

Instructions for Completing the "Application for Medical/Dental License"

This guide was developed to accompany the "Application for Medical/Dental License." It is intended to help individuals complete the application by clarifying potential areas of confusion and listing which documents **must** be included with the application. Failure to refer to this guide while completing the application may result in essential documents not being sent to CPQ's Professional Licensing Department (PLD).

Operator Who Is Sponsoring This Application

- An operator is a Healthcare Organization or Operator (HCO) within DHCC. If you have current employment with one of these facilities, please indicate the name of that facility.

No Operator

- Check this box if you are not currently employed within DHCC.
- A letter of acceptance will be issued to indicate that you have met all stated requirements for licensure within DHCC.
- You must notify CPQ's PLD once you secure employment to exchange the Letter of Acceptance for a DHCC license.

Section 1. Name

- It is necessary to include your maiden and/or a previous name if any licenses, degrees, certifications, and so on, were obtained under that name. Knowledge of these names is required to complete the primary source verification (PSV) process.
- If you do change your name, you must provide a copy of "change of name" confirmation.

Section 2. Contact Information

- Provide all information requested within this section.
- Occasionally, CPQ's PLD may need to contact you with respect to your application. Not being able to contact you may delay the processing of your application.

Section 3. Date and Place of Birth

- If you possess citizenship in more than one country, please include the nationality/citizenship of the passport under which you travel.

Section 4. Gender

- You need to specify your gender.

Section 5. Identification Numbers

- The information should correspond with "Nationality/Citizenship" claimed in Section 3.
- CPQ's PLD requires that the following documents be included with your application:
 - A photocopy of your passport, which must include your image, signature, and passport number.

Section 6. Medical License/Registration

- Include information relevant to **all** medical licenses/registrations, or equivalent thereof, which have been issued to you, whether they are active, inactive, suspended, or revoked.
- Provide all information requested within this section. Complete and accurate information about your medical license/registration jurisdiction (address, phone/fax numbers, Web site address, license number, etc.) will expedite the PSV process.
- CPQ's PLD requires that the following documents be included with your application:
 - Photocopies of **all** medical licenses/registrations ever issued to you. Copies must include authenticated/certified stamps.
- If your license is in a language other than English, CPQ's PLD requires:
 - A photocopy of your original license, which must include authenticated/certified stamps
AND
 - A certified English translation of your original license.
- **NOTE: At any time, CPQ's PLD may request a "Letter of Good Standing" from any of your licensing/registration jurisdictions for any license/registration you currently hold or held in the past.**

Section 7. Medical/Dental School

- Include information relevant to **all** medical/dental schools attended during completion of your Doctor of Medicine/Dentistry degree, or equivalent thereof.
- Also include information relevant to any other university/college/undergraduate schooling completed prior to attending medical/dental school.
- Provide all information requested within this section. Complete and accurate information about your school (dates of attendance, address, phone/fax numbers, Web site address, etc.) will expedite the PSV process.
- CPQ's PLD requires that the following documents be included with your application:
 - A photocopy of your medical/dental school degree/diploma, which must include authenticated/certified stamps
AND
 - Photocopies of your medical/dental school transcripts
- If either your degree or transcripts are in a language other than English, CPQ's PLD requires:
 - A photocopy of the original degree or transcripts, which must include authenticated/certified stamps
AND
 - A certified English translation of the original degree or transcripts.

Section 8. Postgraduate Education

- Include information relevant to **all** postgraduate medical/dental education obtained after completion of your medical school/Doctor of Medicine/Dentistry degree.

- Provide all information requested within this section. Complete and accurate information (institute name, dates of training, address, phone/fax numbers, Web site address, etc.) will expedite the PSV process.
- CPQ's PLD requires that the following documents be included with your application:
 - A photocopy of **each** postgraduate degree/certificate listed in the application, which must include authenticated/certified stamps
- If your postgraduate degree/certificate is in a language other than English, CPQ's PLD requires:
 - A photocopy of the original postgraduate degree/certificate, which must include authenticated/certified stamps
AND
 - A certified English translation of the original postgraduate degree/certificate

Section 9. Board- or College-Certified Specialties

- Include information relevant to **all** medical/dental specialties for which you have received board or college certification, or equivalent thereof.
- Provide all information requested within this section. Complete and accurate information about each certifying board/college (address, phone/fax numbers, Web site address, identification number, etc.) will expedite the PSV process.
- CPQ's PLD requires that the following documents be included with your application:
 - A photocopy of your board/college certificate.
- If your board/college certificate is in a language other than English, CPQ's PLD requires:
 - A photocopy of the original board/college certificate
AND
 - A certified English translation of the original board/college certificate

Section 10. Professional Memberships/Affiliations

- Include information relevant to **all** organizations/associations/societies in which you hold professional membership or affiliation.
- Provide all information requested within this section.
- **Do not** include work experience or employment history in this section. That information is requested in Section 11.

Section 11. Work Experience

- Include a chronological account of your work experience/employment history for the last ten (10) years, beginning with your most recent placement.
- Your curriculum vitae should provide a thorough description of your **entire** employment history.

Section 12. Privileges

- **Physicians only:**
 - Complete "Delineation of Clinical Privileges for Physician"
 - Applicants must indicate on the form which privileges they are requesting permission from CPQ's PLD to perform.
 - Place a checkmark in the "Requested" column, next to those procedures that you are seeking permission to perform.
 - The "Approved" and "Not Approved" columns are for the use of CPQ's PLD only.
 - Endoscopic or other specialty procedures not listed in the form, but which relate to your medical practice, should be handwritten or typed in the appropriate sections on the form and checkmarked accordingly.
- **Dentists only:**
 - Complete "Delineation of Clinical Privileges in Dentistry and Dental Hygiene"
 - Instructions for completion are attached to the privileging form.
- CPQ's PLD requires that the following documents be included with your application:
 - A completed physician privileging form **OR** dental privileging form.

Section 13. Additional Questions

- If you answered "yes" to any of the questions in this section, attach a thorough explanation, including dates and outcomes.
- Each explanation must be typed on a separate sheet of paper.
- CPQ's PLD requires that the following documents be included with your application, if available:
 - Photocopies of your BLS/ACLS and/or ATLS certificates.
- **NOTE: Should your license application be approved, CPQ's PLD will require proof of current medical malpractice insurance, applicable within the UAE, prior to issuance of a DHCC medical license.**

Section 14. Documentation

1. ALL APPLICANTS:

a) *Physicians only:*

- Complete pp. 11 and 12.
- p. 11, "*Affidavit and Release (for physicians)*"
 - Sign and date.
 - Attach one passport-sized photograph of yourself.
 - Affidavit must be notarized by an appropriate individual.
- p. 12, "*Authorization for Release of Information, Documents and Records (for physicians)*"
 - Sign and date.
 - Attach one passport-sized photograph of yourself.

b) Dentists only:

- Complete pp. 14 and 15.
- p. 14, "Affidavit and Release (for dentists)"
 - Sign and date.
 - Attach one passport-sized photograph of yourself.
 - Affidavit must be notarized by an appropriate individual.
- p. 15, "Authorization for Release of Information, Documents and Records (for dentists)"
 - Sign and date.
 - Attach one passport-sized photograph of yourself.

2. ADDITIONAL REQUIREMENTS FOR THOSE APPLICANTS WHO ARE SEEKING LICENSURE VIA Option Two of "GUIDELINES FOR PHYSICIAN LICENSURE WITHIN DHCC" ONLY:

- a) Complete pp. 11, 12, and 13.
- p. 13, "Affidavit Attesting to Physician Practice"
 - Fill in the required information in the top half of p. 13.
 - Sign ("Affiant's signature") and date.
 - Affidavit must be witnessed by an individual.
 - The bottom half of p. 13 must be completed with the names and contact information of two physicians who can support the affidavit.
 - **NOTE: The physicians who are supporting the affidavit must be licensed in the jurisdiction in which the applicant is currently practicing. One of the physicians must be employed in a supervisory position (e.g., chief of services or a department head). These affidavits should support the requirement that the majority of the applicant's practice is in the specialty that he or she is seeking and that the applicant is of good standing.**
- b) Include photocopies of accredited continuing medical education (CME) documents obtained within the immediate last 2 years.
- Each CME document **must** indicate the number of CME hours it is worth.
 - **NOTE: It is at the discretion of CPQ's PLD to accept or reject any CME documents/units put forth by any applicant.**
- c) Include photocopies of your physician exam results. Refer to "Guidelines for Physician Licensure within DHCC" for a list of DHCC-approved physician examinations.

Final Application Requirements



- Information contained within the application **must be neat and legible**. Typed applications are permitted.
- English translations must be certified by the institution performing the translation.
- Include copies of **both** the original documents and the subsequent English translations with your application.
- Review the checklist in "Section 14. Documentation" prior to submitting your application. This will ensure that all required documents are included.
- Organize all documents in an orderly manner.
- Abiding by these instructions will ensure that you have fulfilled the requirements of the application.

For further information on the licensing procedure, please contact:

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