New Healthcare Professional License

Initial Requirements:

- Education certificates with transcript of records
- Log Book for the last 2 years (for surgical specialties).
- Valid License/Registration from licensing body of country of recent employment.
- Valid Good Standing Certificate
- Medical fitness test (if applicant age was 65 and above)
- Valid Passport Copy
- Recent Photo

Final Requirements (after passing exam):

- Offer letter from recruiting facility
- Medical fitness test (if applicant age was 65 and above), if the attached get expired during the process
- Malpractice Insurance from recruiting facility

Fees:

- Initial Fees AED 210.
- Primary Source Verification:
  - Physicians/Dentist AED 1235.
  - Nurses & Allied Health AED 935.
  - Extra Document AED 300.
- Assessment:
  - Oral (Normal):
    - Physicians/Dentist AED 510.
    - Nurses & Allied Health AED 260.
  - Prometric:
    - Nurses & Allied Health USD 170.
- Issue License:
  - Physicians/Dentist AED 3010.
  - Nurses & Allied Health AED 1010.
- Delivery fees:
  - Physicians/Dentist/ Nurses & Allied Health AED 20 payable cash upon delivery
**Process Map:**

**Timeframe**

- Initial application review: 2-4 weeks
- Primary Source Verification (PSV): it will be proceed after 48 hr of payment.
- Exam assessment:
  - Prometric Assessment: based on prometric exam schedule
  - Oral Assessment: based on DHA exam schedule
- Upload labor card and Insurance: 5 working days after application submission
- Issue license: 2 working days

**Note:**

1. Education Certificates may include any of the followings: Diploma, Bachelor’s, Post Graduates Degree, etc.
2. Good Standing Certificate:
   - Mandatory for Physicians, Dentists and Nurses.
   - Allied Health and TCAM healthcare professionals: case by case, as it may be requested in certain cases.
3. Log book must have facility stamp and signature of Medical Director or authorized person.
4. For oral exam: after selecting exam date, payment must be done within 2 hours. Otherwise, the selection exam date will be cancelled.
5. For prometric exam: eligibility number will be valid for 3 month after PSV payment
6. Offer letter must be issued recently (last 3 month), include the professional title, facility stamp and signature of Medical Director or authorized person.
7. Medical fitness test should be conducted only by medical fitness center-DHA
8. If the facility name that applicant is applying for is not shown it means that the facility need to add applicant specialty and then the license can be issued.
Submit New Professional License Request
From Professional Home Page Click New Professional license link

1. Terms & Conditions
2. Personal Details

   i. Select Professional Category from the drop down list [* I am applying for:]

   ![Application Form Image]

   "Professional Category cannot be changed if the Professional Titles being applied for are already selected. Please remove all titles if you need to change the Professional Category"

   ii. Feed in your personal details > Click [Next]
3. Application Details

   i. Click [Add] button.

   ![Application Details](image)

   ii. Search for a title by using searching engine provided > Click [Select] link next to the title that you want to select > Click [Submit] Button

   ![Application Professional Title Details](image)

   iii. Click [Next]
4. Education Details

i. Click [Add] button to add your education details

![Application for Health Professional Licensure]

ii. Feed-in your education details > Click [Submit] button

![Education Details Form]

- Applicant Name as appeared on certificate
- Institution
- College Name
- City
- Area
- Country
- Qualification Equivalent To
- Telephone
- Major
- Minor
- Student Id
- Attended From Date: 10/06/2011
- Attended To Date: 18/06/2011
- Qualification Conferred On: 10/06/2011
- Upload Degree Copies
- Upload Other Documents Related To Same Degree
iii. Repeat steps 1 to 2 to add more Education Details > Click [Next] button

5. License Information
   i. Feed-in your license information if it is available (not mandatory) > Click [Next]
6. Experience Details

i. Click [Add] button to add your experience details if you have any

   ![Application for Health Professional License](image)

   - Experience Details
     - Please provide FULL details of employer for last 5 years, starting in order from latest to the previous employer
     - Experience
     - Experience letter should be from employers. Duration: from to. Facility Head letter & contact details should be present, and signed/stamped by facility director.
     - Add
     - No Records Inserted

   ![Experience Details](image)

   - Experience Details
     - * Employer Name
     - * Address
     - Website
     - Telephone
     - Staff ID
     - * Employed From
     - * Employed To
     - * Designation
     - Department
     - * Employment type (Full/Part Time)
     - * Experience letters from employers
     - No records have been added.
     - Upload Other Document Related To Same Experience
     - A typed Log book is required for surgeons for last 5 years which should be signed and stamped from Head of Department/Hospital.
     - No records have been added.

   ![Submit and Cancel](image)

ii. Feed-in your experience details > Click [Submit] button

![Submit and Cancel](image)

iii. Repeat steps i to ii to add more experiences > Click [Next]
7. Declaration

   i. Upload Good Standing Certificate
   ii. Feed-in declaration form
   iii. Upload PSV report “if available”
iv. If you checked one of the check boxes under For DHA partners section you need to provide required documents.

v. Click [Next] button

8. Authorization Letter

i. Download Authorization letter > Sign the letter > upload it again > Click [Submit]
Confirmation and Payment

i. Reference number will be generated for your request

ii. To start payment process follow step a or b

   a. Click [Proceed] button to start payment process

   ![Confirmation Page]

   ![Professional User Inbox]

   b. Click [Close] button and go to your inbox > Click [Open]

   ![Transaction Payments]

   iii. Review your payment details > Click [Pay]
iv. Fill the payment page with the needed information

![ePay Payment Page](image)

v. Review your transaction details > Click [Print Receipt] to print the

![Receipt](image)

Note: After you complete this process, your application will be checked and verified by DHA Health Regulation