



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



Personal Declaration for Dental Privileges (General Scope Dentist – Specialist Dentist)

Date: _____

Practitioner Name: _____ License No.: _____

Scope of Practice: _____

Undertaking:

I hereby declare that all information provided in this request and attached documents are accurate to the best of my knowledge.

I hereby undertake not to perform any procedure(s) before getting an official approval from the Registration Department/ QCHP.

I hereby undertake not to perform any procedure(s) not approved by the Registration Department/ QCHP; and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures / treatments will be at my sole responsibility.

Signature: _____ Stamp: _____

III. The Facility:

This medical institution undertakes to provide all requirements that are legally and/or professionally deemed necessary for providing quality and safe care for patients before, during and after approved dental/surgical intervention(s) are performed by this licensed and privileged (Temporary / Permanent) Dentist in this facility. The institution also acknowledges taking full responsibility and financial liability in case of negligence and/or malpractice that have been proven beyond doubt which have directly or indirectly caused harm and/or complication(s) to the patient.

Institution: _____ Stamp: _____

Director: _____ Signature: _____ Stamp: _____

Kindly note that you must submit all the required documents (refer to dentists guidelines) otherwise your request will be neglected.