



وزارة الصحة ووقاية المجتمع
MINISTRY OF HEALTH & PREVENTION

User Guide

Issue 24 Hour Pharmacy Work Permit for
Pharmacy
MOHAP External Users



www.mohap.gov.ae



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2. Service Overview

Enables pharmacies to obtain a work permit to operate a 24-hour licensed pharmacy.

3. Service Channel



Website

4. Service Target Audience



Facility





5. Service Prerequisites

1

The facility license must be valid for a minimum of 2 months before expiry.

2

The facility license must include at least four pharmacists, each with a valid license.

3

One of the four pharmacist should be pharmacist in charge.

4

The application should be auto removed, if the application is not submitted within 5 days of Initiation.

5

15 days will be given to complete payment of service fees after which the application will be deactivated and auto cancelled





6. Service Outputs



24-Hour Pharmacy Work Permit

7. Submit Service Request

7.1 Open the form from services list

The screenshot displays a web interface titled "Priority Services". At the top right, there is a search bar with a magnifying glass icon, a bookmark icon, and a menu icon. Below the title, there are three service cards:

- Evaluation**: Represented by a person icon. It includes the text "Health Professionals Evaluation" and a "Show More" button with a right-pointing arrow.
- Medical**: Represented by a building icon. It includes the text "Issue Primary Approval of Private Medical Establishment".
- Pharmaceutical**: Represented by a DNA helix icon. It includes the text "Issue primary approval for Pharmaceutical Establishment".





7.2 Choose the work's permit duration

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MINISTRY OF HEALTH & PREVENTION

عربي

Issue 24 Hour Work Permit For Pharmacy

Request Information
Request No: 003 050 1

Work Permit Details

Work Permit Duration*

6 Months 1 Year

Next

Pharmacists' Information

Terms and Conditions

Complete Progress
75 %

Submit Attachment Payment





7.3 Preview the pharmacists information

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MINISTRY OF HEALTH & PREVENTION

عربي

Issue 24 Hour Work Permit For Pharmacy

Request Information
Request No : 003.000.1

Work Permit Details

Pharmacists' Information

Full name	R-Number #Number	Category	Category
	License Number #Number	Speciality	Speciality
	Nationality Country Name	Job Title	Job Title

Full name	R-Number #Number	Category	Category
	License Number #Number	Speciality	Speciality
	Nationality Country Name	Speciality	Speciality

Complete Progress: 75 %

Submit	Attachment	Payment
R-Number #Number	Category	Category
License Number #Number	Speciality	Speciality
Nationality Country Name	Speciality	Speciality

Full name	R-Number #Number	Category	Category
	License Number #Number	Speciality	Speciality
	Nationality Country Name	Speciality	Speciality

Next

Terms and Conditions

Complete Progress: 75 %

Submit	Attachment	Payment
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7.4 Upload the required attachment(s)

Request information
Request No : 003.000.1

Attachment File
Completed 1 of 5

Application form for the issue of a 24-hour pharmacy license
Request Letter signed by owner requesting for 24-hour work permit
Valid pharmacy license

Drag and Drop Documents Here to Get Started!
How To Submit Online to upload your documents in the portal
PDF files: PDF File Size 10MB

Go To Payment

Complete Progress
90 %

Submit Attachment Payment

7.5 Pay the fees at the required stages

Request information
Request No : 003.000.1

Fee Details	Amount
Application Fees	100 AED
Service Charges 3%	10 AED
Total	110 AED

Accept Terms And Conditions

Select Payment Method

VISA eDirham

Process For Payment

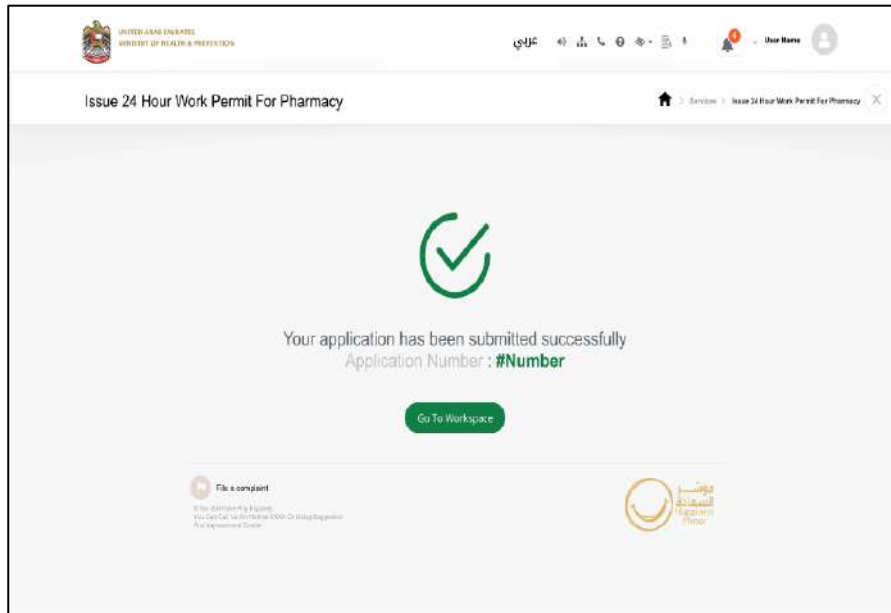
Complete Progress
98 %

Submit Attachment Payment





7.6 Submit the application for review



7.7 Download the approval letter(s) or certificates

