



وزارة الصحة ووقاية المجتمع  
MINISTRY OF HEALTH & PREVENTION

# User Guide

Issue Primary Approval of Private  
Pharmaceutical Establishment



[www.mohap.gov.ae](http://www.mohap.gov.ae)



## DISCLAIMER

You should have an authorized, registered copy of this document. If you have an unregistered copy or require further copies of this document, please inform the author. Should you have an uncontrolled copy, you will not be informed about any updates. Please ensure that all revisions before this latest revision were destroyed. @ 2021 MOHAP All Rights Reserved.





<b>1. SERVICE OVERVIEW</b>	<b>3</b>
<b>2. SERVICE CHANNEL</b>	<b>3</b>
<b>3. SERVICE TARGET AUDIENCE</b>	<b>3</b>
<b>4. SERVICE OUTPUTS</b>	<b>4</b>
<b>5. SERVICE PREREQUISITES</b>	<b>5</b>
<b>6. SUBMIT SERVICE REQUEST</b>	<b>6</b>
<b>6.1 INITIAL INSPECTION</b>	<b>6</b>
OPEN THE FORM FROM THE SERVICES LIST	6
START THE APPLICATION FORM AND FILL ALL THE REQUIRED INFORMATION	7
SUBMIT THE APPLICATION FOR REVIEW	15
MAKE THE PAYMENT FOR THE INSPECTION FEE.	15
<b>6.2 INITIAL APPROVAL</b>	<b>17</b>
UPLOAD THE REQUIRED ATTACHMENT	18
SUBMIT THE APPLICATION FOR REVIEW	18
<b>6.3 DOWNLOAD THE CERTIFICATE(S) OR LETTER(S)</b>	<b>19</b>





## 1. Service Overview

Provides the Initial License approval for the Pharmaceutical establishment to enable to start adding Pharmaceutical staff, use initial Certificate for External Permissions, and submit for Pharmaceutical establishment licensing.

## 2. Service Channel



Website

## 3. Service Target Audience



Individual





## 4. Service Outputs



**NOC Letter for DED.  
To Whomsoever it May Concern for DED.  
Initial Approval Letter.**





## 5. Service Prerequisites

1

The pharmaceutical establishment owners, must not own more than two pharmacies in the UAE.

2

The establishment should meet all the all technical requirements and conditions (please refer to the service catalog for more details)

3

If the owner need to get more than 2 pharmacies, licenses need to be applied through "Group of Pharmacies" service.

4

Initial approval will be valid for (6) months only, during which time the pharmacy owner is required to meet all technical requirements and conditions to obtain the license from the Ministry of Health.

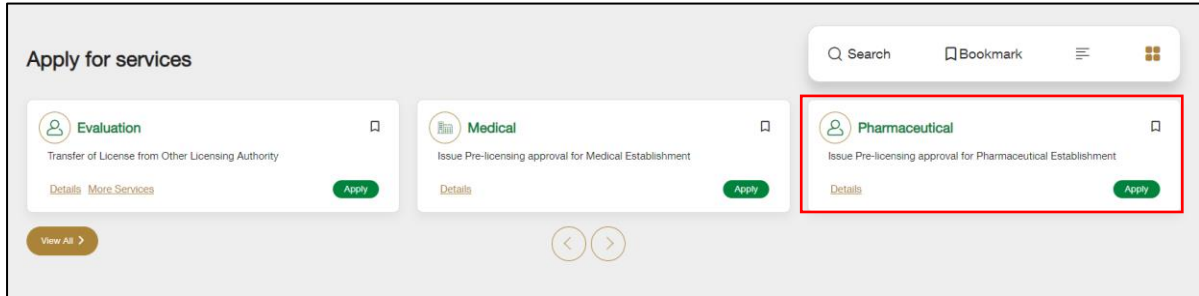




## 6. Submit Service Request

### 6.1 Initial Inspection

Open the form from the services list



Click on the “Apply” button.





Start the application form and fill all the required information

Fill up the location details and click on next.







Issue Pre-licensing approval for Pharmaceutical Establishment

Request Information  
Request No:

Location Information

Establishment Information

Establishment Name (English) \*  
Please Add the name as trade License

Establishment Name (Arabic) \*  
Please Add the name as trade License

Establishment Type \*  
Establishment Type

Classification \*  
Classification

Activities \*  
Activities

Next

Contact Information

Owner Details

Partner Details

Self Evaluation

Complete Progress  
33%

Application Form Attachments Preview

Input the establishment information and then click on the next button.





Request Information  
Request No:

Location Information ✓

Establishment Information ✓

Contact Information

Retrieve Contact Information From Your Profile? \*

Yes  No

Contact Name \*  
Contact Name

Second Contact Name \*  
Second Contact Name

Designation \*  
Designation

Primary Email \*  
Email@Email.com

Email (Alternative Email) \*  
Email@Email.com

Contact Number \*  
+971 000 000

Alternate Contact Number \*  
+971 000 000

Fax  
Fax

Next ▾

Owner Details

Partner Details

Self Evaluation ✓

Complete Progress  
11%

Application Form Attachments Preview

Show Footer

Provide your contact details and click on the “Next” button. You have the option to retrieve your contact information from your profile.





Request Information  
Request No:

Location Information ✓

Establishment Information ✓


Contact Information ✓

### Owner Details

Retrieve Contact Information From Your Profile? \*

Yes  No

Personal Image



Title \*  Gender  Female  Male

First Name -EN \*  Middle Name -EN \*  Family Name -EN \*

First Name -Arabic \*  Middle Name -Arabic \*  Family Name (Arabic) \*

Share Percentage  UAE Citizen  Yes  No

Nationality \*  Passport NO.

Emirate ID \*

[Click here to download the introduction document in English](#)

[Click here to download the introduction document in Arabic](#)

### Contact Information

Contact Number \*  Primary Email \*

### Attachments

Completed 0 of 4

Valid Passport copy of the owner ✓

Valid Emirates ID Copy ✓

Passport size photo with white background ✓

Select Files from your computer  
Use the "Upload" button to upload your attachments  
The supported file are: pdf, png, jpeg, jpg, docx  
File size: No more than 10MB

### Partner Details

Self Evaluation

Complete Progress  
22%

Fill in the owner details and click on “Next” to proceed.





UNITED ARAB EMIRATES  
MINISTRY OF HEALTH & PREVENTION

عربي shaikha\_z@hotmail.com

Issue Pre-licensing approval for Pharmaceutical Establishment

Request Information  
Request No:

Location Information

Establishment Information

Contact Information

Owner Details

Partner Details

+  
Add Partner

Full Name (English)	Full Name (Arabic)	Emirate ID	Passport	Nationality	Share Percentage
No Data					

Next

Self Evaluation

Complete Progress  
44%

Application Form Attachments Preview

Show Footer


To enter partner details, simply click on the “Add Partner” button and provide the necessary information.





### Add Partner

**Personal Image**



**Title \***  **Gender**  Male  Female

**First Name -EN \***  **Middle Name -EN \***  **Family Name -EN \***

**First Name -Arabic \***  **Middle Name -Arabic \***  **Family Name -Arabic \***

**Share Percentage**  **UAE Citizen**  Yes  No

**Nationality \***  **Passport NO.**

**Emirate ID \***

**Contact Information**

**Contact Number \***  **Primary Email \***

**Attachments** Completed 0 of 3

Optional

Valid passport copy of the partner. Valid Emirates ID of the partner. Passport size photo with white background.

Select Files from your computer

Use the "Button" below to upload your attachments

The supported file size: pdf, png, jpeg, docx

File size: No more than 10MB

Choose For Attachments On Your Computer

Fill in all the required fields and ensure that you attach the necessary documents.





UNITED ARAB EMIRATES  
MINISTRY OF HEALTH & PREVENTION

شؤون طبية shaikha\_r@hotmail.com

### Issue Pre-licensing approval for Pharmaceutical Establishment

Request Information  
Request No:

- Location Information ✓
- Establishment Information ✓
- Contact Information ✓
- Owner Details ✓
- Partner Details ✓

Self Evaluation

Description	Yes	No	N/A	Remark
No Data				

**Note**

- make sure to revise the ministry of health and prevention guidelines and requirements and apply them on the drawing plans and site based on the type of the facility.
- the drawing plans submitted shall be revised, stamped by engineering consultants and inserted in the standard ministry form.
- the initial approval is approval given for the site only and it does not include the approval on the detailed and internal divisions of the facility.
- the construction works, preparation, finishing in the facility shall be not done before getting the initial approval on the drawing plans.

Disclaimer

Go To Attachments

Complete Progress  
56%

Application Form Attachments Preview

Owner Details ✓

Partner Details ✓

Self Evaluation

**Disclaimer**

I am the undersigned, I work in the aforementioned pharmaceutical facility, I acknowledge according to this undertaking that all the information and data described above are correct and in conformity with reality, and if it is proven otherwise, the Ministry of Health and Prevention has the right to take what it deems appropriate, knowing that all the conditions and standards required are explained and clarified to me by MOHAP inspectors. I have read Ministerial Circular No. (932) for the year 2012 regarding the health and technical conditions that must be met in private pharmacies, and I will abide by what is stated therein.

Yes, I Understand

Disclaimer

Go To Attachments





Upload the required attachment(s).

Review all the details of your request before submitting and edit it if required.





## Submit the application for review

The screenshot shows a confirmation message on a web portal. At the top, it says "Issue Pre-licensing approval for Pharmaceutical Establishment". In the center, there is a large green checkmark icon. Below it, the text reads: "Your application has been submitted successfully. Request Number: #LPE-24-1540". A green button labeled "Go To Workspace" is positioned below the text. The page includes a header with the ministry's name and logo, and a user profile icon in the top right corner.

Confirmation that your request has been successfully received.

## Make the payment for the inspection fee.

The screenshot displays the "My Payments" section of the web portal. The page title is "My Payments" with an "Export" button. There are two tabs: "Pending Payments" (active) and "Completed Payments". A search bar and a filter icon are also present. Below the tabs, a payment entry is shown with the following details: "Payment" (dropdown), "Action Date : 24/01/2024", "Action Status: In Progress", "Request Number : LPE-24-1540", "Request Date: 24/01/2024", "Service Name: Issue Pre-licensing approval for Pharmaceutical Establishment", and "AED 1000". The page includes a header with the ministry's name and logo, and a user profile icon in the top right corner.

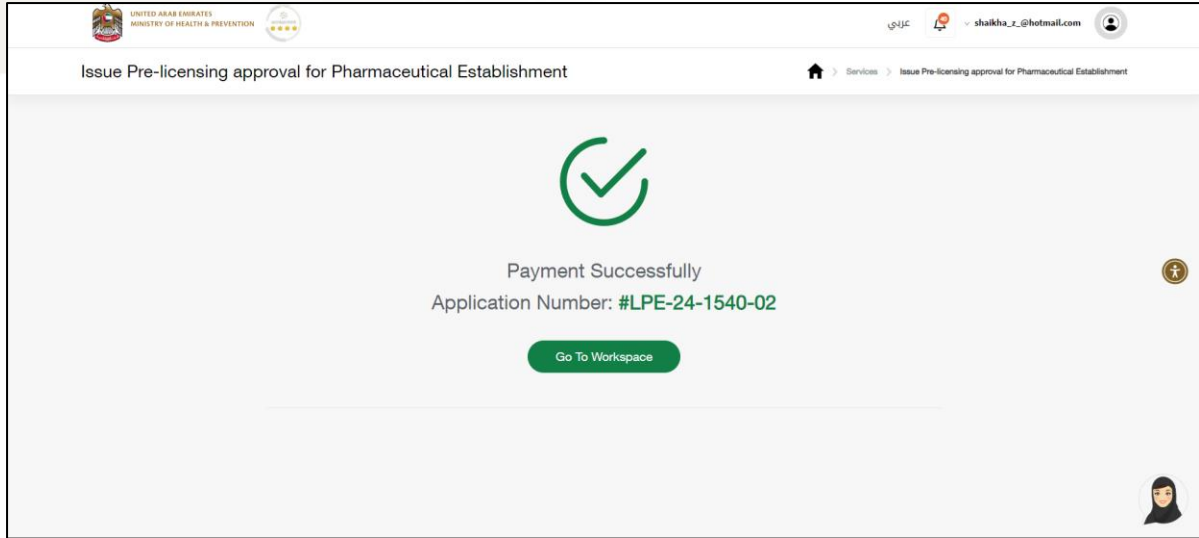
The screenshot shows the payment process page. The page title is "Issue Pre-licensing approval for Pharmaceutical Establishment". A "Request Information" section shows "Request No: LPE-24-1540". Below this, a "Service Fees Details" table is displayed:

Service Fees Details	Amount
Initial Site Inspection	1000 AED
<b>Total:</b>	<b>1000 AED</b>

Below the table, there is a checkbox labeled "Accept Terms And Conditions" which is checked. Under "Payment Method", there are buttons for "VISA" and "MasterCard". A green button labeled "Process For Payment" is at the bottom of the form. The page includes a header with the ministry's name and logo, and a user profile icon in the top right corner.







A confirmation for successful completion of payment.





## 6.2 Initial Approval

Submit initial approval request for the pharmaceutical establishment.

Here you can browse the tasks assigned to you by the MOHAP team to complete.

### 4 My Tasks

Search Filter

Request No.	Application No.	Service Name	Status	Submission Date	Action
LPE-24-1540	LPE-24-1540-03	Issue Pre-licensing approval for Pharmaceutical Establishment	Request Initiated	24/01/2024	<a href="#">View Details</a>

Issue Pre-licensing approval for Pharmaceutical Establishment

Services > Issue Pre-licensing approval for Pharmaceutical Establishment Save & Close

- Location Information
- Establishment Information
- Contact Information
- Owner Details
- Partner Details

Initial approval →

Review your details and click on the “Initial Approval” button.





## Upload the required attachment

Issue Pre-licensing approval for Pharmaceutical Establishment

Attachments Completed 0 of 3

Affection Plan Attested from the Municipality

valid copy of Establishment Lease Agreement

Economic Department trade Name

Select Files from your computer  
Use the "Button" below to upload your attachments  
The supported file are: PDF, JPG, Word  
File size: No more than 10MB

Browse For Attachments On Your Computer

Submit

Back to Download →

## Submit the application for review

Issue Pre-licensing approval for Pharmaceutical Establishment

Your application has been submitted successfully.  
Application Number: #LPE-24-1540-03

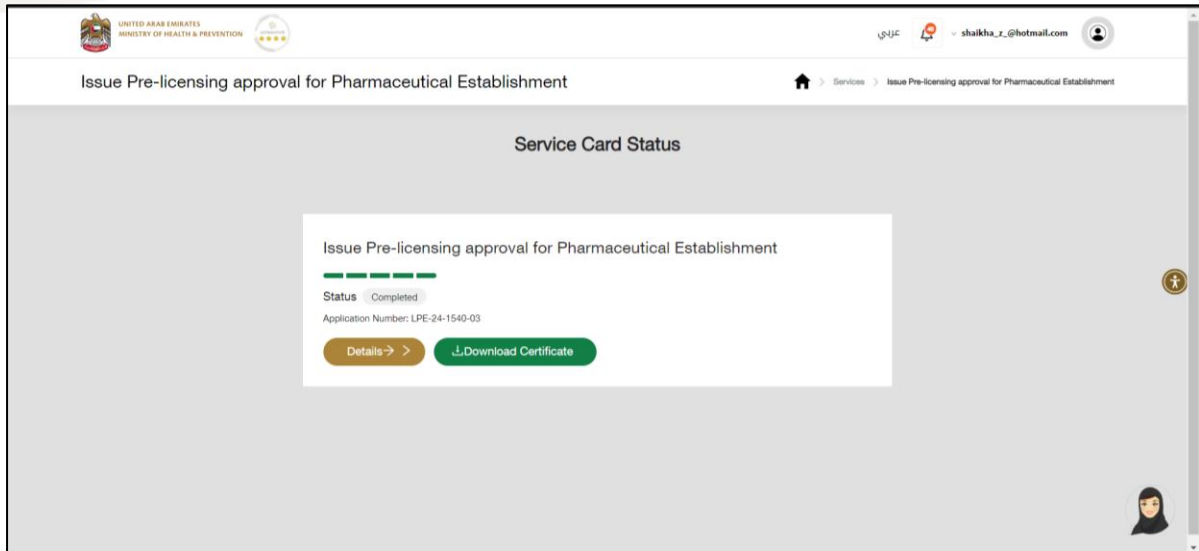
Go To Workspace

A confirmation message for the successful submission of the application.





## 6.3 Download the certificate(s) or letter(s)



Upon approval, you will receive a letter 'to whomsoever it may concern' on behalf of the Department of Economic License. You will also receive an email with an attached letter titled 'Initial Approval for Issue Pre-licensing approval for Pharmaceutical Establishment'. Furthermore, you can download the letter from the portal in the 'My Certificate' section.

