



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



## INSTITUTIONAL PRIVILEGE APPLICATION FORM

### 1. Organizational Information:

Name of Institution: \_\_\_\_\_

License Details: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

P.O. Box: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email ID: \_\_\_\_\_

Medical Director Name: \_\_\_\_\_

Qatar ID No: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

### 2. Organizational Type: (Please attach Facility License Copy)

Governmental, Total Number of Staff: \_\_\_\_\_

Semi- Governmental, Total Number of Staff: \_\_\_\_\_

Private Hospital, Total Number of Staff: \_\_\_\_\_

Polyclinic, Total Number of Staff: \_\_\_\_\_

Other, Specify: \_\_\_\_\_,

Total Number of Staff: \_\_\_\_\_



### 3. Existing Board of Governance

- Yes (Qatar ID copies and other relevant details to be attached for all members)
- No

### 4. Medical Licensing Department

- Yes (Qatar ID copies and other relevant details to be attached for all members)
- No

### 5. Privileging Committee:

- Yes (Qatar ID copies and other relevant details to be attached for all members)
- No

### 6. Privilege Review Process:

- Yes (Detailed process map to be attached)
- No

### 7. Record of procedural error

- Yes (Detailed record)
- No

### 8. Record of Violation or misdemeanors from Ministry Departments

- Yes (Detailed record)
- No

### 9. Record of past or pending criminal cases

- Yes (Detailed record)
- No



**VIII. Confirmation:**

I \_\_\_\_\_, Medical Director with Qatar ID no: \_\_\_\_\_,

Hereby confirm that the above mentioned details are true to the best of my knowledge.

Signature: \_\_\_\_\_,

Date: \_\_\_\_\_

**IX. Official Use: (To be filled in by QCHP Officer)**

Application No: \_\_\_\_\_

Evaluating Officer: \_\_\_\_\_, Signature: \_\_\_\_\_

QCHP Supervisor : \_\_\_\_\_, Signature: \_\_\_\_\_

QCHP Manager : \_\_\_\_\_, Signature: \_\_\_\_\_

**X. Decision: (To be filled in by QCHP Officer)**

Approved, \_\_\_\_\_

Rejected, Reason: \_\_\_\_\_

Send Back for more requirements: 1) \_\_\_\_\_,

2) \_\_\_\_\_ 3) \_\_\_\_\_