews as part of the evaluation process if required.
- The Department of Healthcare Professions reserves the right to ask for additional supporting documents whenever needed.
- Registration for specialty degree in dentistry requires completion of a comprehensive and advanced training program in the specialty.
- Holders of Master Degrees from any country must submit the transcripts that show the duration of study and program curriculum or equivalent.
- All above mentioned specialty certificates requires an approved clinical training program from the donors of the program provided that the training duration is not less than two years except:
  - Orthodontics (3 years minimum)
- When the applicant's eligibility to be registered as Dental specialist is determined, the following requirements must also be met:
  - Academic degree in dentistry (not less than 5 years) or an equivalent degree.
- The Department of Healthcare Professions reserves the right to consult an expert panel in the respective specialty whenever required.

#### **Certificates that will not be professional classified:**

- Certificates of mostly academic nature and character, the curricula of which don't include patient care, clinical practice and practical training in the field of specialization.
- Health certificates acquired through honorary training programs or as a locum dentist or a non-practicing associate or those which are obtained through correspondence and the like.
- Certificate issued from health unrelated colleges and institutes certificate that are not subject to a training program or that are acquired during work in recognized training centers.
- Registration certificate for obtaining work permits or affiliation (membership) of certain associations that are granted after passing the licensing examination in specific countries such as United States of America.
- Certificates obtained or granted through affiliation or distance learning and contradict the laws of higher education.
- Bridge programs with specific universities made outside the university campus.
- Certificates from Royal College of Physicians and Surgeons in the United States of America.



## 2. Temporary License Process Map





## Temporary License Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

**Submit an electronic “Apply for Temporary License” request and upload the below mentioned required documents, (documents uploaded in the evaluation will remain available on the system unless expired):**

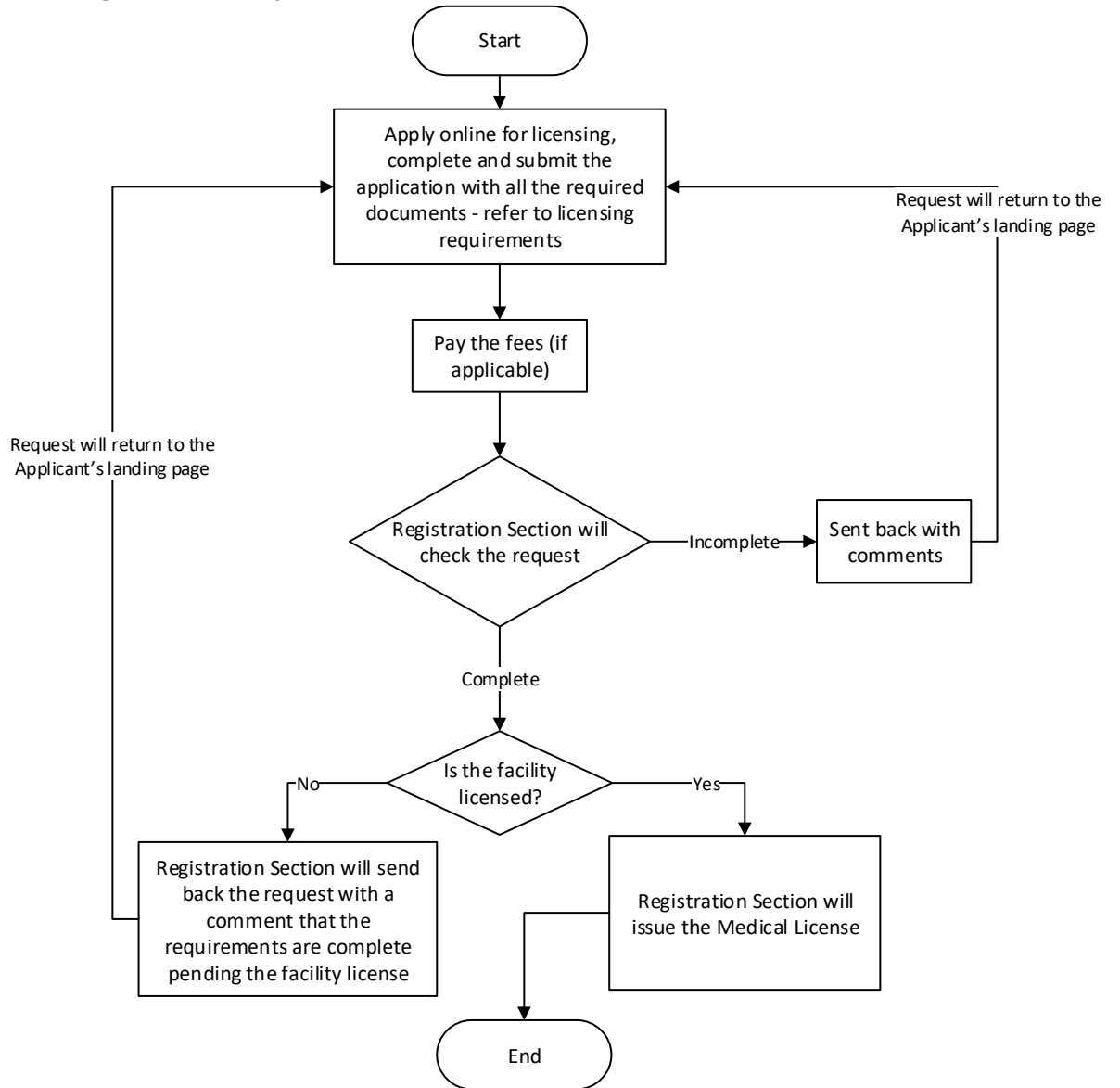
1. Copy of valid QID (front and back) (If applicable)
2. In case the healthcare practitioner applies for the temporary license without a QID, then the following documents must be submitted:
  - Medical Test from the home country (Blood Test, Chest X-ray) attested from the Ministry of Foreign Affairs in Qatar (MOFA).
  - Police Clearance Certificate from the home country attested from MOFA.
3. Undertaking letters for the temporary license for the practitioner and facility (correct templates are in the “[Additional Attachments](#)” document)

## Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Temporary Licenses shall be valid for a maximum period of 6 months (non-renewable).
- The practitioner must apply for a licensing application during the temporary license validity period; otherwise, they will have to re-apply for evaluation.
- In case of negative verification reports and proven incidents of fraud, the license will be suspended, practitioner will be banned from practicing immediately and this will result in disciplinary actions on the practitioner.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.



### 3. Licensing Process Map





## Licensing Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

**Submit an electronic “Apply for Licensing” request and upload the below mentioned required documents, (documents uploaded in the evaluation will remain available on the system unless expired):**

1. Copy of valid QID (front and back) (If applicable)
  - a. For male practitioners (and female practitioners on their employer’s sponsorship), the sponsor should be the potential employer.
  - b. For female practitioners on a family sponsorship, please attach the QID in addition to a letter of intent from your potential employer.
2. Copy of the verification report.
3. Copy of Police Clearance Certificate from Qatari Ministry of Interior.
4. Medical report (valid for 6 months), which can be issued by:
  - a. HMC
  - b. Medical Commission
  - c. Private hospitals (Al Ahli, Al Emadi & Doha Clinic)
  - d. Primary Health Care Corporation (For Qataris only)
5. Medical report must include: HIV test, HCV test, HBV test and Chest X-Ray.
6. Copy of Valid Recognized CPR (cardio-pulmonary resuscitation) course or its equivalent (or CPR registration receipt + undertaking letter that CPR certificate will be submitted upon completion).
7. Original Certificate of Good Standing must be sent directly from the Registration authority (or authorities) of the most recent required years of work experience, to: Registration Section, Department of Healthcare Professions, Ministry of Public Health, P.O. Box: 7744, Doha, Qatar or [QCHPGoodSt@moph.gov.qa](mailto:QCHPGoodSt@moph.gov.qa).

### Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- The certificate of good standing will be reviewed during this phase; any misleading information provided will result in further investigations and could result in disciplinary action.
- It is the applicant’s responsibility to follow up on receiving the certificate of good standing.
- Applicants/employer representatives can follow up on the certificate of good standing with [QCHPGoodSt@moph.gov.qa](mailto:QCHPGoodSt@moph.gov.qa)



- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

**You can follow-up on the request with your employer representative.**

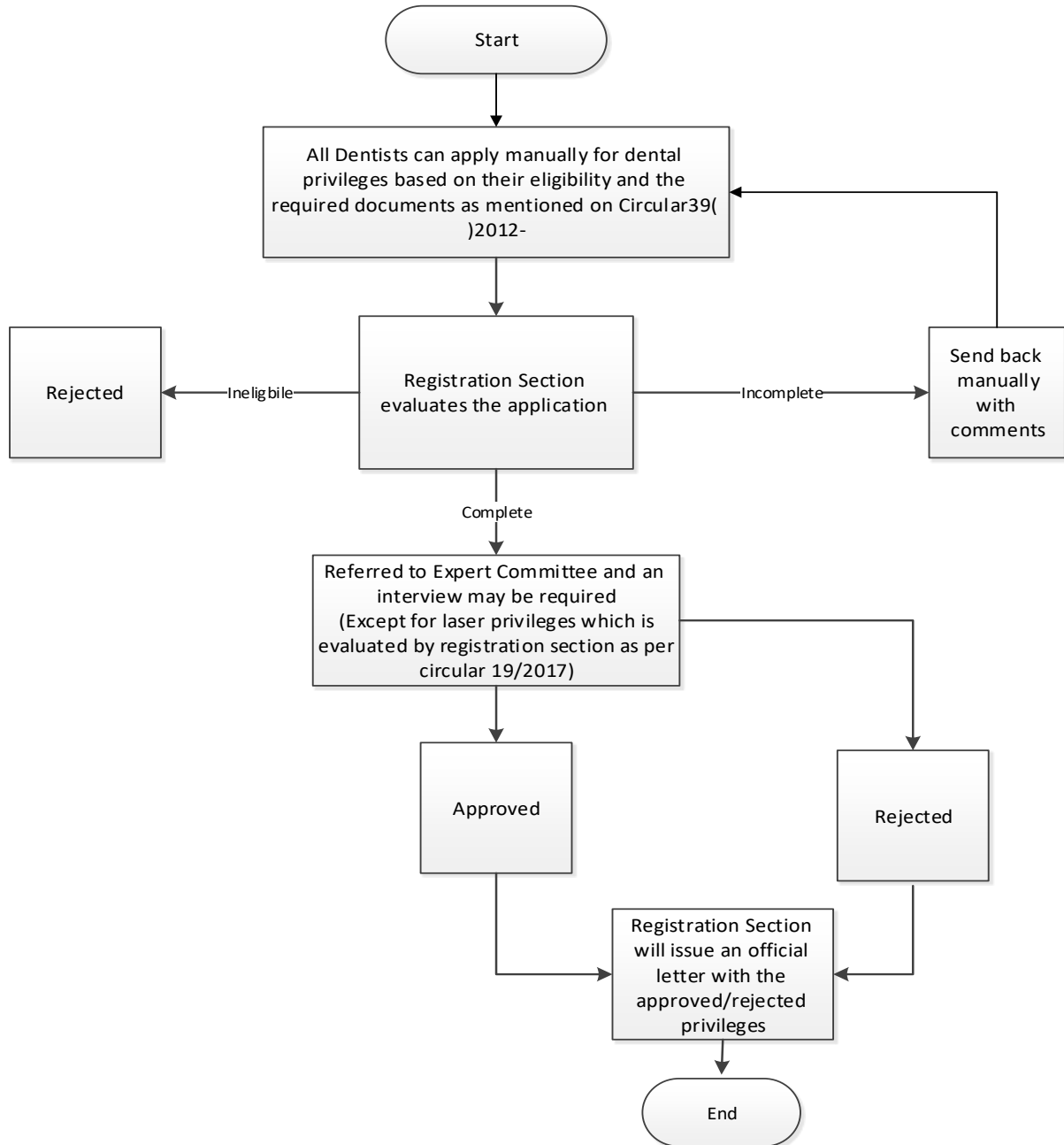
#### **For Locum dentists**

**The following items are required in addition to the previous requirements noted above:**

1. Copy of recent blood test and chest x-ray (valid for 6 months after the test date) from Medical Commission Dept. (or an attested valid blood test & chest x-ray from home country and an undertaking letter signed and stamped from the place of work stating that the blood test and chest x-ray will be taken in the State of Qatar before commencing work).
2. Attested police clearance from home country.
3. The healthcare institution shall submit an application along with specific dates for the Locum doctors (for e.g. From: DD/MM/YR To: DD/MM/YR) without contradicting with the recruitment system in the Ministry of Interior with regards to the period of the visit.
4. There must be a licensed specialist on a permanent basis with the same specialty for following up the cases that the Locum doctor deals with.
5. No QID is required for Locum Doctors; please check [circular 14/2015](#).
6. A letter of intent should be attached from the potential employer.



#### 4. Dental privileges Process Map



**Notes:**

- All Dentists are eligible for core privileges, while Dental Specialists are eligible for non-core privileges in their specialty only.
- Any incomplete request will not be processed, and will be sent back to the counter 13 in the Ministry of Public Health’s premises with a note for all the missing documents.





- The applicant should follow up on the request with the employer representative.
- Please check circular no. (8/2015) - Mandatory instructions for all physicians and dentists.

## Dental Privileges Requirements

### A] First Time Dental Privilege Application:

Submit a manual Dental Privileges request attached with all the below mentioned documents (*Two copies to be submitted*):

1. Request letter (cover letter) signed & stamped by the medical director of the place of work specifying requested privileges, the start date of work and good standing.
2. Copy of Bachelor's Degree or its equivalent.
3. Copy of the specialization certificate or its equivalent (if applicable).
4. Copy of work experience in the requested privilege.
5. Copy of training certificate/courses attended in the requested privilege (if available).
6. An up to date Curriculum - Vitae (C.V).
7. Copy of valid Medical License or copy of valid evaluation
8. Case submission Declaration for Dental Privileges (available on the website in the [dental privilege section](#)). (if applicable)
9. Personal Declaration for Dental Privileges (available on the website in the [dental privilege section](#)).
10. Any other additional requirements requested.
11. Treated Cases on an CD or USB

### B] Re-evaluation application of Dental Privileges (After 6 month period):

Submit a manual Dental Privileges request attached with all the below mentioned documents:

*(Two copies to be submitted)*

1. Justification letter for re-applying for Dental Privileges.
2. Request letter (cover letter) signed & stamped by the medical director of the place of work specifying requested privileges, the start date of work and good standing.
3. Copy of **new** training certificate/courses attended in the requested privilege.
4. Copy of **new** work experience in the requested privilege ( log book )
5. Copy of Valid Medical License or copy of valid evaluation.
6. Personal Declaration for Dental Privileges (available on the website in the [dental privilege section](#)).
7. Case submission Declaration for Dental Privileges (available on the website in the [dental privilege section](#)). (if applicable)



8. Copy of bachelor degree or its equivalent.
9. Copy of the specialization certificate or its equivalent. (if applicable).
10. Curriculum - Vitae (C. V).
11. Any other additional requirements requested.
12. Treated Cases on an CD or USB
13. Copy of previous Dental Privileges approval/rejection letter from Registration section.

#### Notes

- Application to perform procedures under General Anesthesia must be accompanied by a Stamped approval letter from the facility where the applicant wants to perform the procedures under General Anesthesia.  
[http://www.qchp.org.qa//en/Documents/Request%20for%20Privileges%20to%20do%20Dental%20Treatment%20\(S\)%20Under%20General%20Anesthesia%20\(june%202016\).pdf](http://www.qchp.org.qa//en/Documents/Request%20for%20Privileges%20to%20do%20Dental%20Treatment%20(S)%20Under%20General%20Anesthesia%20(june%202016).pdf) )
- The applicant can apply for Dental Privileges upon evaluation approval or with valid temporary license.
- All Dental requirements are applicable on Locum practitioners.
- Any incomplete request will not be processed, and will be sent back to the counter 13 in the Ministry of Public Health's premises with a note for all the missing documents.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- It is prohibited to communicate directly with the committee in regard to the follow up of healthcare practitioners' Dental Privileges requests, Anyone who violates the above, will be held accountable and be subject to disciplinary actions, such as rejection of the respective request with an official warning sent to the concerned facility "refer to circular 2/2014".
- If the healthcare practitioner is not satisfied with the result of the requested privilege or the result is not clear, **he/she can apply for appeal** within one month, with all the required documents mentioned in the first time Dental Privileges Application category, in addition



to, a justification letter and Copy of the result (committee evaluation) issued by the registration section for the pervious privilege/s request

- Any appeal request after a period of one month will not be considered.
- Reapplying for Dental Privileges will only be considered after **a period of 6 month**, and if the applicants submit new documents as new log book/cases or courses or training that had not been submitted or evaluated through the committee before.
- Please refer to the website of the Department of Healthcare Professions frequently to check the updates of the requirements.
- A case by case assessment may be implemented.
- **Follow-up on request through the focal point** (After a minimum period of 30 working days

## Circular “39-2012”– Guidelines for Dentists

<b>Circular ( 39 )</b>	
<b>From</b>	Dr. Jamal Rashid Al- Khanji Director, Healthcare Quality Management /SCH
<b>To</b>	All Dentists in the State of Qatar
<b>Subject</b>	Guidelines for Dentists General & specialist Scope of practice
<b>Date</b>	14 March 2012

At its meeting No.4 held on 28/2/2012, the Permanent Licensing Committee (PLC) approved the following Guidelines for Dentists, General & specialist Scope of practice

### **General Remarks**

- 1) The Proposed guidelines are divided into two parts:
  - a. Core privileges (for General Dentist).
  - b. Non-core privileges (for certified specialists).
- 2) Certified Specialists are automatically entitled to all core privileges.



- 3) Certified Specialists can only apply for non-core privileges outside of their specialty if they provide evidence of advanced training and/or experience in the individual procedure (an interview may be required).
- 4) General dentists can only apply for non-core privileges if they provide evidence of advanced training and/or experience in the requested procedure (an interview may be required).

### ***Core privileges (for General Dentist)***

#### ***Diagnostic Procedures***

- 1- Oral examination
- 2- Dental radiograph fabrication/diagnostic image interpretation
  
- 3- Pulp vitality testing
- 4- Plaster cast fabrication for diagnosis
- 5- Adjunctive medical laboratory evaluation

#### ***Preventive Procedures***

- 1- Oral hygiene instruction procurement
- 2- General dental prophylaxis administration
- 3- Topical fluoride treatment
- 4- Fissure sealant application
- 5- Custom (fluoride) tray/mouth guard fabrication/ insertion

#### ***Restorative Procedures***

- 1- Direct restoration (amalgam/composite/glass ionomer) fabrication
- 2- Post and core fabrication
- 3- Vital bleaching

#### ***Endodontic Procedures (permanent teeth)***

- 1- Pulpotomy
- 2- Pulp extirpation
- 3- Direct and indirect pulp capping
- 4- Conventional root canal therapy (single rooted teeth)
- 5- Non-Surgical retreatment (single rooted teeth)
- 5- Non-vital bleaching

#### ***Periodontal Procedures***

- 1- Scaling and root planning
- 2- Gingivoplasty/gingivectomy localized single tooth only
- 3- Application of local medication delivery system
- 4- Maintenance recalls
- 5- Single crown lengthening (not involving bone removal)
- 6- Incision and drainage of periodontal abscesses
- 7- Provisional splinting of teeth



### ***Prosthodontics Procedures***

- 1- Inlay and onlay preparation/fabrication
- 2- Ceramic veneer preparation/fabrication
- 3- Partial coverage crown preparation/fabrication
- 4- Full crown preparation/fabrication (maximum one Quadrant at a time)
- 5- Bridge preparation/fabrication (maximum one quadrant at a time)
- 6- Maryland bridge preparation/fabrication
- 7- Partial Denture fabrication
- 8- Complete Denture fabrication
- 9- Denture relining
- 10- Repair of removable prosthodontic restorations
- 11- Repair of fixed prosthodontic restorations

### ***Oral Surgery Procedures***

- 1- Extraction of Erupted teeth
- 2- Incision and drainage of intraoral abscesses
- 3- Suturing of Intraoral wounds
- 4- Closed reduction of TMJ dislocation
- 5- Excision of hyperplastic tissues

### ***Orthodontic Procedures***

- 1- Emergency treatment of fixed appliances
- 2- Repair or replacement of removable appliances

### ***Pediatrics Procedures***

- 1- Pulpotomy (primary teeth)
- 2- Passive space maintainer fabrication/insertion
- 3- Stainless Steel crown fabrication/insertion

### ***Other Procedures***

- 1- Prescription of medication
- 2- Administration of Local anesthesia
- 3- Desensitization procedure administration

### ***Non-core privileges (for certified specialists) only.***

#### ***Endodontic Procedures (permanent teeth)***

- a. Apexification /apexogenesis
- b. Conventional root canal therapy (multi rooted teeth)
- c. Non-surgical retreatment (multi rooted teeth)
- d. Root amputation/hemisection
- e. Periradicular Surgery
- f. Intentional reimplantation
- g. Treatment of obstructed canals
- h. Removal of broken instruments
- i. Repair of internal perforations



### ***Periodontics Procedures***

- a. Periodontal flap surgery
- b. Mucogingival Surgery (gingivoplasty, gingivectomy, frenectomy, free gingival/mucosal grafting, root coverage)
- c. Osseous surgery/crown lengthening
- d. Guided tissue regeneration
- e. Guided bone augmentation

### ***Prosthodontic Procedures***

- a. Denture rebasing
- b. Immediate denture fabrication/insertion
- c. Over denture fabrication/insertion
- d. Multiple unit fixed prosthesis construction (more than one quadrant at a time)
- e. Implant supported restoration (single)
- f. Implant supported restoration (multiple)
- g. Precision Attachment denture fabrication/insertion
- h. *Full-mouth* reconstruction with alteration of vertical dimension
- l. Complete occlusal adjustment

### ***Oral Surgery Procedures***

- a. Surgical exposure of un-erupted teeth
- b. Removal of impacted teeth
- c. Removal of remaining roots
- d. Removal of oral cavity cysts
- e. Transplantations of teeth
- f. Removal of palatal/alveolar exostoses
- g. Removal of foreign bodies in soft tissue and hard tissue
- h. Vestibuloplasty prosthetic surgery (e.g. alveoplasty, alveolar bone augmentation, sinus lifting etc.)
- i. Closure of oroantral fistulas
- j. Intraoral hard tissue biopsy sampling
- k. Frenectomy
- l. Palatal tissue hyperplasia reduction

### ***Orthodontic Procedures***

- a. Interceptive orthodontic treatment
- b. Orthodontic treatment (including bonding bracket on surgically exposed teeth and applying traction on impacted teeth)
- c. Insertion of removable and fixed functional appliances.
- d. Orthodontics treatment in orthognathic surgery patients
- e. Orthodontic treatment for cleft and syndrome patients.
- f. Insertion of orthodontics mini screws.

### ***Pedodontics Procedures***

- a. Preventive dental care (including oral hygiene, injury prevention, dietary, and habit counseling)



- b. Behavior management techniques for apprehensive children (including voice control, non-verbal communication, tell-show-do, positive reinforcement, distraction, parental presence/absence, hand over mouth and Physical restraint)
- c. Aversive behavioral management (including digital and non-nutritive sucking behavior, tongue and swallowing habits)
- d. Management of bruxism
- e. Interceptive orthodontic treatment (correction of anterior and posterior cross bite, space regainers, maxillary expansion with removable appliances)
- f. Serial extraction.
- g. Prosthodontic procedures (including fabrication / insertion of stainless steel crowns)
- h. Uncomplicated extraction of primary and permanent teeth, full management of all types of tooth injuries (traumas)
- i. Treatment of medically compromised physically and mentally disabled children under local or general anesthesia **(requires special approval)** in operating room.
- j. Full mouth rehabilitation for healthy apprehensive children under general anesthesia **(requires special approval)** in operating room
- k. Management and treatment of children receiving chemotherapy and/or radiation

#### ***Other Procedures (Procedures that need Special approvals)***

1. Treatment under general anesthesia **(For licensed Specialist)**
2. Construction/insertion of obstructive sleep apnea appliances
3. Laser Procedures **(Please refer to [Circular 19/2017](#) available on the Department of Healthcare Professions website for eligibility criteria)**
4. Implant Procedures
5. Botox and Filler **(For licensed Specialist)**

#### ***Notes and definitions***

- 1) All dentists must follow standard recognized procedures in all the fields of dentistry for diagnosis, treatment and follow-up of their patients.
- 2) All dentists must take necessary impressions and radiographic images whenever required for treatment or documentation. For example: Orthodontist should take initial impressions of both arches, a panoramic radiograph, and a lateral cephalogram.
- 3) Any other procedure that is not listed in this guideline can be requested by the practitioner.
- 4) Please kindly refer to the Website for updates on a regular basis.

#### **5) DENTAL SCOPES OF PRACTICE:**

##### **A. General Dentist:**

A Dentist who can perform all core privileges mentioned above.

##### **B. Orthodontics:**

Is the diagnosis, prevention and treatment of all forms of malocclusion of the teeth (improper bite).



**C. Oral & Maxillofacial Surgery:**

Is the diagnosis, surgical, and nonsurgical treatment of diseases, injuries and defects of the mouth, face, skull, jaw, and associated structures.

**D. Periodontics:**

Is the prevention, diagnosis, and treatment of diseases or abnormalities of the periodontium, or supporting tissues of the teeth, including the gums, cementum and periodontal ligament.

**E. Pediatric Dentistry:**

Is the branch of dentistry that is concerned with oral healthcare for children and adolescents.

**F. Endodontics:**

Is the diagnosis, prevention, and treatment of diseases and injuries to the dental pulp (the soft tissues inside the tooth) and the tissues surrounding the root of the tooth.

**G. Restorative Dentistry:**

Is the treatment of patients with the partial or complete loss of teeth, including surgical, endodontic, periodontic, orthodontic and prosthodontics procedures.

**H. Prosthodontics:**

Is the restoration of oral function by creating prostheses and restorations (i.e. complete dentures, crowns, implant retained/supported restorations) for patients with a range of clinical conditions involving missing or deficient teeth and/or craniofacial tissues.

**I. Oral Surgery:**

Is the diagnosis, surgical treatment and ongoing management of conditions affecting the teeth and the bone immediately surrounding teeth.

**J. Public Health Dentistry:**

It is the science and art of diagnosing, preventing and controlling dental diseases and promoting dental health through organized community efforts.

**K. Oral Medicine:**

It is concerned with the oral health care of patients with chronic and medically related disorders of the oral and maxillofacial region, and with their diagnosis with non surgical management.

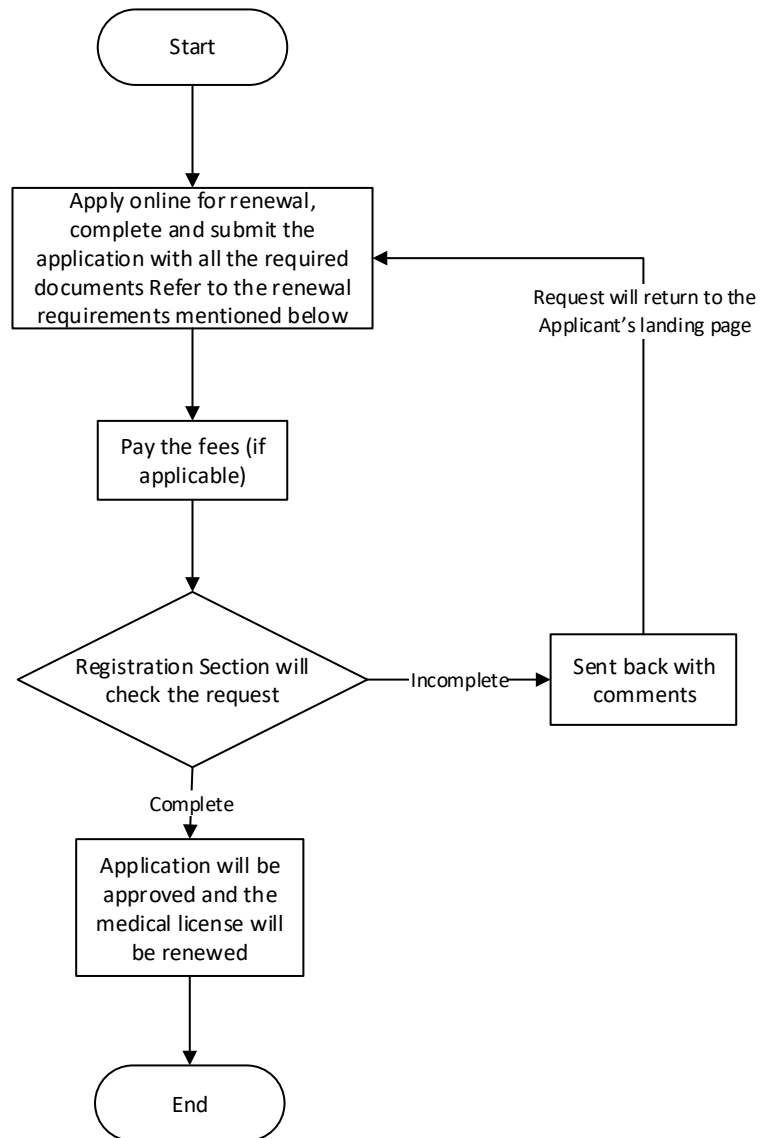
For further clarification, please contact “Dentist Registration & Licensing Team”:

- Dr. Souma El-Torky, Registration Supervisor/ email: [seltorky@moph.gov.qa](mailto:seltorky@moph.gov.qa)
- Dr. Rima Hekmat Haddad, Registration Coordinator/ email: [rhaddad@moph.gov.qa](mailto:rhaddad@moph.gov.qa)
- Dr. Omar Mohamad Nigm, Registration Coordinator/ email: [onigm@moph.gov.qa](mailto:onigm@moph.gov.qa)





## 5. License Renewal Process Map





## License Renewal Requirements

### Step1: Fulfilling CPD Requirements

- All licensed healthcare practitioners are mandated to participate in CPD activities according to the policies and regulations of the Accreditation Section of the Department of Healthcare Professions in order to renew their licenses. All licensed healthcare practitioners are responsible to fulfill annual, category-specific, and CPD cycle requirements and maintain records of CPD activities in the CPD e Portfolio prior to submission of their renewal applications.
- Please refer to the Accreditation Section's standards and guiding documents for more details about CPD Requirements.

**Note:** Healthcare Practitioners cannot submit renewal applications unless they are fully compliant to the CPD Requirements. System will not allow practitioners to apply for renewal of their licenses and an automated message will be generated informing practitioners that they don't meet the CPD requirements.

### Step2: Fulfilling Renewal Application Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

**Submit an electronic "Apply for Renewal" request and upload the below mentioned required documents:**

1. Copy of valid passport.
2. Copy of valid QID (front and back).
  - a) For male practitioners (and female practitioners on their employer's sponsorship), the sponsor should be the employer.
  - b) For female practitioners on a family sponsorship, please attach the QID in addition to a letter of intent from your employer.
3. One recent photo (according to photo criteria stated in [circular \(04-2014\)](#) or in the "[Additional Attachments](#)" document).
4. Medical Report will be requested as per the health fitness policy issued by the Fitness to Practice Section, which published in their [circular \(01-2019\)](#).
5. Copy of Valid Recognized CPR (cardio-pulmonary resuscitation) course or its equivalent as per [circular \(3-2017\)](#), (or CPR registration receipt + undertaking letter that CPR certificate



will be submitted upon completion), unless the Health care facility has an approval letter issued by the Department of Healthcare Professions regarding their “[Code Blue Team](#)”.

6. An employment letter (correct template is in the “[Additional Attachments](#)” document)
7. Any other additional documents might be requested.

#### Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

**You can follow-up on the request with your employer representative.**

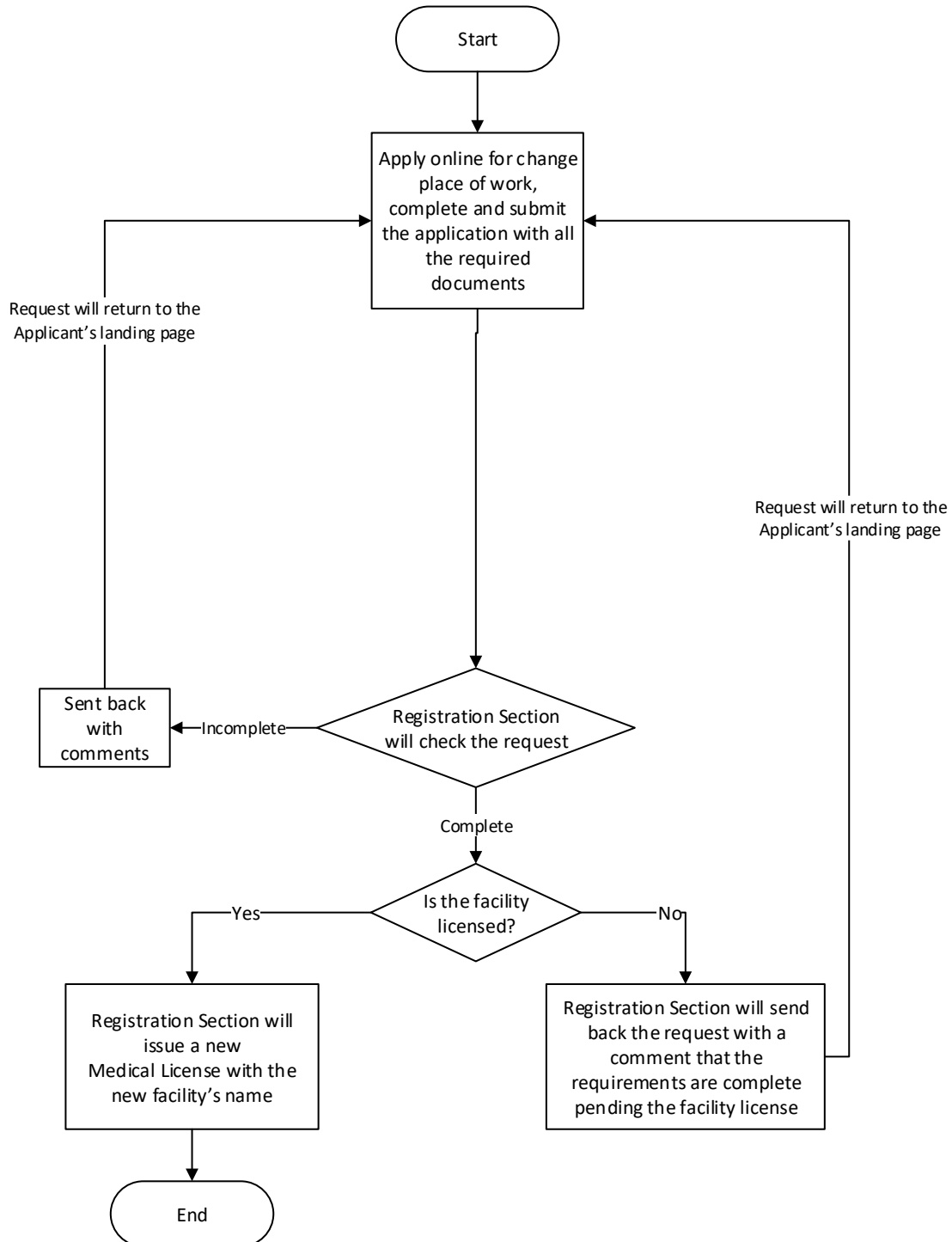
#### For locum dentists

**The following items are required in addition to the previous requirements noted above:**

1. The healthcare institution shall submit an application along with specific dates for the locum doctors (for e.g. From: DD/MM/YR To: DD/MM/YR) without contradicting with the recruitment system in the Ministry of Interior with regards to the period of the visit.
2. There must be a licensed specialist on a permanent basis with the same specialty for following up the cases that the locum doctor deals with.
3. No QID is required for Locum Doctors; please check [circular 14/2015](#)
4. A letter of Employment should be attached from the potential employer.
5. Work experience certificate for the last two years of experience attested from the Qatari Ministry of Foreign Affairs (or copy of proof of submission to the verification company for the work experience certificate and a work experience certificate from the last year).



## 6. Change Place of Work Process Map





## Change Place of Work Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website: ([www.qchp.org.qa](http://www.qchp.org.qa)), complete the online application and pay the required fees (if applicable).

**Submit an electronic “Apply to Change Place of Work” request and upload the below mentioned required documents:**

1. Copy of valid passport
2. Copy of valid QID (front and back)
  - a) For male practitioners (and female practitioners on their employer’s sponsorship), the sponsor should be the new employer or a secondment from the Ministry of Interior along with an undertaking letter that a renewed secondment or QID will be submitted upon expiry of the attached one.
  - b) For female practitioners on a family sponsorship, please attach the QID in addition to a letter of intent from your new employer, and a letter of no objection from the old employer.
3. Any other adjustment according to the current laws and regulations in the State of Qatar

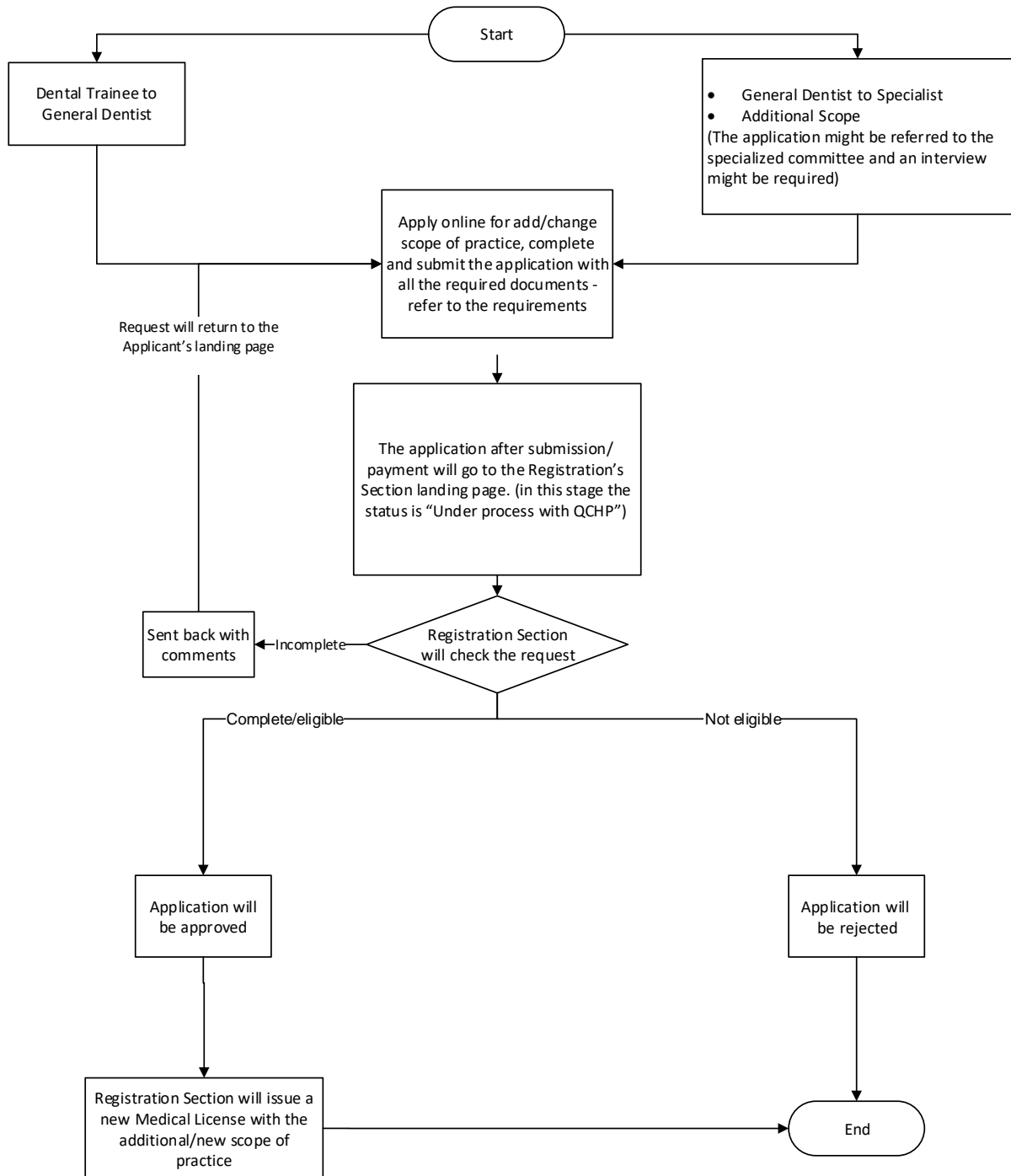
### Notes

- In case the “Apply to Change Place of Work” request was submitted after evaluation (before licensing), then the QID will not be required, but a letter of intent from new employer and a letter of no objection from the old employer will be required.
- The QID for locum dentist will not be required, but a letter of intent from the new employer and a letter of no objection from the old employer will be required.
- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check the updates of the requirements.
- A case by case assessment may be implemented.

**You can follow-up on the request with your employer representative.**



## 7. Add/Change Scope of Practice Process Map





## Add/Change Scope of Practice Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions [website](#), complete the online application and pay the required fees (if applicable).

**Submit an electronic “Apply to Add/Change Scope of Practice” request and upload the below mentioned required documents:**

### A) For Dental Trainee to General Dentist:

1. Copy of valid passport
2. Copy of valid QID (front and back).
3. A recent no objection letter from the employer for the addition/change of scope.
4. Copy of valid passing certificate of the qualifying exam.
5. Certificate of completion of training signed and stamped by employer, with start and end dates of training mentioned.
6. Log book showing patients name and treatment done to be signed/stamped by the dentist and the supervisor along with facility stamp

### B) General Dentist to Specialist/Adding a Scope:

1. Copy of valid passport
2. Copy of valid QID (front and back).
3. A no objection letter from the employer for the addition/change of scope.
4. Copy of additional academic certificates relevant to the new scope (if applicable).
5. Copy of additional experience certificates (with an issue date) relevant to the new scope (if applicable).
6. Copy of the verification report for any additional documents.
7. Cases might be required.

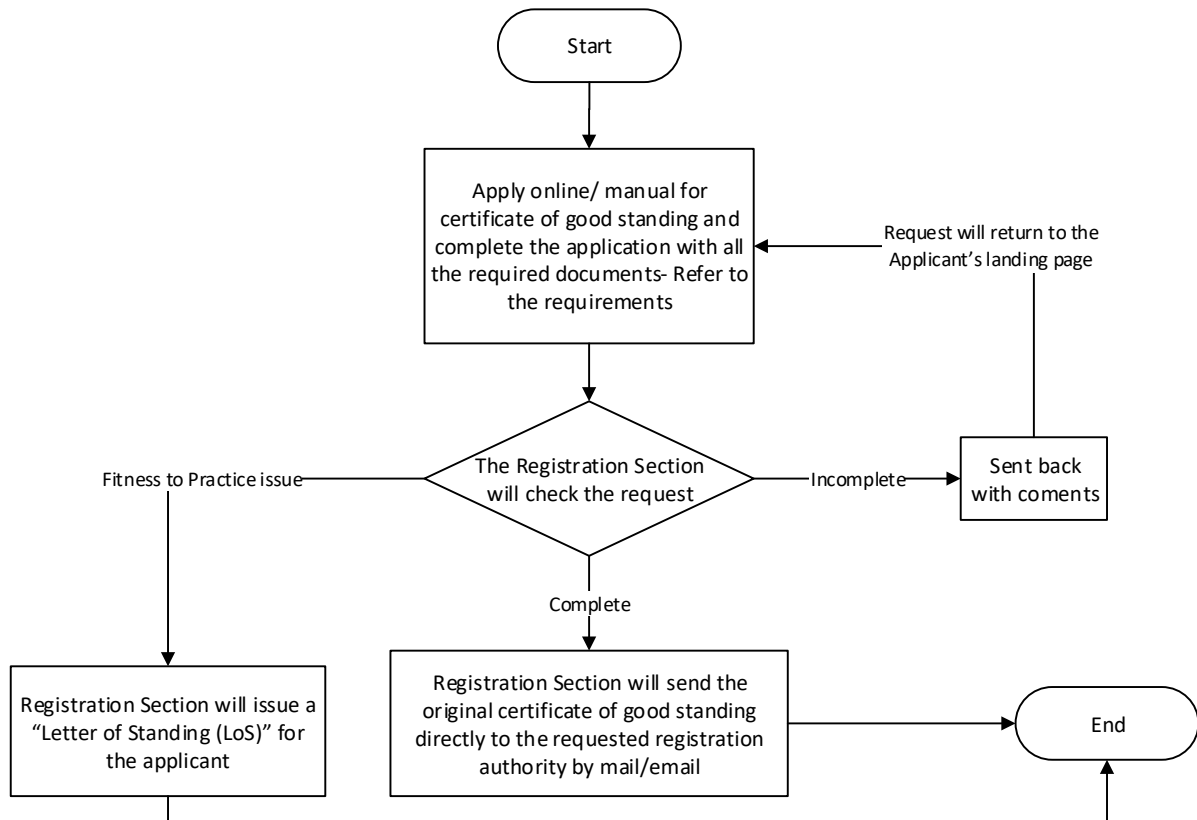
### Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- If the application is for an additional scope then this must be mentioned in the “Additional Information” Section.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check the updates of the requirements.
- A case by case assessment may be implemented.

**You can follow-up on the request with your employer representative.**



## 7. Certificate of Good Standing Process Map (For Healthcare Practitioners who have a medical license issued by the Department of Healthcare Professions)



- ❖ A black and white copy of the certificate of good standing can be requested by the applicant in the comments section of the application.
- ❖ The Registration certificate/ To whom it may concern certificate can be issued and collected by the applicant only in a sealed envelope.
- ❖ Verification forms can be filled and sent to the competent authority.





## Certificate of Good Standing (COGS) Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions website: ([www.qchp.org.qa](http://www.qchp.org.qa)), complete the online application and pay the required fees (if applicable).

**Submit an electronic “Apply for a Certificate of Good Standing” request and upload the below mentioned required documents:**

1. Copy of valid passport
2. Copy of valid QID (front and back).
3. Copy of all academic certificates relevant to applicant’s scope.
4. Certificate of good standing from (current / previous) places of work (in Qatar), with recent dates.
5. Clear address for the Registration Authority and e-mail address that Department of Healthcare Professions will submit the certificate to.

### Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check the updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with [QCHPRegistration@moph.gov.qa](mailto:QCHPRegistration@moph.gov.qa)