UNITED ARAB EMIRATES MINISTRY OF HEALTH





MINISTRY OF HEALTH

Pharmaceutical Licensing Online Services

User Manual (Establishment Users) V03

Online Registration For Manual License

MOH Information Technology Department – Development & E-services section

5/30/2015

This booklet was issued as a user manual for "Pharmaceutical Licensing System", and it's designed to guide the users on how to use the system to get all electronic transactions of private health sector by licensing the private medical sector.

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Introduction:

One of the most important goals of "Regulation, Licensing and Advertising Department", organizing the Private health sector, It licensing all Pharmaceutical private sector and its staff (Pharmacists & Assistant pharmacists), in order to improve the level of health services in the country.

Scope of Work

Provide Licensing Service for the following:

- Pharmacies in Northern Emirates.
- Drug Store in All Emirates in U.A.E.
- Scientific Office in All Emirates in U.A.E.
- Pharmacists and Assistant Pharmacists working for the mentioned Establishments.

Using the system:

Create new account

- 1. Go to the official website of the Ministry of Health <u>www.moh.gov.ae.</u>
- 2. Click on E-Services.
- 3. Click on Pharmaceutical Establishment Licensing.
- 4. The below screen appears
- 5. Click Create New Account Link

	1	
User Name		
Password		
		Login

- 1. Click on "create new account".
- ▶ Sign Up

- 2. Enter all required information.
- Login Information •
 - o User Name
 - User Group 0
 - o Email
 - Password
 - Verify Password
 - Secret Question
 - Secret Answer
- **User Information**
 - First Name
 - Middle Name 0
 - Last Name
 - o Cell
 - o Address
 - Country* Country 0
 - City 0
 - 0 Area
 - Word Verification 0

Login Information		
User Name *		
User Group *	Select	•
Email *		
Password *		
Verify Password *		
Secret Question *	Select	•
Secret Answer *		
User Information		
First Name *		
Middle Name		
Last Name *		
Cell Number		
Address *		
Country *	Select	•
City	Select	۲
Area	Select	۲
Word Verification: *	6	

Create New Account

- 3. Click in "Create New Account"
- 4. In case the username is already exists, it will show the following alert:

Signup

User already Exists	

5. After Completion of the registration steps, the following alert will show to confirm that the records saved successfully and an Email has been sent for activation.

Cancel

Activate the new account

Signup

Record Saved Successfully and Email has been sent to User For Activation

6. Click on the link in activation E-mail to activate the account.

Account Activation
K2 Development Team
To:
Please open below url to activate your account in system http://dxbmohk21:100/ActivateUser.aspx?Guid=e1a9253f-e7ec-44a5-9d66-d76b61d371ee

Login to the system

- 1. Enter the Username
- 2. Enter the Password

3. Click in "Login"

User Name	
Password	
Windows User Login Create New Account	

Click Pharmaceutical Licensing Icon

UNITED ARAB EMIRATES MINISTRY OF HEALTH		
Home Payment History		Hello, old5
► Home		
Evaluation Evaluation	Sick Leave Attestation	Licensing
Medical Advertisement Medical Advertisement	import Export	Treatment Abroad
Good Standing Certificate	Pharmaceutical Licensing Pharmaceutical Licensing	BirthAndDeath

Submit Pharmaceutical Establishment Initial Approval

Enter Pharmaceutical Establishment Details

- 1. Enter all required information as it shown in the following screen.
- 2. Click on "Register"

Pharmaceutical Licensing	Help Services Dashboard Sitemap Contact Us <u>old4</u> Signou
UNITED ARAB EMIRATES MINISTRY OF HEALTH	
<u>Workspace</u> <u>Owner</u> <u>Establishment Details</u> <u>Partners</u> <u>Attachments</u> <u>Staff Details</u> <u>Payments</u>	old4 End Uppers
Registration	
Name English (*) Old Pharmacy4 Classifications (*)	Name Arabic (*) [ميالية التيمة رئيب] Madiral District/Emirate (*)
Pharmaceutical Establishment - بالسة مسترقة	Shariah - 8(2)
Category (*) [Pharmacy - Line	Area Name (*) abu shaqhara
Email (*)	street (*)
tarigj@moh.gov.ae	4
Web Site	PO Box (*)
Enter the Web Site e.g. gmail.comx	848
Telephone (*)	Fax (*)
06-6666666	06-7777777
Building No. (*)	
444	
Building Name	Building Owner
Al Dana	abo Ahmed
Contact Name (*)	Contact Number (*)
Tarek Gamal Eldin Mohamed	06-666666
Contact Name - 2	Contact Number - 2
Enter second contact Name	
✓ Already Licensed Manually	
Manual License Number	Manual License First Issue Date
3	01.02.2015
Manual License Valid From Date	Manual License Expiry Date
01.02.2015	31.03.2015
Applicant Acknowledged(*) VI Confirm that all information provided are valid and correct	



- 3. View the Establishment Detail, Select the request type if applicable then click on the Button "Submit Request" this will show the tasks required for that request.
- 4. Review The Task List and complete the task required in order to be able to submit the application.

<u>Workspace</u>	
Owner Establishment Details Partners	Attachments Staff Details Payments

Establishment Details Name En Old Pharmacy4 الصيدلية القديمة رقم4 Name Ar Category مؤسسة صيدلانية - Pharmaceutical Establishment Pharmacy / ميدلية Speciality الشارقة - Sharjah Medical District 10.00000000 Licence Number License Status تمت الموافقة المبدئية - Initially Approved License Issue Date 01.02.2015 License Expiry Date 31.03.2015 **Application Details** Application Number 13 تسجل رخصة يدوية سابقة - الموافقة المبدئية - Manual License Registration - Initial Approval Application Request Application Status لم تقدم - Not submitted Submit Date 21.02.2015 0 AED Payment Due Request Submit Request Ŧ Submit Application Task List • No Owner Details Found, Please enter owner details - نيرهي استمال شيرها . • Please add missing required documents - برجه ارفاق شرقات شاقسة -Task List

Establishment Medical Staff

Pharmacists: 1 | 0 Under Processing | | 1 Pharmacists incahrge Assistant Pharmacists: 0 | 0 Under Processing

Establishment License Certificate	
Print License	
Notifications	
Date	Message
Tuesday, March 24, 2015 10:57:46 AM	Application Id: 3, Status: Accepted, Message: Approved Initial
Tuesday, March 24, 2015 12:00:00 AM	Application Id : 3, Status: Rejected , Message : Rejected Docs
	MoH Website Privacy Policy Accesibility Policy Discialmer Terms and Condition
	حربية المتحدة Copyrights © 2014. All rights reserved. Ministry of Health, UAE

Enter the owner information

1. Enter all required information as it shown in the following screen.

<u>Workspace</u>							old4 End Us
Owner Establishment Details Partners Attachments	Staff Details Payments						
Owner Personal Details							
First Name English (*)			First Name Arabi	c (*)			
tarek			طارق				
Middle Name English (*)			Middle Name Ara	bic (*)			
gamal			جمال الدين				
Last Name English (*)			Last Name Arabi	c (*)			
mohamedcccccccccccc			انحاذ				
Emirate (*)						X	
Ajman - عبان		•					
Gender (*)					sf-lgflag.gif		
نکر - Male		*			(GIF Image)		
Mobile No (*)							
0504822082			Personal Photo D	ata (*)Image shouldn't exceed	512KB & jpeg,jpg type		
Owner Identities List							
🗙 Delete 📓 Save 🍫 Refresh							
Id Identity No./U.I.D. No.	Valid From		Valid To	Identity Type English	Identity Type Arabic		Edit
26.00 333-4444-7777777-1			2/28/2015	Emirates ID	الهويبة الإماراتية	Double click to view i	
27.00 4	2/19/2015			Family Book	خلامنة أقيد	Double click to view i	

2. Attach Owner Identities Documents. (Emirates ID, Passport & Family Book.)

ک Delete 🛃 Save 🍫 Refresh Id 🎽 Identity No./U.I.D. No. Valid From Valid To Identity Type Eng Iden No items to display. Emírates ID - الهرية الإمار قية	y Ty Image Edi
Id [×] Identity No./U.I.D. No. Valid From Valid To Identity Type Eng Iden No items to display. Emirates ID - الهربة الإسار لية	y Ty Image Edi
No items to display. Emirates ID - الهرية الإمار لية	
الهوينة الإمبار تبة - Emirates ID	
ختصة القد - Family Book	
جواز ستر - Passport	
الهوية الإمار قية - Emirates ID	
Emirate ID No. (*)	
Emirate ID number	
Expiry Date (*)	
Expiry Date	

Image (*) - Image shouldn't exceed 512KB & must be jpeg, jpg

Save Identity

Enter the partner information (Optional if Applicable)

- 1. Enter all required information.
- 2. Upload partner photo.
- 3. Attach partner documents. (Emirates ID, Passport& Family Book)

vo.	rk	SI	1.11	ce.
		- 1		

First Name Englis	sh (*)				First Na	me Arabic (*)					
Type a value	111823				Type a	value					
Middle Name Eng	lish (*)				Middle N	Name Arabic (*)					
Type a value					Type a	value					
Last Name Englis	sh (*)				Last Nar	me Arabic (*)					
Type a value					Type a	value					
Gender (*)					National	lity (*)					
Select an item					Select a	an item					-
Mobile No (*)					Email (*	°)					
+971503827741	+971-50-38277	41 +971 50 3	3827741		Type a	value					
	Click here to	attach an imag	e :								
➤ Delete 🛃 Sa Name English No items to displa	Click here to a vertice of the second	attach an imag National	e Gender Id	Mob	ile No	Partner Ph	e Mail	P	Partner L	Lin	Partner Id
➤ Delete 📄 Sa Name English No items to displa ➤ Delete 📄 Sa	Click here to a we the Refresh Name Arabic ay, we the Refresh	attach an imag National	Gender Id	Mob	ile No	Partner Ph	e Mail	P	Partner L	Lin	Partner Id
➤ Delete 📄 Sa Name English No items to displa ➤ Delete 📑 Sa Partner I	Click here to a we Click here to a Name Arabic ay. we Refresh d Identity	National	Gender Id	Mob	ile No lentity N	Partner Ph	e Mail Date	Expiry	Partner L Date	Lin	Partner Id Image
➤ Delete 📄 Sa Name English No items to displa ➤ Delete 📄 Sa Partner I No items to displa	Click here to a we & Refresh Name Arabic ay. we & Refresh d Identity ay.	attach an image	Gender Id	Mob	ile No lentity N	Partner Ph	e Mail Date	P Expiry	Partner L	Lin	Partner Id Image

Attach the Required Documents

Attach Click on the Attachments Link.

Attach the required documents from the list.

<u>Workspace</u> <u>Owner</u> <u>Establishment Details</u> <u>Partners</u> <u>Attachm</u>	ents <u>Staff Details</u> <u>Payments</u>	
Attachment Cat	tegory: <u>Select an item</u> Last License Renewal Receipt From MOH - آمسمة License From MOH - ترخيص رزارة المسمة	ک ۲ آغر ایمدل تجدید من وزار Attach 4
Attachment I	Image : 3 Click here to attach an	image
🗙 Delete 🧇 Refresh		
Description En	Description Ar	Date uploaded
Last License Renewal Receipt From MOH	أخر إيصال تجديد من وزارة الصحة	01/04/2015
License From MOH	ترخيص وزارة الممحة	01/04/2015
Attachment Viewer		

Submit the Application for Initial Approval

Navigate to your Workspace and Click on 'submit Application' Button.

Note: After the submit Application Status becomes "Submitted"

Name En Test Pharmacy Name Ar Autor Category Pharmacutical Establishment - / Autor Speciality • Pharmacy / Autor Medical District Sharjah - Jahn Licence Number License not issued - + Jahn License Status License not issued - + Jahn License Tissue Date License not issued - + Jahn License Expiry Date License not issued - + Jahn License Expiry Date License not issued - + Jahn Application Details Application - Initial Approval - Autor Hade - Hadney Janne Application Request Ucense Registration - Initial Approval - Autor Hade - Hadney Janne Application Data Nei submittad - + H Submit Date 01.04.2015 Payment Due 0 AED Request 0 AED	Establishment D.	**	
Name Ar اسبانیه Category Pharmaceutical Establishment - المحافظ المحاف	Name En	Test Pharmacy	
Category Pharmaceutical Establishment - المعلم من المعلم	Name Ar	2.11	
Speciality • Pharmacy / نسب Medical District Sharjah - الشريك	Category	Pharmaceutical Establishment - المرتب المحالية	
Medical District Sharjah - الشراح Licence Number License not issued - مراح ماری مار. License Status License not issued - مراح مار. License Expiry Date License not issued - مراح مار. Application Details License not issued - مراح مار. Application Details License not issued - مراح مار. Application Details License not issued - مراح مار. Application Registration - Initial Approval - مراح مارد - مراح	Speciality	Pharmacy /	
License Number License not issued - + + + + +. License Status License not issued - + + + +. License Issue Date License not issued - + + + +. License Expiry Date License not issued - + + + +. Application Details Application Details Application Request License Registration - Initial Approval - + + + + +. Application Request License Registration - Initial Approval - + + + + + +. Application Status Net submitted - + + + Submit Date 01.04.2015 Payment Oue Status	Medical District	sharjah - الشتر	
License Status License not issued - +	Licence Number	_غير مره - License not issued	
License Issue Date License not issued - + + + + + +. License Expiry Date License not issued - + + + + +. Application Details Application Details Application Request License Registration - Initial Approval - + + + + + + + + + + + + + + + + + +	License Status	License not issued - Automation and the second seco	
License Expiry Date License not issued - مرجع مرجع مرجع مرجع مرجع مرجع مرجع مرجع	License Issue Date	License not issued - المراجزة	
Application Details Application Number 16 Application Request Ucense Registration - Initial Approval - View Watch - Number User Application Status Net submitted - July / Submit Date 01.04.2015 Payment Oue 9 Regulat	License Expiry Date	License not issued - المن مرت	
Application Number 16 Application Reguest Ucense Registration - Tinbal Approval - Number Application Application Status Not submitted - La J Submit Date 01.04.2015 Payment Oue 0 AED Reguest Submit Terminet	Application Details		
Application Request Ucense Registration - Initial Approval - Value Value - Name - Value Application Status Not submitted - Name - Value Submit Date 01.04.2015 Payment Oue 0 AED Request Submit Henvier	Application Number	16	
Application Status Not submitted - , = , = , Submit Date 01.04.2015 Payment Due 04ED Request	Application Request	اسمن رئسة - شرطة شدية - المرطة من الم	
Submit Date 01.04.2015 Payment Due 04ED Request	Application Status	Next submitted - x= -	
Payment Due 04ED Request	Submit Date	01.04.2015	
Request Subovi Mequest	Payment Due	0 AED	
	Request	wi Submit Request	
Submit Application		Submit Application	
Task List	Task List		
	Establishment Medical SI	taff	
Establishment Medical Staff	Pharmadists: 110Under Proces	sing [] I Pharmaosts incahrge	

Check Establishment Application Approval Status

You shall wait until your <u>Application Approved or Rejected by MOH</u>, you can check Application Status on your work space page.

If License Status: Approved then proceed to adding staff.

Or

If License Status: Rejected, Read the Message and recover the reason and Submit again

Or if License Status: Submitted, wait until the status become 'Approved' or 'Rejected'.

Notifications					
Date	Message				
Saturday, February 7, 2015 4:13:11 AM	Application Id: 8 , Status : Accepted , Message :ok complete the rest procedures				
Saturday, February 7, 2015 12:00:00 AM	Application Id : 8, Status: Rejected , Message : the last renewal is required				

Add the Staff and Submit

After Establishment Initial Approval, Applicant should proceed to Submit Staff Applications.

Applicant

- 1. Click 'Staff Details' Link
- 2. Click 'Register Manual Licensed Staff' Button
- 3. Fill Staff information, upload staff photo and click 'Save Details' Button
- 4. Attach required documents
- 5. Click 'Submit Application' Button
- 6. Repeat the same steps from 2 to 5 until all your staff is added and submitted for Approval



Establishment Details

Name En	Old Pharmacy4
Name Ar	الصيدلية القديمة رقم
Category	مؤسسة صيدلانية - Pharmaceutical Establishment
Speciality	• Pharmacy / ميدلية /
Medical District	الشارقة - Sharjah
Licence Number	10.00000000
License Status	تست السرافقة السبدئية - Initially Approved
License Issue Date	01.02.2015
License Expiry Date	31.03.2015
Application Details	
Application Number	13
Application Request	تسجل رخصة يدوية سابقة - الموافقة المبدئية - Manual License Registration - Initial Approval
Application Status	تست الموافقة - Approved
Submit Date	21.02.2015
Payment Due	0 AED

Click Register Manual Licensed Staff Button

<u>Workspace</u>						old2 End Users ,
Owner Establishment Det	tails <u>Partners</u> <u>Attachme</u>	<u>ints</u> <u>Staff Details</u> <u>Payments</u>				
Register Manual Licensed Staff]					
Application Status :						
Edit Staff Detail						
Application No.		Name En	Medical Title		Request Type	Submit Date
44 4 Page 1 🕨						
Establishment Staff :						
License Number	Name En	Name Ar	Medical Title	Speciality	Master License Status	Expiry Date
	Mol	HWebsite Privacy Policy Accesibility	y Policy Disclaimer Terms and Condi	itions Last Updated	on: 01-11-2014	
	Cor	pyrights © 2014. All rights reserved. Mir	nistry of Health, UAE الإمارات العربية المتحدة ا	201 وزارة المنحة، حكومة دولة	حقوق النسخ محفوظة © 4	

Fill Staff information, upload staff photo and click 'Save Details' Button

Workspace				
Owner Establishment Deta	iils Partners Attachments Sta	ff Details Payments		
Medical Title:	Dharmanist Incharge (
	Filamacist menarge /			
Old Staff License Number:	12345			
Manual License First Issue D	ate:	Manual License Issue Date:		Manual License Expiry date:
01.05.2010		01.05.2014		30.04.2015
Name (English):		Nationality:		Personal Photo Data
Tarek Gamal Eldin Mohamed		فصر - Egypt		×
Name (Arabic):		Nationality Previous:		tarek_photo3.jpg
طارق جمال الذين محمد		Select an Item	Ψ.	(JPEG Image)
Gender:		Identity Type:		129.41 KB
Select an item	*	Select an item	-	
Date Of Birth:		Identity No.:		Qualification Degree:
Select a date		Type a value		Type a value
Place Of Birth:		Identity Issued From:		Faculty:
Type a value		Select an item	-	Type a value
Marital Status:		Identity Issue Date:		Qualification Date:
Select an item	*	Select a date		Select a date
Mobile No.:		Identity Expiry Date:		Qualifcation Source Country
Click on Unda	te Details after F	ill information		
check off opdu	te Details after f			
Mahila Na .		Identify Funime Dates		Qualifaction Country
HODIE NO.:		tuentity expiry bate:		Quanication Source Country

С

Mobile No.:	
Type a value	
Telephone No.:	
Type a value	
P.O. Box:	
Emirates ID:	
Type a value	
Update Details	Exit

Select a date	(1)H
Email:	
Address:	
Type a value	

Select an item	
Previous Work Place:	
Current Sponsor Name:	

۲

Attach the Required Documents

Click 'Submit Application' Button

Add Attachment				
	Attachment Categ	ory: Select an item		•
	Scanned Image D	Pata: Click here to a	attach an image	Attach
Staff Attachments :				
🗙 Delete 🧇 Refresh 🗌	Checkbox			
De	scription En	Description Ar	Date uploaded	
Qualifi	cation Certificate	شهادة المؤهل الدراسي	3/29/2015	
Re	sidence Visa	تأشيرة الإقامة	3/29/2015	
Approved MO	L Employment Contract	عقد العمل معتمد من وزارة العمل	3/29/2015	
Pa	ssport Copy	صورة من جواز السفر	3/29/2015	
Nation	al Identity Card	بطاقة اليرية الوطنية	3/29/2015	
Last License Re	newal Receipt From MOH	أخر إيصال تجديد من وزارة الصحة	3/29/2015	
Licer	nse From MOH	ترخيص وزارة الصحة	3/29/2015	
Request:		Submit Request		
Subn	nit Application			

Check Staff Application Approval Status

You shall wait until your Application Approved or Rejected by MOH, you may check Application Status on Staff Details Link.

If License Status: Approved – Pharmacist in charge- then proceed to submit Establishment 'Final Approval Request'.

Or

If License Status: Rejected, Recover the reason and Submit again

Or if License Status: Submitted, wait until the status become 'Approved' or 'Rejected'.

wner	1	Establishment Details	Parti	ners	Attachments	Staff Details	Pavments	

Vorkspace

Register Manual Licensed Staff								
Application Status :								
Edit Staff Detail								
Applic	cation No.		Name En	Medical Title		Request Type		Submit Date
No items to display.	No items to display.							
📢 🖣 Page 🔢 1	44 4 Page 1 ≥							
Establishment Staff :								
License Number	Name	e En	Name Ar	Medical Title	Speciality	Master License Status	Expiry Date	
T15	Rahim		Rahim	Pharmacist Incharge	Pharmacy	Licensed	31/12/2016	View Details

Submit Final Approval Request of the Establishment

After Approval of MOH on the Pharmacist in Charge, you can proceed in to get your Establishment Licensed.

In Work Space Page (You can always access this page by click on the workspace link)

Select the Request 'Manual License Registration - Final Approval'

Click 'Submit Request' Button.

Establishment Details	
Name En	Old Pharmacy4
Name Ar	الصيدلية القديمة رقم4
Category	مؤسسة صيدلانية - Pharmaceutical Establishment
Speciality	• Pharmacy / ميدلية /
Medical District	الشارقة - Sharjah
Licence Number	10.00000000
License Status	تست السوافقة السيدئية - Initially Approved
License Issue Date	01.02.2015
License Expiry Date	31.03.2015
Application Details	
Application Number	13
Application Request	تسجل رخصة يدوية سابقة - الموافقة المبدئية - Manual License Registration - Initial Approval
Application Status	تست الموافقة - Approved
Submit Date	
Payment Due	Manual License Registration - Final Approval - السوافقة النهائية
Request	Select an item Manual License Registration - Final App
	Submit Application

Attach the Required Documents for Final Approval

Click on the Attachments Link

Attach the required documents from the list

<u>Workspace</u> <u>Owner</u> <u>Establishment Details</u>	<u>Par</u>	tners <u>Attachments</u> <u>Staff Details</u> Pay	<u>ments</u>	
Attachment Category: Attachment Image :		Select an Item	Attach	
🔀 Delete 🤹 Refresh		Establishment Lease Agreement - البسفة عن عقد ا.		
Description En	Desc	بالربح التغطيطي الانفار - Internal Drawing of Location	ded	Scanned Image Data
No items to display.				

Submit the Application for Approval

In Work Space Page (You can always access this page by click on the workspace link)

Click 'Submit Application' Button.

Application status becomes "Submitted"

Workspace	t Dataile Dartagre Attachmente	Staff Dotaile Daymonte	
Establishment Det.			
Name En	Test Pharmacy 2		
Name Ar	مديلة		
Category	بة صبيرا فية - Pharmaceutical Establishment	الأست	
Speciality	• Pharmacy / مجنلية		
Medical District	Sharjah - الشارقة		
Licence Number	غير مرخص - License not issued		
License Status	غير مرخص - License not issued		
License Issue Date	غير مرخص - License not issued		
License Expiry Date	غیر مرخص - License not issued		
Application Details			
Application Number	6		
Application Request	الموافقة المبدئية - Initial Approval		
Application Status	لم تقدم - Not submitted		
Submit Date	25.01.2015		
Payment Due	0 AED		
Request		Submit Request	
	Submit Application		
Task List			
Establishment Me			
Pharmacists: 010Under P	rocessing		
Second Pharmacists: 010	Under Processing		
Notifications			
Date	Message		L.T.

Notifications						
Date	Message	Id	Ī			
Sunday, January 25, 2015 10:56:42 AM	Application Id : 5 $$, Inspection Status : Passed , Message : Please be available at mention time	23				
Sunday, January 25, 2015 10:51:19 AM	Application Id : 5 , Inspection on 26-Jan-2015 12:00 AM , Message : Please be available at mention time	22				
Sunday, January 25, 2015 9:47:31 AM	Application Id : 5 , Status : Accepted , Message :Approved by Coordinator	18				

Check Establishment Application Approval Status

You shall wait until your <u>Application Approved or Rejected by MOH</u>, you can check Application Status on your work space page.

If Application Status: Approved then you can Print the Establishment License.

Or

If Application Status: Rejected, Read the Message and recover the reason and Submit again

Or if Application Status: Submitted, wait until the status become 'Approved' or 'Rejected'.

Notifications				
Date	Message			
Saturday, February 7, 2015 4:13:11 AM	Application Id: 8, Status: Accepted, Message: ok complete the rest procedures			
Saturday, February 7, 2015 12:00:00 AM	Application Id : 8, Status: Rejected , Message : the last renewal is required			

Print License for the Establishment

After Applicant Submission of Final Approval Request and Got Approved by MOH

User can go to *work space* and click on print license

Workspace			
Owner Establishment Details Partners	Attachments Sta	ff Details Payments	
End Users ,			
Establishment Details			
Name En	Muhammad Ovais		
Name Ar	الحابد عويس		
Category	Pharmaceutical Esta	ەراسىيە مىيدلاتيە - blishment	
Speciality	• Pharmacy / مىيدلية		
Medical District	الشارقة - Sharjah		
Licence Number	1		
License Status	مرخص - Licensed		
License Issue Date	04.01.2015		
License Expiry Date	31.12.2015		
Application Details			
Application Number	3		
Application Request	License Registration	تسجيل رخصة - المواقة النهائية - Final Approval -	
Application Status	تىت الىواقة - Approved		
Submit Date	01.04.2015		
Payment Due	0 AED		
Request	Select an item		Submit Request
	Submit Application		
Task List			
Establishment Medical Staff			
Pharmacists: 1 0 Under Processing 1 Phar	rmacists incahrge		
Assistant Pharmacists: 0 0 Under Processin	g		
Establishment License Certificate			
Establishment License certificate			
Print License			
Notifications			
Date		Message	
Tuesday, March 24, 2015 10:57:46 AM		Application Id : 3 , Status : Accepted , Mess	age :Approved Initial
Tuesday, March 24, 2015 12:00:00 AM		Application Id. 2 Status Poinsted Manage	a Pajacted Docc
ruesuay, March 24, 2015 12:00:00 AM		Application to : 3, Status: Rejected , Messag	je i Rejected Docs