

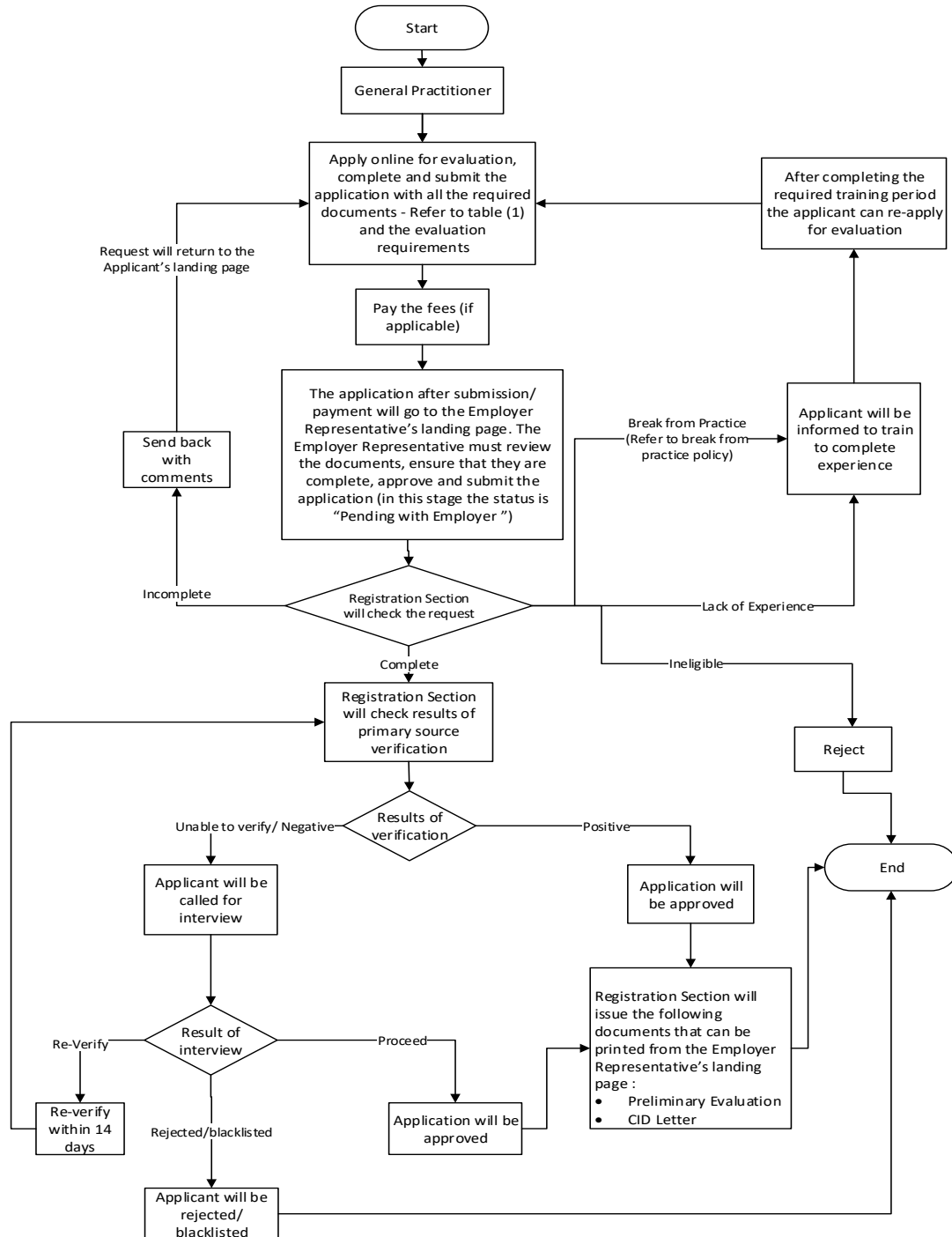


# Guidelines for Nurses

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## 1. Registration/Evaluation Process Map



- ❖ 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.



## Registration/Evaluation 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 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 \(C.V\)](#).
5. Copy of all academic certificates relevant to applicant’s scope with official transcript (refer to Table no. 1).
6. Copy of the recent work experience certificates (with an issue date) required according to applicant’s scope (refer to Table no. 1).
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 does 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 will be required in the licensing phase unless the case requires otherwise.
- It is the applicant’s responsibility to follow up on the verification report 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 for 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
Registered General Nurse	<ul style="list-style-type: none"> <li>✓ Bachelor Degree in nursing (4 years).</li> <li><b>Or</b></li> <li>✓ Diploma in Nursing: 3 years after graduation from high school (12 years).</li> <li><b>Or</b></li> <li>✓ Associate degree in nursing in condition of being licensed as Registered General Nurse               <ul style="list-style-type: none"> <li>• In country of origin</li> <li><b>Or</b></li> <li>• In country of graduation.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>✓ 2 years clinical experience after registration and licensing as registered general nurse</li> <li><b>Or</b></li> <li>✓ 3 years clinical experience after registration and licensing as registered general nurse; in case the practitioner has               <ul style="list-style-type: none"> <li>• Associate degree in nursing.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Prometric*</li> </ul>
Clinical Nurse Specialist	<ul style="list-style-type: none"> <li>✓ Meet the requirements as registered general nurse</li> <li><b>AND</b></li> <li>✓ Master's degree in nursing (in a certain specialty).</li> <li><b>OR</b></li> <li>✓ Post-graduate degree in nursing (in a certain specialty) (1-year program from a recognized educational institution).</li> </ul>	<ul style="list-style-type: none"> <li>✓ 3 years clinical experience after registration as a registered general nurse</li> <li><b>And</b></li> <li>✓ 1-year clinical experience in the same specialization after the Master's degree.</li> </ul>	Not Required



<p><b>Nurse Educator (NE)</b></p>	<ul style="list-style-type: none"> <li>✓ Meet the requirements as registered General Nurse.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>✓ Post-graduate degree in nursing (1-year program from a recognized educational institution).</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>✓ Master's Degree in Nursing.</li> </ul>	<ul style="list-style-type: none"> <li>✓ 3 years clinical experience as a Registered General Nurse after registration.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>✓ 1-year experience as a Nurse Educator after obtaining the post-graduate degree in Nursing or the Master's Degree in Nursing.</li> </ul> <p>In case the practitioner did not obtain a post graduate degree or master's degree in nursing, he/she is required to have:</p> <ul style="list-style-type: none"> <li>- 5 years clinical experience as a Registered General Nurse.</li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>- 2 years experience as a Nurse Educator.</li> </ul>	<p>Not Required</p>
<p><b>Nurse practitioner</b></p>	<ul style="list-style-type: none"> <li>✓ Meet requirements as registered general nurse</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>✓ Master's degree in nursing</li> </ul> <p><b>Or</b></p> <ul style="list-style-type: none"> <li>✓ PHD in nursing</li> </ul>	<ul style="list-style-type: none"> <li>✓ 3 years clinical experience after registration as registered general nurse</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>✓ 2-year experience in the same specialization after master's degree or PHD.</li> </ul> <p>Note: The Nurse practitioner should hold a licensure at the same scope of practice after the post-graduate degree.</p>	<p>Not Required</p>



<b>Nurse Trainee</b>	<ul style="list-style-type: none"> <li>✓ Bachelor Degree in nursing (4 years)</li> <li><b>Or</b></li> <li>✓ Diploma in Nursing: 3 years after graduation from high school (12 years)</li> <li><b>Or</b></li> <li>✓ Associate degree in nursing in condition of being licensed as RGN <ul style="list-style-type: none"> <li>• In country of origin</li> </ul> </li> <li><b>Or</b></li> <li>• In country of graduation.</li> </ul>	<ul style="list-style-type: none"> <li>✓ No experience required</li> </ul>	Not Required
<b>Midwife</b>	<ul style="list-style-type: none"> <li>✓ Bachelor Degree in Midwifery or equivalent</li> <li><b>Or</b></li> <li>✓ Bachelor Degree in Nursing AND recognized post-graduate program in Midwifery</li> </ul>	<ul style="list-style-type: none"> <li>✓ 2 years as Midwife after registration and licensing as registered midwife.</li> </ul>	Prometric

## Notes

- Holders of **National Council Licensure Examination (NCLEX)\*** shall be exempted from the State of Qatar's qualifying exam (Prometric) provided that the applicant succeeded in the exam not earlier than the last five years.
- Nursing is a clinically based field discipline -online and distance-learning program will not be accepted.
- Applicants with Break from Practice (attachment "1" in the "[Additional Attachments](#)" document) or lack of experience (total clinical experience between 18 months and 2 years) can apply for training then re-apply for evaluation after successfully completing the required experience (check the "Training Letter Requirements").
- Applicants with total clinical experience less than 18 months can apply for Evaluation as "Nurse Trainee".
- If a nurse is a graduate of nursing school or any program which is less than 3 years, she can apply as a nurse technician (check the guidelines for [Allied Healthcare Practitioners](#)).
- Applicants with Break from Practice (attachment "1" in the "[Additional Attachments](#)" document) or lack of experience (total clinical experience between 18 months and 2 years) can apply for training then re-apply for evaluation after successfully completing the required experience (check Training Letter requirements).
- Evaluation Requests with Lack of experience will be evaluated on a case by case basis.



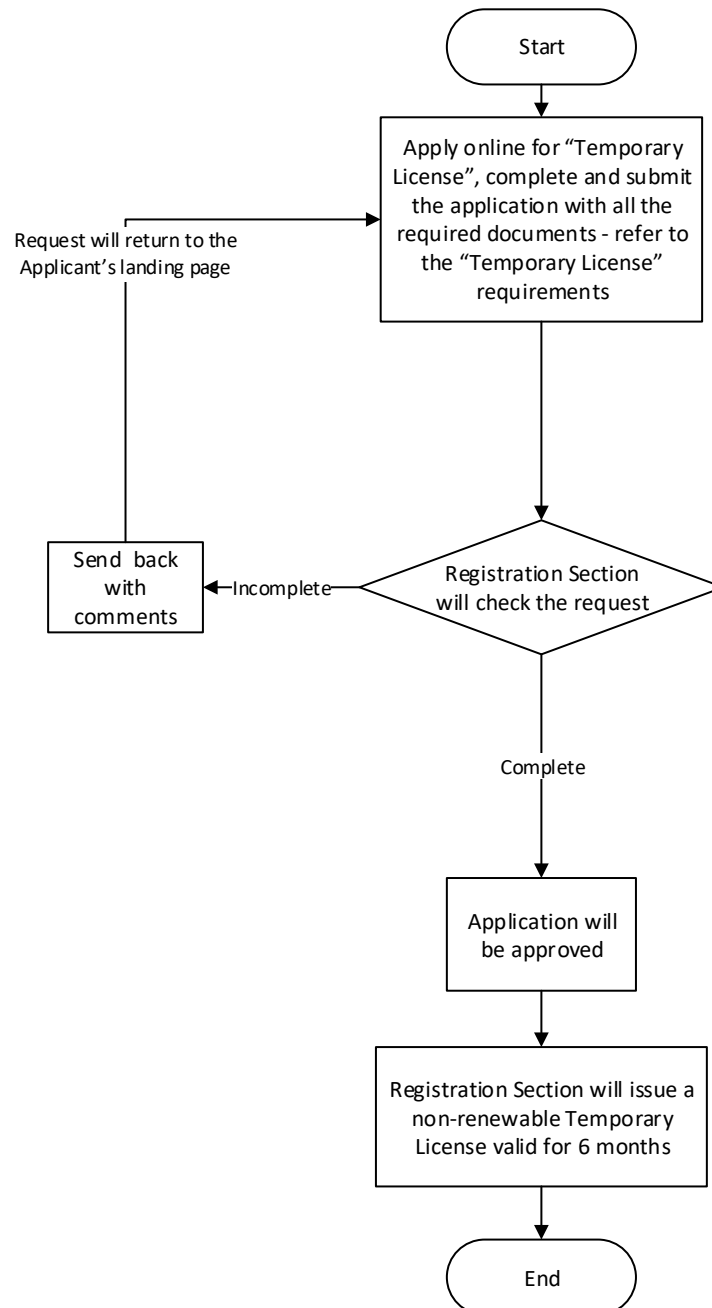
## Training Letter Requirements

Applicants with a break from practice or lack of experience can apply for training after providing the Registration Section with the below mentioned documents in their evaluation application (please check the break from practice policy: attachment "1" in the "[Additional Attachments](#)" document):

1. No Objection Letter from the employer requesting for approval from the Department of Healthcare Professions for the applicant to work as trainee within their institution.
2. Valid copy of the Medical License of the supervisor who the applicant will be working under his/her supervision.
3. Copy of the applicant's Qatari ID (front and back.)



## 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):**

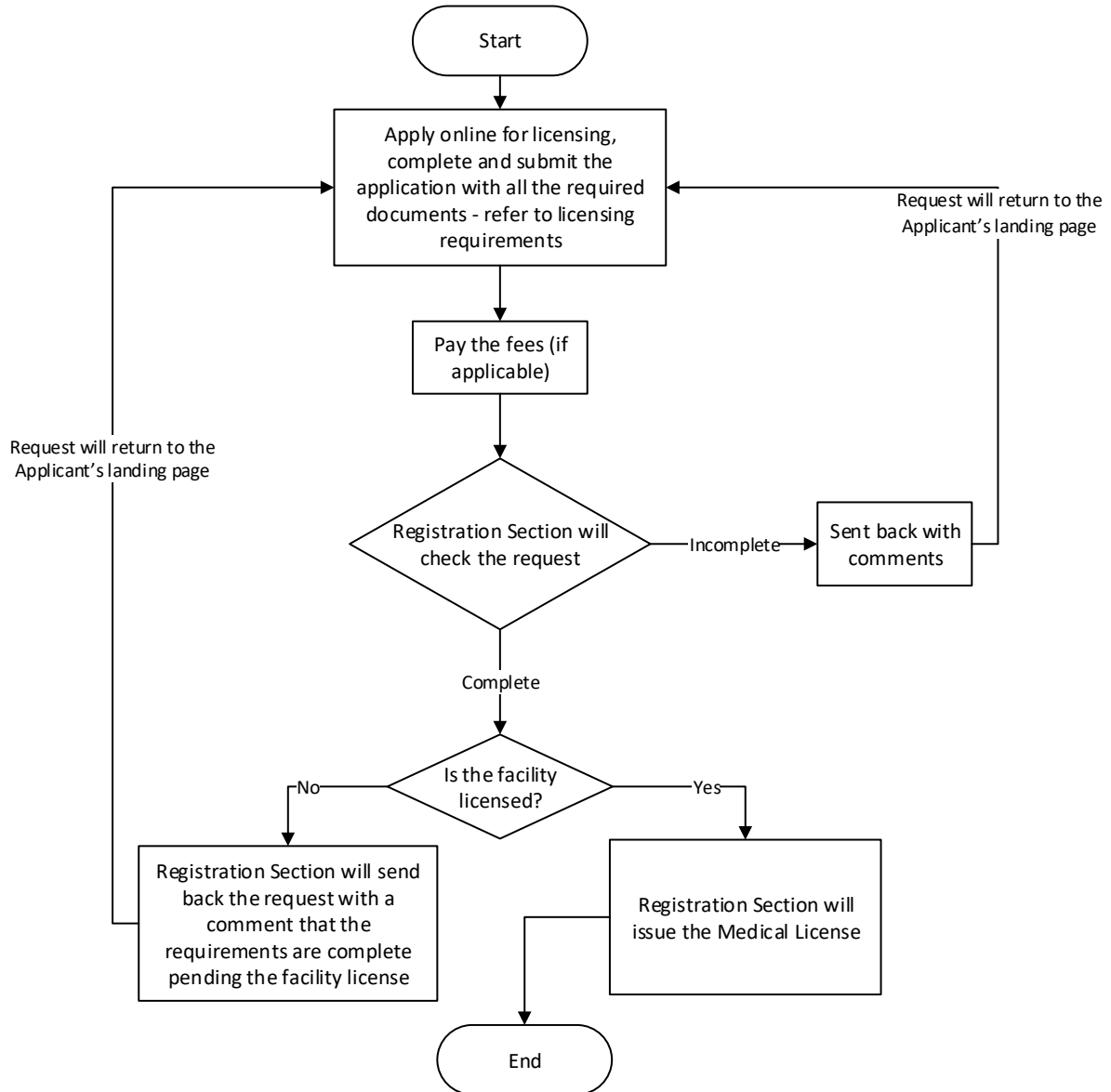
1. Copy of valid QID (front and back) (If applicable)
2. In case the healthcare practitioner applies for the temporary license without a QID, then the following documents must be submitted:
  - Medical Test from the home country (Blood Test, Chest X-ray) attested from the Ministry of Foreign Affairs 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.

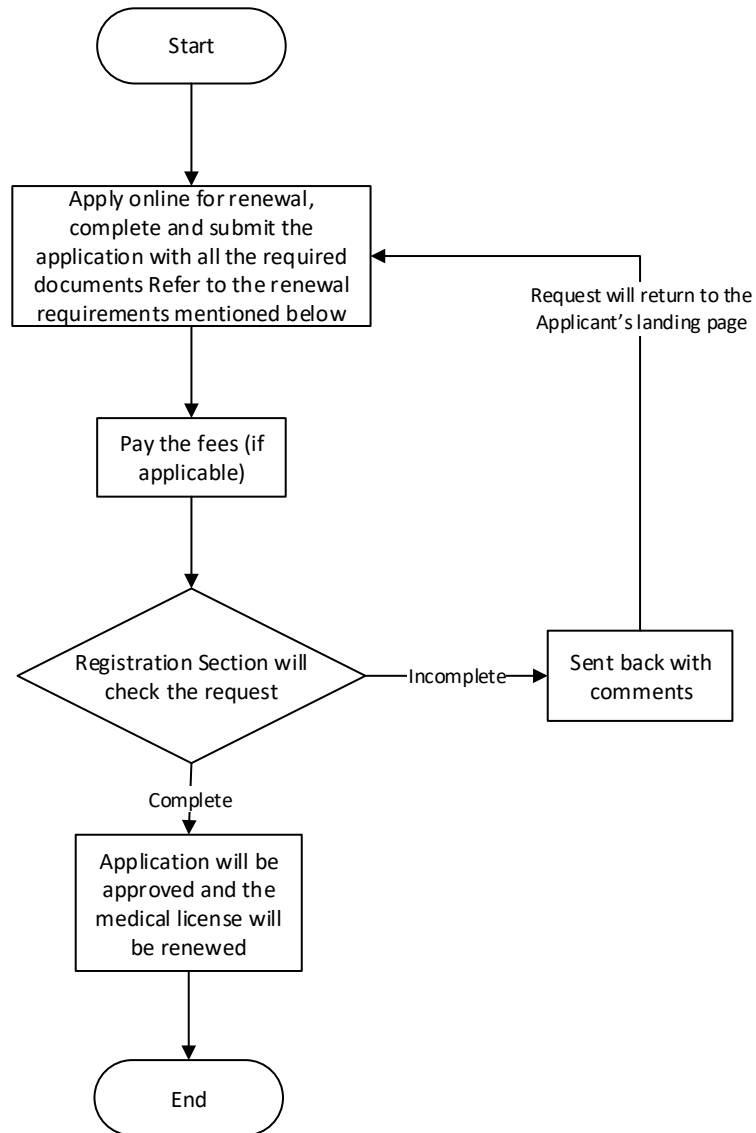


- Applicants/employer representatives can follow up on the certificate of good standing with [QCHPGoodSt@moph.gov.qa](mailto:QCHPGoodSt@moph.gov.qa)
  - Original documents/certificates might be requested on a case by case basis.
  - Any other documents required to support the application that are not 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.**



#### 4. 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 Healthcare 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)

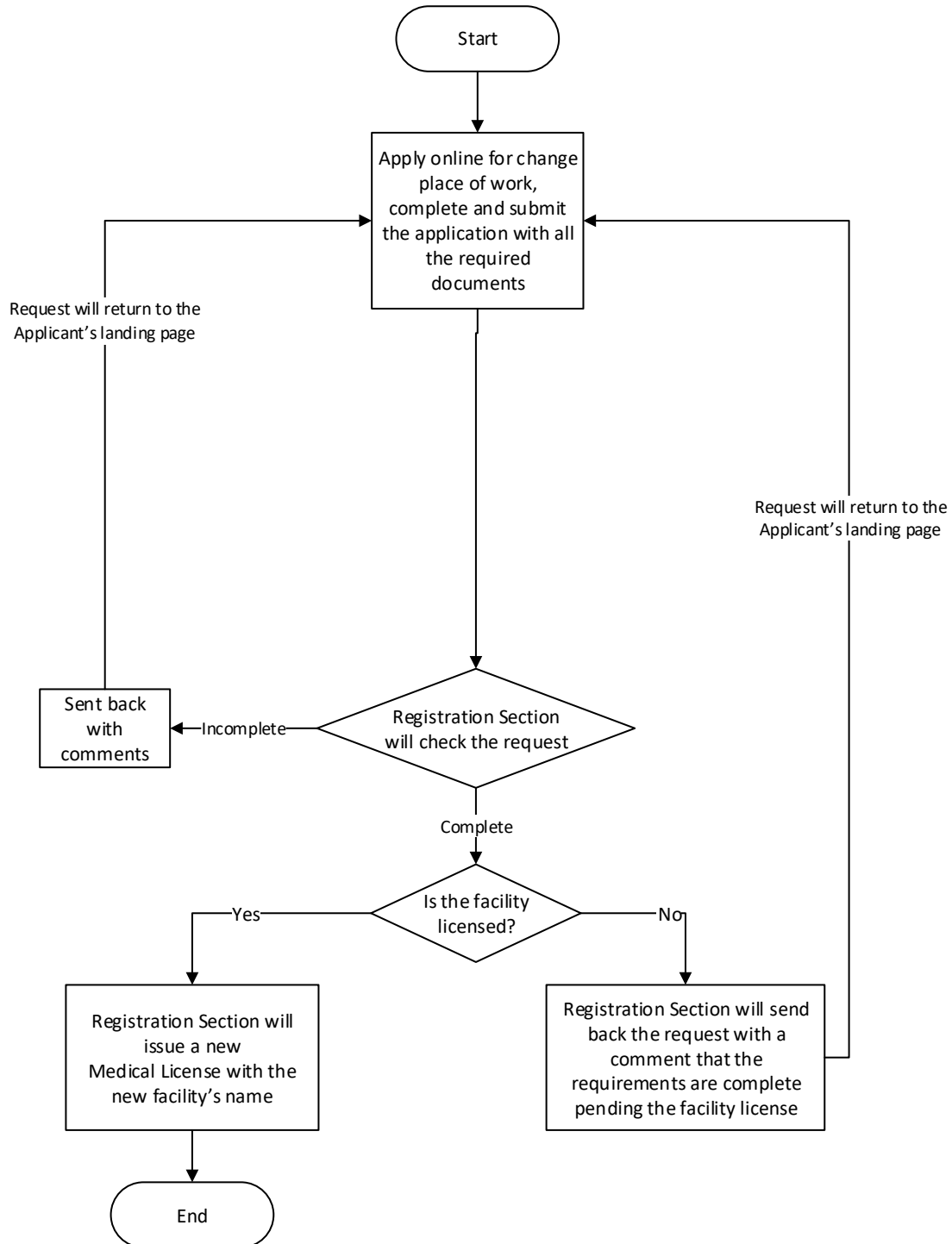
#### Notes

- 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.**



## 5. 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](#), 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

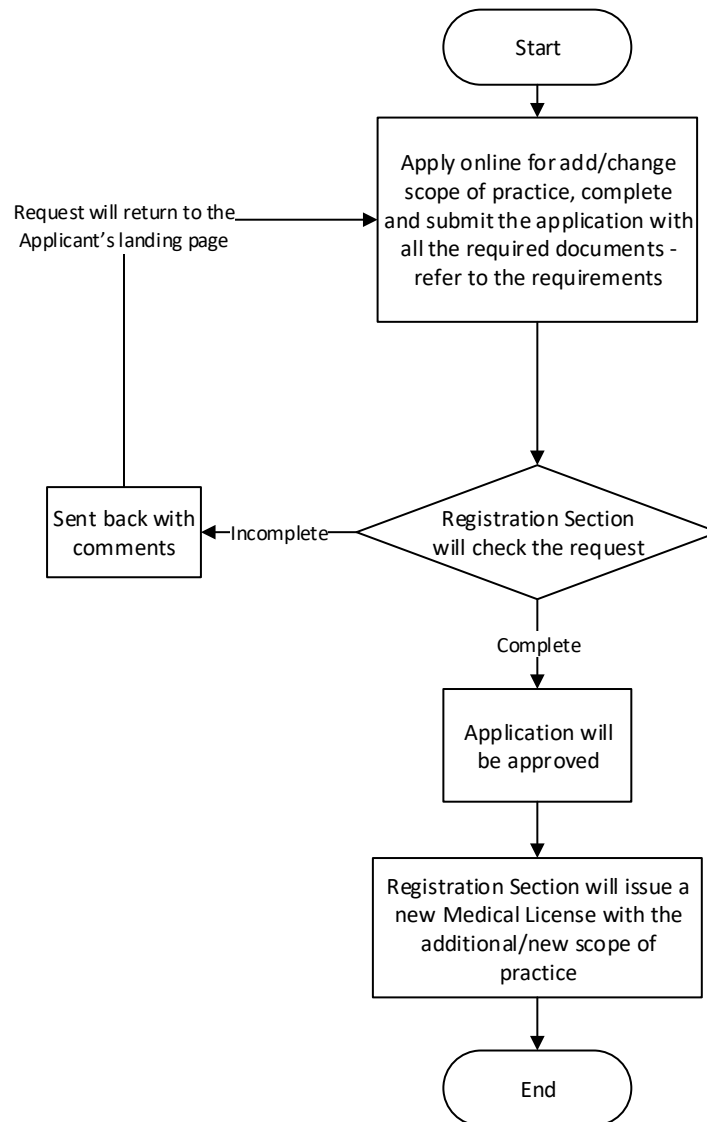
### Notes

- In case the “Apply to Change Place of Work” request was submitted after evaluation (before licensing), then the QID will not be required. However, a letter of intent from the new employer and a letter of no objection from the old employer will be required instead.
- 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.**



## 6. 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:**

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 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.

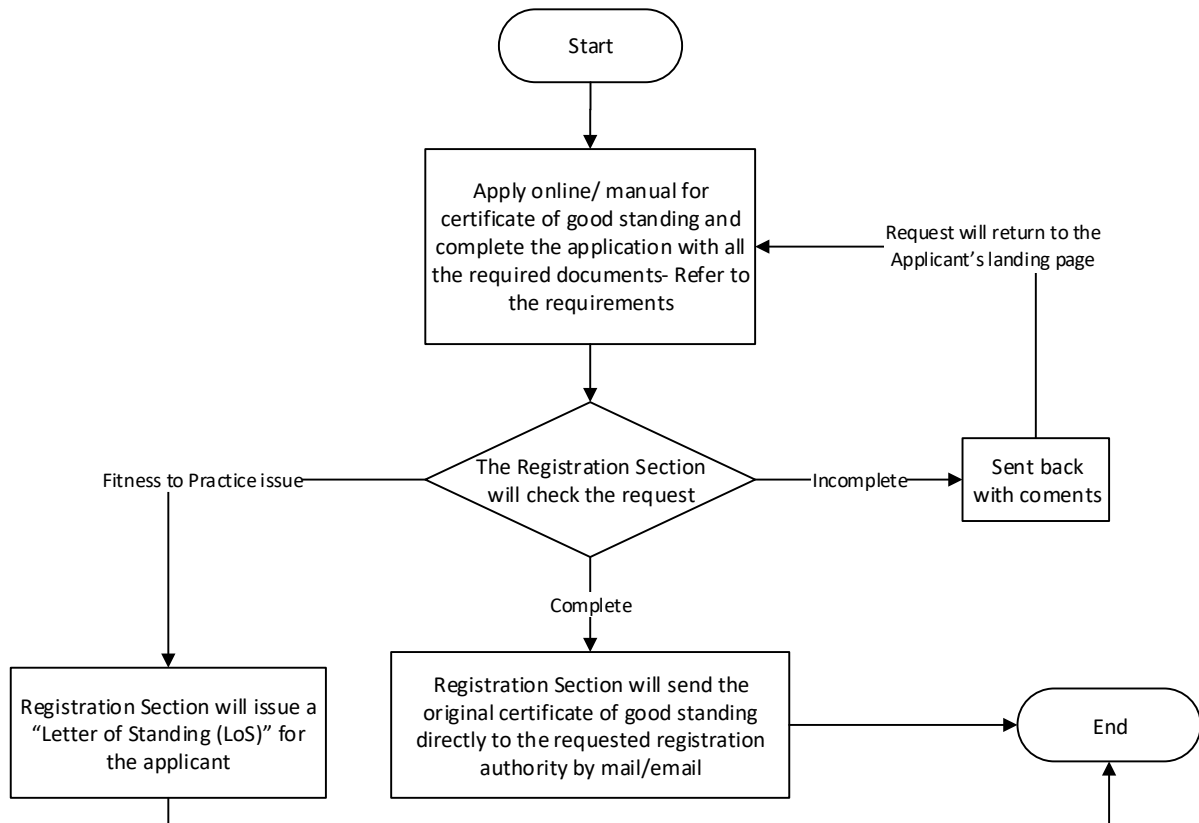
### Notes

- 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.
- 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.**



## 7. Certificate of Good Standing Process Map



- ❖ 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 Registrang certificate/ To Whom It May Concern certificate can be issued and collected by the applicant 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](#), 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 last place of work (in Qatar).
5. Clear address of the Registration Authority to which the Department of Healthcare Professions will submit the certificate.

### 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 [QCHPGoodSt@moph.gov.qa](mailto:QCHPGoodSt@moph.gov.qa)