UNITED ARAB EMIRATES MINISTRY OF HEALTH & PREVENTION

11/1/2023

Health Professional Evaluation

User Manual Document Version: 3.0

Updated: January 11th, 2023

Ministry of Health & Prevention - UAE©

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1. Service Overview – Summary

The Health Professional Evaluation service enables health professionals to apply for an assessment certificate to facilitate the issuance of the licenses required to practice in the medical profession in the UAE.



3. Create new account

If the user is new (i.e., you do not have account) you need to Register and Create a New Account to be able to access MOHAP services.

If you are already a MOHAP user, then Login to the system directly

| # | Create New Account – Register/Sign up | | |
|---|--|---|----------|
| 1 | If the user is new (i.e., doesn't have an a First - Go to the official website of the <u>N</u> - On the right side click on the Logi - Since the user does not have an a | ccount) they need to Create a New Accou <u>Ainistry of Health</u> n tab ccount yet, the user will need to Register | ınt r |
| 2 | UNITED ARAB EMIRATES MINISTRY OF HEALTH & PREVENTION | عربي 🎗 Login | |
| | Ministry Of Hea | Ith And Prevention | |
| | Login | Register | |
| | A single trusted digital identity | with UAE PASS for all citizens, residents and visitors. | |
| 3 | To Sign Up, the user needs to fill all the representation of the present of the p | equired information and follow the steps | ; |
| | Accepts only English letters and Numbers, maximum length is 50. | Country Select City | ~ |
| | At least 1 numeric character and 1 capital letter with minimum | Area | ~ |
| | C Verify Password | Address | h |
| | First Name | User Group Select | ~ |
| | Middle Name | Two Factor Authentication | |
| | Last Name | VDVKV: | |
| | ⊠ email@address.com | Word Verification: Create New Account Cancel | |
| 4 | Click create account. After completing the registration confirm that all records are savea been sent for activation. | steps, the following alert will show to successfully, and a verification email ha | 'S |

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| | Signup |
|---|---|
| | Record Saved Successfully and Email has been sent to User For Activation |
| 5 | Go to the email entered when registering, and click on the link to activate the MOHAP Account |
| | Dear Thank you for registering with Ministry of Health and Prevention E-Services. Please open below url to activate your account. <u>Account Activation Link</u> |
| | Regards, Ministry of Health And Prevention, UAE |

4. Log into the system

4 User Login 1 If the user already has an account and wants to access any of MOHAP services, the user needs to follow the below steps 1. Go to the official website of the <u>Ministry of Health</u> 2. Click on Services 3. Look for the required service OR search for its name in the search bar 4. Select the required Service icon 5. After choosing the service click on Start Service as the below screen. 6. If the user has logged in from the official page, then when the user clicks on "Services" they'll be directly transferred to the service, otherwise the user will have

to login after clicking on "Start Service".

| | Hame & Conicae | | ` | |
|---|---|--|--|--|
| | Home > Services | | | |
| | Services | | health | ۵ |
| | 문 All C Most used services | 익 Individual services 쓩 Social services | Business services â Government service | ces 🗘 My Favourites |
| | Health Professionals Evaluation / \heartsuit Second Medical Title | Renewal License for Healthcare Advertising through Call Centers | Renewal of Healthcare Program | Licensing of a Doctor or Dentist to Utilize the Services of a Private Health Facility |
| | Start Service ⊙ | Start Service ⊕ | Start Service ④ | Start Service ③ |
| | Issue of Good Professional Conduct Certificates for Professionals in the Private Health Sector | Complaints about private health \heartsuit facilities and their medical staff | Health Professional Evaluation | Renewal License for a Healthcare O Advertisement Related to Healthcare Event |
| | Start Service ④ | Start Service ⊕ | Start Service ⊕ | Start Service ⊙ |
| 3 | Health Profession | e requirements Service fees Application fee: (Check Verification of scientific View more Ministry Of Health | Attachment) certificates ("Data Flo And Prevention | Start Service → Bookmark service ♥ Lexport as PDF Export as XLS Service Rating ★ ★ ★ ☆ ☆ average rating : 3 from 109 users |
| | _ | Login | Register | |
| | | Login with I A single trusted digital identity for all off | JAE PASS | |
| | | Or | | |
| | | A Password | ۲ | |
| | | Account Type | ~ | |
| | | Remember Me Forgot Password Login | Forgot User Name | |
| | | | | |

5. Submit Service Request

If the user logs in directly from <u>MOHAP website</u>, then the user will need to click \rightarrow Home \rightarrow will be prompted to the above screen.

| 5 | Open the form from the service | ces list | |
|---|---------------------------------|---|---|
| | Priority Services | | Q Search ∏ Bookmark ≡ ₿ |
| | Evaluation | Medical | Pharmaceutical |
| | Health Professionals Evaluation | Issue Primary Approval of Private Medical Establishment | Issue primary approval for Pharmaceutical Establishment |
| | Show More 📎 | | |
| | | | |

5 Accept Declaration before submission

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| - And has to once the a | corret. confirm his eligibilit oplication is submiss | y in accordance to the PQR as stated, since ed it won't be refunded. |
|---|---|---|
| Health Professior | als Evaluation | Services > Health Professionals Evaluation |
| Declaration for submittir | g the application | |
| I hereby declare that all infor misrepresenting, I am aware that | mation provided in this application is true and I may be held liable for it and it shall lead to t | correct. In case any of the provided information is found to be false or untrue or misleading or termination of my application |
| By submitting this application per the checklist. Also, I underst | n, I confirm that I have checked my eligibility a and that if any of the related documents are n | as per <u>Professional Qualification Requirements Manual (PQR)</u> and provided the required docu nissing or not accurate, this will lead to the termination of my application |
| Multiple documents attached | d in the same file will be considered as separa | te documents and charged separately when the dataflow verification fee is calculated |
| Please note that once the ap | olication is submitted the application fees | s will not be refunded |
| 0 | | X Cance Application Acc |
| Select Application | Туре | |
| Select Application The user needs to A- New Evalu B- Second Me | Type select which applica ation odical Title | tion they'r applying for: |
| Select Application The user needs to A- New Evalu B- Second Me Health Professionals | Type select which applicat ation edical Title | tion they'r applying for: |
| Select Application The user needs to A- New Evalu B- Second Me Health Professionals I | Type select which applicate ation edical Title Evaluation | tion they'r applying for: |
| Select Application | Type select which applicate ation adical Title Evaluation Please choose the application New Evaluation Second | tion they'r applying for: |
| Select Application | Type select which applicate ation adical Title Evaluation Please choose the application New Evaluation Second | tion they'r applying for: |
| Select Application | Type select which application ation adical Title Evaluation Please choose the application New Evaluation Second | tion they'r applying for: |

6. New Evaluation

| 1 | When the user choses "New Evaluation" option, then the below screen will appear. |
|---|--|
| | Please choose the application that you want to apply for: New Evaluation Second Medical Title Next |
| | Proceeding with this selection will make you eligible to get one of the following: 1. New Evaluation 2. Upgrade First Medical Title |
| 2 | The user need to choose the medical category from the below options Click → Next |
| | Period Perio |

7. Acknowledge the Information Resulted

| 7 | Required Documents | |
|---|--|-----|
| | The user must acknowledge and confirm the below message regarding the condition and documents by checking the box below. | ons |
| | Required Documents | |
| | Qualification(s) Image: Next and the second secon | |
| | Experience Internship Certificate All related to the title experience Certificates | |
| | License/Registration Medical Practice Licensing issuing Authority that covers the period of experience providing | |
| | Good Standing Certificate From Medical Practice Licensing issuing Authority not older than 6 months of issuance | |
| | Physicians and Dentists PQR | |
| | | |

8. Select the Medical Title Applying for

| Select t | he Medical T | itle to Apply for a New Evaluation | |
|----------|--|--|------------|
| 3 | Collapse All Expand All | Please select the medical title to apply for | ∧ Previous |
| | itial Information | Please Select The Medical Title To Apply For | ✓ Next |
| | Acknowledge PQR Select Medical Title | Consultant | |
| | Choose Specialty Confirm Fresh Graduate Status Choose DataFlow Report Status | General Practitioner Intern | |
| | ualification(s) 🔨 | Resident Specialist | |
| | Qualification Details - (1) Qualification Attachments - (1) | Trainee | |
| E E | xperience(s) 🔨 | | - |
| | Experience Details - (1) Experience Attachments - (1) | | |
| | | | |

9. Select the Medical Speciality

| 9 | Select the Medical | Specialty Related to the User | | |
|---|--|--|---|------------|
| | Collapse All | Please select your specialty | (| ∧ Previous |
| | Initial Information Choose Application Type | Please Select Your Specialty | ~ | ∨ Next |
| | Select Category Acknowledge PQR Select Medical Title Chorae Speciality | Micrographic Dermatologic Surgery Abdominal Radiology | A | |
| | Choose DataFlow Report Status | Acute Internal Medicine Acute Medicine | | |
| | Qualification(s) 🔨 | Addiction Medicine | | |
| | O Qualification Details - (1) Qualification Attachments - (1) | Addiction Psychiatry | • | |
| | Experience(s) 🔨 | | | |
| | Experience Details - (1) Experience Attachments - (1) | | | |
| | (License(s) | | | |

10. Is The User a Fresh Graduate



11. Dataflow Report

| | Desethers | ar have a Dataflew report or no? | |
|--|---|--|---|
| - | Does the use | er have a Dataflow report or no? enort \rightarrow no \rightarrow the user will continue to the next se | ction |
| | "Qualification | ons" | ction |
| _ | 2 | | |
| | | | |
| | Collapse All Sepand All | Do you have a previous DataFlow report? | ∧ Previous |
| Ø | Initial Information 🔺 | Yes No | Nevt |
| | Choose Application Type | | • NOAL |
| | Acknowledge PQR Select Medical Title | The DataFlow Group is a leading global provider of specialized | |
| | Choose Specialty Confirm Fresh Graduate Status | DATAFLOW and immigration compliance services. | |
| | Choose DataFlow Report Status | Ministry of Health and Prevention (MOHAP) leverages the DataFlow Group's | |
| 1 | Qualification(s) 🔨 | specialized Primary Source Verification (PSV) solutions to screen the credentials of healthcare professionals practicing in the country. | |
| | Qualification Details - (1) Qualification Attachments - (1) | For more information and to contact DataFlow support team please visit | |
| | Experience(s) 🔨 | https://support.dataflowgroup.com/support/home | |
| unn in the second secon | O Experience Details - (1) | rou can also reach us by email at <u>csedubal@datatiowgroup.com</u> | |
| | Experience Attachments - (1) | | |
| (g) | | | |
| | | | |
| - | If yes, → the report ID ha fill the empt While if the | user will be prompted to the below screen asking as a "VR" the user needs to click on the check box \neg by boxes with the required box. dataflow report is without VR \rightarrow then the user with a scheme below with a VP no | if the Dataflow → Select and the Il need to fill the |
| - | I consected a consection of the consected of the consect | a user will be prompted to the below screen asking as a "VR" the user needs to click on the check box $→$ by boxes with the required box. dataflow report is without VR → then the user with as as shown below with a VR no. If need to proceed with the dataflow report steps if | if the Dataflow → Select and then Il need to fill the The chose yes. |
| - | I connected and a connected of the conn | a user will be prompted to the below screen asking as a "VR" the user needs to click on the check box → by boxes with the required box. dataflow report is without VR → then the user with as as shown below with a VR no. If need to proceed with the dataflow report steps if inter DataFlow Report Unique ID | if the Dataflow Select and the Il need to fill the The chose yes. |
| - | Consect Learner 10 If yes, → the report ID has fill the empty While if the empty boxe The user will Consect Perend Initial Information ~ [] | e user will be prompted to the below screen asking to a "VR" the user needs to click on the check box → try boxes with the required box. dataflow report is without VR → then the user with a sa shown below with a VR no. If need to proceed with the dataflow report steps if inter DataFlow Report Unique ID NO | if the Dataflow Select and the Il need to fill the the chose yes. |
| - | Consected and a consected | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box → ty boxes with the required box. dataflow report is without VR → then the user with s as shown below with a VR no. If need to proceed with the dataflow report steps if Enter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' outlible required to enter your details and the system will attach the Dataflow report with the application | if the Dataflow → Select and then Il need to fill the The chose yes. → Previous → Next |
| - | Consect Made = (1) If yes, → the report ID has fill the empty While if the empty boxe. The user will Consect Made FOR Consect Made FOR | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box → is a "VR" the user needs to click on the check box → is boxes with the required box. dataflow report is without VR → then the user will s as shown below with a VR no. If need to proceed with the dataflow report steps if Enter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' will be required to enter your details and the system will attach the Dataflow report with the application XXX - | if the Dataflow Select and the Il need to fill the The chose yes. |
| - | Lorense Attachments - (1) If yes, → there report ID has fill the empty boxes. The user will Column Attachments - (1) Column Attachments - (1) Lorense Attachments - (1) Loren | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box → is a "VR" the user needs to click on the check box → is a "VR" the user needs to click on the check box → is a "VR" the user needs to click on the check box → is a "VR" the user needs to click on the check box → is a shown below with a VR → If need to proceed with the dataflow report steps if inter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' u will be required to enter your details and the system will attach the Dataflow report with the application icox - icox | if the Dataflow → Select and then Il need to fill the The chose yes. → Previous → Next |
| - | Conserve Attackments - (1) If yes, → the report ID has fill the empty boxes. The user will Conserve Attackments - (1) Conserve Attackments - (1) | y user will be prompted to the below screen asking to a "VR" the user needs to click on the check box → to boxes with the required box. dataflow report is without VR → then the user with a sa shown below with a VR no. If need to proceed with the dataflow report steps if inter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' will be required to enter your details and the system will attach the Dataflow report with the application accord = 1000 - 100000000000000000000000000000 | if the Dataflow Select and the Il need to fill the the chose yes. |
| | Constant Letter = -(1) If yes, → the report ID has fill the empty base. The user will Constant of the user will Constant of the user will Constant of the user will Initial Information Constant of the user will Constant of the user will will be used with the user will be user with the user withe user with the user with the user with the user with the u | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box → ty boxes with the required box. dataflow report is without VR → then the user will as as shown below with a VR no. If need to proceed with the dataflow report steps if inter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' will be required to enter your details and the system will attach the Dataflow report with the application xoox = xoox = xooox Renter DataFlow Report Unique ID Enter DataFlow Report Unique ID | if the Dataflow Select and then Il need to fill the The chose yes. |
| - | Lourse Attachments - (1) If yes, → the report ID has fill the empty While if the empty boxes The user will Course Application < Initial Information < Course Applications > Account of Paper Account of Paper Course Applications The Course The Course States Course The Course States - (1) | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box → ty boxes with the required box. dataflow report is without VR → then the user will s as shown below with a VR no. If need to proceed with the dataflow report steps if Enter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' u will be required to enter your details and the system will attach the Dataflow report with the application xox - xox - xox Enter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' Please Select This Option If Your Report ID Has 'VR' | if the Dataflow Select and then Il need to fill the The chose yes. |
| | Conserve Attachments - (1) If yes, → the report ID has fill the empty boxes. The user will Conserve Attachments - (1) Constitution Attachments - (1) Conserve Attachments - (1) Constitution Attachments - (1) | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box - is a "VR" the user needs to click on the check box - is boxes with the required box. dataflow report is without VR -> then the user with a sa shown below with a VR no. If need to proceed with the dataflow report steps if Enter DataFlow Report Unique ID No Please Select This Option If Your Report ID Has 'VR' util be required to enter your details and the system will attach the Dataflow report with the application xxxx - xxxx - Enter DataFlow Report Unique ID exer nput Enter DataFlow Report Unique ID Image: Please Select This Option If Your Report ID Has 'VR' exer nput Please Select This Option If Your Report ID Has 'VR' vou will be required to enter your details and the system will attach the D | if the Dataflow Select and then Il need to fill the The chose yes. |
| | Constant Letteran - (1) If yes, → the report ID has fill the empty boxe. The user will Constant Letteran - (1) | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box by boxes with the required box. dataflow report is without VR → then the user will a s shown below with a VR no. If need to proceed with the dataflow report steps if Enter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' util be required to enter your details and the system will attach the Dataflow report ID Has 'VR' Enter DataFlow Report Unique ID No Please Select This Option If Your Report ID Has 'VR' util be required to enter your details and the system will attach the Dataflow report ID Has 'VR' Please Select This Option If Your Report ID Has 'VR' You will be required to enter your details and the system will attach the D | if the Dataflow Select and then Il need to fill the The chose yes. Previous Next Yes |
| | Conserve Attachments - (1) If yes, → there report ID has fill the empty boxes. The user will Conserve Attachments - (1) | e user will be prompted to the below screen asking is a "VR" the user needs to click on the check box → ty boxes with the required box. dataflow report is without VR → then the user will s as shown below with a VR no. If need to proceed with the dataflow report steps if inter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' util be required to enter your details and the system will attach the Dataflow report with the application xocx - xocx exerciped Enter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' U will be required to enter your details and the system will attach the Dataflow report ID Has 'VR' xocx - xocx xocx - xocx - xocx xocx - vR - xocx - xocx | if the Dataflow Select and then Il need to fill the The chose yes. Previous Next Yes |
| | Lourse Attachments - (1) If yes, → the report ID has fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user will College M • Event At Fill the empty boxe. The user Weat At Fill the empty boxe. The user Weat At Fill the empty boxe. The user Mediate Fill the empty boxe. The user Weat At Fill the empty boxe. The user Mediate Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate At Extended At At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Mediate Bata At Fill the empty boxe. The user Att At Fill the empty boxe. The user Att At At Fill the empty boxe. The user Att At At | e user will be prompted to the below screen asking as a "VR" the user needs to click on the check box by boxes with the required box. dataflow report is without VR → then the user will as shown below with a VR no. If need to proceed with the dataflow report steps if inter DataFlow Report Unique ID Please Select This Option If Your Report ID Has 'VR' will be required to enter your details and the system will attach the Dataflow report ID Has 'VR' to will be required to enter your details and the system will attach the D exert put! | if the Dataflow Select and their Il need to fill the The chose yes. Previous Next Yes |

12. Qualifications

| 12 | Qualifications | | | | |
|----|--|--|---|----------|------------|
| | - The user w | ill have to add the qualific | ations | | |
| | | | | | |
| | Collapse All Sepand All | Collapse All Separat All Please Add Your Qualification(s) | | | |
| | Initial Information Choose Application Type | Institute Name * | Degree * | | ∨ Next |
| | Select Category Acknowledge POR Select Martinal Title | Institute Name | Degree | ~ | |
| | Choose Specialty Confirm Fresh Graduate Status | Qualification Obtained * | | | |
| | Choose DataFlow Report Status | Qualification Obtained | Qualification Obtained In Arabia | <u>C</u> | |
| | Qalification Details - (1) | Examination Date * | Graduation Date * | | |
| | Qualification Attachments - (1) | Examination Date | Graduation Date | | |
| | Experience Details - (1) Experience Attachmenta - (1) | Duration Of Study * | Country * | | |
| | License(s) | Duration of Study | \$ Select | ~ | |
| | O License Details - (1) O License Attachments - (1) | | | | |
| | | | | | |
| | - The user w | ill need to upload the Qua | lification certificate | | |
| | | | | | |
| | Collapse All Second All | Please upload your qualificat | ion certificate | | ∧ Previous |
| | Choose Application Type Select Category | (| | | ∨ Next |
| | Acknowledge PQR Select Medical Title Choose Specialty | C | | | |
| | Confirm Fresh Graduate Status Choose DataFlow Report Status | Select Files fri Use the "Button" below The supported fil File size: No | om your computer r to upload your attachments es are:.pdf.docx.doc o more than 5MB | | |
| | Qualification(s) | ation(s) A Browse For Attachments On Your Computer ation Details - (1) | | | |
| | Experience(s) | | hw /A | | |
| | Experience Details - (1) Experience Attachments - (1) | A V | | | |
| | | Health Professionals Evaluation | – Applicants User Manual – Version 2.0.Pdf 🛛 🛛 | | |
| | C License Attachments - (1) | | | | |
| | | | | | |

| - If the user has more qualifications \rightarrow Add more | |
|--|------------|
| Z Collegee All Support All Do you want to add more qualification certificate(s)? | ∧ Previous |
| Initial Information Click here to add more qualification(s) | ✓ Next |
| S Choose Application Type | |
| Select Category | |
| Acknowledge PQR | |
| Select Medical Title | |
| O Choose Specialty | |
| Oconfirm Fresh Graduate Status | |
| Choose DataFlow Report Status | |

13. Experiences

| 2 | Experiences | | | | |
|---|--|---|--|-----------------------------------|------------|
| | | | | | |
| | Collapse All Second Al | Please add your experien | ice(s |) Facility Name In Arabia * | |
| | Choose Application Type | | | | |
| | Select Category Acknowledge PQR | -301 | | | |
| | Choose Specialty | Facility Type * | | Position * | |
| | Choose DataFlow Report Status | Private | ~ | Graduate | |
| | Qualification(s) ~ | Start Date * | | End Date * | |
| | Qualification Details - (1) Qualification Attachments - (1) | 2023-01-04 | | 2023-01-21 | |
| | Experience(s) | Country * | | | |
| | Experience Details - (1) Experience Attachments - (1) | Jordan | ~ | | |
| | License(s) License Details - (1) License Attachments - (1) Add the experient | ** For Surgical related specialties please uploa For the surgical related specialities list please click her Dice certificate/s + If there | e are | ry log book with each experience. | rtificates |
| | I Cotapoe All Separat All Plea | se upload your experience ce | rtifica | ite | ∧ Previous |
| | Initial Information Choose Application Type Select Category Alcrowedge DQR Select Medical Title Choose Speciality Conform Freich Graduate Status Choose DataFlow Report Status Qualification (s) Qualification (cstal) - (1) | Select Files from your of Select Files from your of Use the "Battor's below to updated The supported files are p.pd. File size: No more than it Browse For Attachments On Ve | omputer our attachm docs, doc 5MB sur Comput | ents | ∨ Next |
| | Coalitication Declare 1(s) Coalitication Attachments - (t) Coalitication Attachments - (t) Experience Attachments - (t) Coalitication Attachments - (t) License Details - (t) License Attachments - (t) | E 😫 pox | | | |

| Do you want to add more experience(s)? | Bravious |
|--|------------------------------|
| | / Flevious |
| Click here to add more experience(s) | ✓ Next |

14. Licenses

| 4 | Licens | ses | | | |
|---|--------|--|--|--|------------|
| | - | The user nee | eds to fill the licenses | | |
| | | | | | |
| | | Collapse All | Please add your License(s) | | ∧ Previous |
| | Ø | Initial Information 🔨 | Licensing Board In English * | Licensing Board In Arabic * | ✓ Next |
| | T | Choose Application Type Select Category | dggdg | حمحنختهى | |
| | | Acknowledge PQR Select Medical Title Choose Specialty | License Type * | License Number* | |
| | | Confirm Fresh Graduate Status Choose DataFlow Report Status | Good Standing Certificate | 1947491 | |
| | | Qualification(s) 🔨 | Country * | License Status* | |
| | Ĭ | Qualification Details - (1) Qualification Attachments - (1) | Jordan ~ | Active V | |
| | | Experience(s) 🔨 | Expiry Date * | | |
| | Ť | Experience Details - (1) Experience Attachments - (1) | 2023-01-03 | | |
| | (P) | License(s) 🔨 | | | |
| | | License Details - (1) License Attachments - (1) | | | |
| | | | | | |
| | - | The user is r | equired to unload his licer | 1585 | |
| | | The user is h | | 1909 | |
| | | Collapse All | Please upload your license(s) | and good standing certificate | ∧ Previous |
| | | Initial Information 🔨 | | | ✓ Next |
| | T | Choose Application Type Select Category | (| \sim | |
| | | Select Medical Title Choose Specialty | Select Files from | | |
| | | Confirm Fresh Graduate Status Choose DataFlow Report Status | Use the "Button" below t The supported files File size: No r | upload your attachments .are:.pdf,.docx,.doc nore than 5MB | |
| | | Qualification(s) ~ | Browse For Attachme | nts On Your Computer | |
| | | Qualification Attachments - (1) | | | |
| | | Experience Details - (1) | ₽ ♥ | box 🍊 | |
| | | Experience Attachments - (1) | | | |
| | | License Details - (1) License Attachments - (1) | | | |
| | | | | | |

| - The user can add additional licenses | |
|---|---|
| Add more Licenses(s) or Good Standing Certificate(s) Click here to add more certificate(s) | PreviousNext |
| | |

15. Preview / Edit the Application

| review Application before sul | bmitting | | |
|---|--|--------------|----------------------------------|
| The user can check the Once submitted the application | d to the pa | yment screen | |
| ☑ Collapse All System System Collapse All | | | |
| Initial Information | | ^ | |
| Category [| DataFlow Transfer Number | <u></u> | |
| Physicians Specialty Diagnostic Radiology S | Medical Title Specialist | | |
| Qualification(a) | | ~ | |
| Quanication(s) | | | |
| | Duration Of Study: 8 Yours | | |
| Institute Name: PSUT Qualification Obtained: Doctor | Duration Of Study: 9 Year(s) Qualification Obtained In Arabic: | 2 | |
| Qualification (S) Institute Name: PSUT Qualification Obtained: Doctor Graduation Date: 09-30-2022 | Duration Of Study: 9 Year(s) Qualification Obtained In Arabic: Examination Date: 01-10-2023 | Ľ | |
| Qualification (S) Institute Name: PSUT Qualification Obtained: Doctor Graduation Date: 09-30-2022 Degree: Master | Duration Of Study: 9 Year(s) Qualification Obtained In Arabic: Examination Date: 01-10-2023 Country: Jordan | Ż | |
| Institute Name: PSUT Qualification Obtained: Doctor Graduation Date: 09-30-2022 Degree: Master Attachments: Health Professionals Evaluation – Applica User Manual – Version 2.0.pdf | Duration Of Study: 9 Year(s) Qualification Obtained In Arabic: Examination Date: 01-10-2023 Country: Jordan ants Status: New | | |
| Institute Name: PSUT Qualification Obtained: Doctor Graduation Date: 09-30-2022 Degree: Master Attachments: Health Professionals Evaluation – Applica User Manual – Version 2.0.pdf Click here to add more qualification(s) | Duration Of Study: 9 Year(s) Qualification Obtained In Arabic: Examination Date: 01-10-2023 Country: Jordan ants Status: New | | Submit Application \rightarrow |
| Institute Name: PSUT Qualification Obtained: Doctor Graduation Date: 09-30-2022 Degree: Master Attachments: Health Professionals Evaluation – Applica User Manual – Version 2.0.pdf | Duration Of Study: 9 Year(s) Qualification Obtained In Arabic: Examination Date: 01-10-2023 Country: Jordan ants Status: New | | Submit Application \rightarrow |

16. Submit the Application for Review

| 16 | Submitted | | | | |
|----|---|--|--|--|--|
| | Once the user submits the application, the user will receive the below confirmation | | | | |
| | message. | | | | |
| | Health Professionals Evaluation 🔒 Services > Health Professionals Evaluation | | | | |
| | \mathcal{C} | | | | |
| | \bigotimes | | | | |
| | Your application has been completed and submitted successfully | | | | |
| | Request Number: #EVS-23-1011-01 | | | | |
| | Go Back Go To Payment | | | | |
| | | | | | |

17. Payment



- If the user is required to take an exam, then the below steps will be required to be completed.
- If not, then the evaluation application is completed once the approval process is done after payment.
- 18. Exam Details

| 18 | Select Exam Date and Time | | | | | |
|----|---|--|--|--|--|--|
| | After the user pays the fees, the exam date and time should be determined if required | | | | | |
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| | Exam Attempts Count R-Number | | | | | |
| | 1 15340 | | | | | |
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| | Cancel Withdraw Next | | | | | |
| | Complete Progress | | | | | |
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19. Retake or Withdraw

| 19 | Retake the exam or withdraw the application | | | | | |
|--|--|---------------------|---|--|--|--|
| | In case the user failed the exam and would like to retake the exam click → Retake. In case the user would like to withdraw the entire application click → Withdraw. | | | | | |
| | UNITED ARAB EMIRATES MINISTRY OF HEALTH & PREVENTION | 1. 4. 0 0 | | | | |
| | Health Professionals Evaluation | | ★ > m | | | |
| Retake Or Withdraw Oral - Not Attended | | | | | | |
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| | | Health Professional | s Evaluation 🔒 🕬 🗤 | | | |
| | | | Exam type Graf Exam Result full Allowabit | | | |
| | | | Withdraw The Application | | | |
| | | | Carcel Submit | | | |
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