

Additional Templates

Department of Healthcare Professions

Template "1"

Undertaking Letter for Expired Licenses

Undertaking

We, the undersigned hereby declare that we shall **cease the below mentioned healthcare practitioner from practicing** until the completion of the procedure to renew their license, we pledge not to repeat this mistake again and shall not allow any healthcare practitioner to practice with an expired license in our facility.

• Healthcare practitioner's name:

• Profession:

• Scope of practice:

• License No.:

• Health practitioner's signature:

• Healthcare facility name:

• Medical Director name:

• Healthcare facility signature & stamp:

• Date:

Note: Practitioners are strictly prohibited from practicing with an expired license. Doing so constitutes a violation of law, and both the medical director and the practitioner will face disciplinary actions.

إقرار

نتعهد نحن الموقعون أدناه، **بإيقاف الممارس الصحي المذكور أدناه عن العمل** لحين استكمال إجراءات تجديد ترخيص مزاولة المهنة، مع التعهد بعدم تكرار هذا الخطأ وعدم السماح لأي ممارس بالعمل في المنشأة قبل تجديد ترخيصه.

• اسم الممارس الصحي:

• التخصص:

• مجال العمل:

• رقم الترخيص :

• توقيع الممارس الصحي:

• اسم المنشأة الصحية :

• اسم المدير الطبي:

• توقيع وختم المنشأة:

• التاريخ:

ملاحظة: يمنع منعاً باتاً مزاولة المهنة في حال انتهاء صلاحية ترخيص مزاولة المهنة، ويعد القيام بذلك انتهاكاً للقانون، وسيتم اتخاذ إجراء تأديبي تجاه كلا من المدير الطبي والممارس الصحي.

Template "2" - Employment Letter

Date: _____

EMPLOYMENT LETTER

This is to certify that the healthcare practitioner/ _____
is currently employed by / _____ from date: _____

and he is still working without break with the below mentioned details:

- Profession: _____
- Scope of practice: _____
- License number: _____

We certify that all the above-mentioned information is correct, and we are fully responsible for these details.

- The Practitioner has been continuously practicing in Qatar within his/her scope of practice for at least 10 months each year.
- All information provided in this employment letter is true and accurate as stated.

If any information/details differ from the above, please explain below:

Medical director's name:

License number:

Signature:

Facility stamp:

Note: This letter is valid for 3 months from the issue date.

Template "3"

Undertaking Letters for Temporary Licenses

ACKNOWLEDGMENT AND UNDERTAKING

Name of Institution/Healthcare Facility: _____

I, the undersigned _____, the medical director of the Institution/Healthcare Facility hereby undertake that the Institution/Healthcare Facility shall be fully responsible for the quality of the services provided by our healthcare practitioners who have obtained a temporary license by the Department of Healthcare Professions. In the event of a medical error or negligence, the Department of Healthcare Professions will not be held liable in this regard. **I also acknowledge that I am fully aware of the conditions mentioned below and that they will be shared with all the concerned parties (focal points and healthcare practitioners)** as soon as they have been received and signed with all legal rights reserved to the Department of Healthcare Professions.

1. The licenses granted are temporary ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Licensing Department - Ministry of Public Health and may not be used in any other institution.*
2. No certificate of good standing will be issued depending on this license. However, a "To Whom It May Concern" letter can be issued mentioning the type of license.
3. This license will be canceled after 6 months from the date of issuance, and it is non-renewable.
4. Practitioner's permanent license and QID (in case it wasn't already) must be issued within temporary license's validity (6 months).

Date: _____ **Signature of the above mentioned**:** _____

*Unless there is a formal agreement between the Department of Healthcare Professions and the above-mentioned institution that states otherwise

**This form – once signed – must be attached to your online application for temporary license

For Practitioners

ACKNOWLEDGMENT AND UNDERTAKING

Name of Institution/Healthcare Facility: _____

I, the undersigned _____, the practitioner aspiring to work in the Institution/Healthcare Facility mentioned above hereby undertake that in the event of a medical error or negligence, the Department of Healthcare Professions will not be held liable in this regard as long as I am holding a temporary license.

I also acknowledge that I am fully aware of the conditions mentioned below as soon as they have been received and signed with all legal rights reserved to the Department of Healthcare Professions.

1. The licenses granted are temporary ones and are only valid for use in the Institution/Healthcare Facility mentioned above once the institution is licensed by the Facilities Licensing Department - Ministry of Public Health and may not be used in any other institution.*
2. No certificate of good standing will be issued depending on this license. However, a "To Whom It May Concern" letter can be issued mentioning the type of license.
3. This license will be canceled after 6 months from the date of issuance, and it is non-renewable.
4. Practitioner's permanent license and QID (in case it wasn't already) must be issued within temporary license's validity (6 months).

Date: _____ Signature of the above mentioned **: _____

Facility Stamp:

*Unless there is a formal agreement between the Department of Healthcare Professions and the above-mentioned institution that states otherwise

**This form – once signed – must be attached to your online application for temporary license

Template "4"

Completion Letter for Work under Supervision

Date: _____

WORK UNDER SUPERVISION - COMPLETION LETTER

This is to certify that the healthcare practitioner/ _____

has completed their work under supervision period from date _____ to _____

- Profession: _____
- Scope of practice: _____
- Reference/request no: _____

We certify that all the above-mentioned information is correct, and we are fully responsible for these details.

Supervisor's name:

License number:

Signature:

Medical director/ Manager's name:

License number:

Signature:

Facility Stamp:

Note: This letter is valid for 3 months from the issue date.

Template "5"

Supervision and Undertaking Letter (For physicians and Dentists)

Supervision and undertaking letter	خطاب الإشراف والتعهد
<p>I, the undersigned (medical director of the facility) hereby declare that the supervisee (mentioned in point no. 1) will work under supervision of the supervisor (mentioned in point no. 2) provided that both adhere to the supervision framework specified by the DHP, and that the supervisor bears full responsibility for the safety of patients and the quality of health services provided within this framework, and that the supervisor is committed not to supervise more than one supervisee at the same time.</p>	<p>نأتعهد أنا الموقع أدناه (المدير الطبي للمنشأة) بموجب هذا الخطاب بأن الطبيب المذكور في البند رقم (1) سوف يعمل تحت إشراف الطبيب المذكور في البند رقم (2)، على أن يلتزم كلا الطبيبين بإطار الإشراف المحدد من قبل إدارة التخصصات الصحية، وأن يتحمل الطبيب المشرف المسؤولية الكاملة عن سلامة المرضى وجودة الخدمات الصحية المقدمة في هذا الإطار، وأن يلتزم الطبيب المشرف بعدم الإشراف على أكثر من طبيب في نفس الوقت.</p>
<p>• Applicant's name (Supervisee) and signature:</p> <hr/>	<p>• اسم الطبيب تحت الإشراف وتوقيعه:</p> <hr/>
<p>• Supervisor's name and signature:</p> <hr/>	<p>• اسم الطبيب المشرف وتوقيعه:</p> <hr/>
<p>• Supervisor's Scope of practice:</p> <hr/>	<p>• نطاق ممارسة الطبيب المشرف:</p> <hr/>
<p>• Supervisor's License No.:</p> <hr/>	<p>• رقم ترخيص الطبيب المشرف:</p> <hr/>
<p>• Healthcare facility name:</p> <hr/>	<p>• اسم المنشأة الصحية:</p> <hr/>
<p>• Medical Director's name and License Number:</p> <hr/>	<p>• اسم المدير الطبي للمنشأة ورقم ترخيصه:</p> <hr/>
<p>• Medical Director's signature & stamp:</p> <hr/>	<p>• توقيع وختم المدير الطبي:</p> <hr/>
<p>• Date:</p> <hr/>	<p>• التاريخ:</p> <hr/>

Health Facility Stamp:	ختم المنشأة الصحية:
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