

وزارة الصحة ووقاية المجتمع MINISTRY OF HEALTH & PREVENTION

# **User Guide**

### Health Professionals Evaluation

### **MOHAP External Users**





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### 1. Service Overview

Enables health professionals to apply for an assessment certificate to facilitate the issue of the licenses required to practice in the medical profession in the UAE.

## 2. Service Channel



### 3. Service Target Audience



Professional

## 4. Servcie Outputs









## 5. Service Prerequisites





### 6. Submit Service Request

#### 6.1 Open the form from the services list

| Priority Services               | Q Search ∏ Bookmark <b>≡ ∷</b>                                |   |
|---------------------------------|---|---|
| <b>Evaluation</b>               | Medical   | Pharmaceutical  |
| Health Professionals Evaluation | Issue Primary Approval of<br>Private Medical<br>Establishment | Issue primary approval for<br>Pharmaceutical<br>Establishment |
| Show More 👂                     |   |   |

#### 6.2 Accept declaration before submission









#### 6.3 Select Application Type

| UNITED ARAB EMIRATES<br>MINISTRY OF HEALTH & PREVENTION   | ه ه 😡 🕹 📩 الا عرادي  | 🛊 🔎 v mohamed.elzayat1@moh.gov.ae            |
|---|--|--|
| Health Professionals E  | valuation  | A Services > Health Professionals Evaluation |
| Initial Information         Qualification(s)         Experience(s)         (a)         License(s) | Please choose the application that you want to apply for New Evaluation Second Medical Title | <ul><li>∧ Previous</li><li>∨ Next</li></ul>  |
| 0   |  |  |
| Complete Progress<br>0%   | Basic Information  |  |







#### 6.3.1 New Evaluation

#### 6.3.1.1 Profile Number Exists

|                                | UNITED ARAB EMIRATES<br>MINISTRY OF HEALTH & PREVENTION                   |                          | عربي                                | 4) A C O m- | 🖹 🕴 🚺 v User                               | Name                            |
|--------------------------------|---|--------------------------|-------------------------------------|-------------|--|---------------------------------|
| Healt                          | h Professionals Eval  | uation                   |                                     |             | A Services > Health Profe                  | ssionals Evaluation             |
| In hover case<br>it loce tinfo | Initial information     Qualification(s)     Experience(s)     License(s) | Are you sure you want to | o upgrade your job title?<br>Cancel | Proceed     | <ul> <li>Previous</li> <li>Next</li> </ul> | Fit A Conplain<br>In hower case |
| Complete Progress 8 %          |   | Basic Information        | Preview                             | Payment     |  |                                 |

#### 6.3.1.2 Profile Number Not Exists

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|---|---|--|--|--------------------------|
| Health Professiona                                  | ls Evaluation   |  | A Services > Health  | Professionals Evaluation |
| Initial Informa Qualification(s Experience(s)       | ion Please select your Catego<br>)<br>Physicans Denses No | urses And Motures Alled Heathcare<br>Professionals | Previou     Next  Traditional Complementary And Attenuational ((CAM) | 3                        |
| 0   |   |  |  |                          |
| Complete Progress<br>10%                            | Basic Inf   | formation Preview                                  |  |                          |





### 6.3.2 Second Medical Title 6.3.2.1 Profile Number Exists

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|---|--|--|
| Health Professionals Evalu  | uation   | A Services > Health Professionals Evaluation |
| Initial Information         Image: Stress of the stress o | Please choose the application type to apply for New Evaluation Are you sure to add second medical title Cancel Proceed | <ul> <li>Previous</li> <li>Next</li> </ul>   |
| 0   |  | C  |
| Complete Progress<br>5%   | Basic Information Review Payment   |  |

#### 6.3.2.2 Profile Number Not Exists

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|--|-------------------------|--------------------------------|--|-------------------------|
| Health Professional  | Evaluation              |                                | A Services > Health P  | rofessionals Evaluation |
| Initial Informatia         Initial Informatia         Qualification(s)         Experience(s)         Initial Informatia         License(s) | n Please select your Ca | ategory<br>Furses And Midstwes | Previous     Next      Trational Corplementary And Attenuities Medicine ((CAM) |                         |
| 0  |                         |                                |  |                         |
| Complete Progress<br>10%   | <b>e</b>                | Basic Information Preview      | v  |                         |





#### 6.4 Select the medical category

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|---|-----------------------------|--|--|---|
| Health Professionals  | Evaluation                  |  | ♠ > Services > Health Professionals Evaluation × |   |
| Initial Information<br>Cualification(s)<br>Cualification(s)<br>Experience(s)<br>Cualification(s)<br>Experience(s) | Please select your Category | Monres Alter Healthcare Technology Anton<br>Professionals<br>Complementary Ant<br>Alternative Medions<br>(TCM) | <ul> <li>Previous</li> <li>V Next</li> </ul>     |   |
| 0   |                             |  |  | 0 |
| Complete Progress<br>10%  | Basic Informati             | on Preview   |  |   |

#### 6.5 Acknowledge the information

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|---|--|--|
| Health Professionals Ev   | aluation   | Services > Health Professionals Evaluation |
| Initial Information         Initial Information         Initial Information         Image: Construction of the second | Required Documents         Suification(s)         • Recognized Degree Certificate as per POR         • Transcriptsr/Mark List         Experience         • Internship Certificate         • A related to the title experience Certificates         • Macdial Practice Licensing issuing Authority that covers the period of experience providing         • Cod Standing Certificate         • Prosticians and Dentists POR         • Plased Liceli | <ul> <li>Previous</li> <li>Next</li> </ul> |
| •   |  |  |
| Complete Progress<br>10%  | Basic Information  |  |

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#### 6.6 Select the medical title to apply for

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|--|---|------------|
| Health Professionals E   | valuation 🔶 Services > Health Professionals Evaluation  | ×          |
| Initial Information         Qualification(s)         Experience(s)         Initial Information | Please select the medical title to apply for <ul> <li>Previous</li> <li>Consultant</li> <li>General Practitioner</li> <li>Intern</li> <li>Resident</li> <li>Specialist</li> <li>Next</li> </ul> |            |
| 0  |   | C          |
| Complete Progress<br>10%   | Basic Information   |            |

#### 6.7 Select the medical specialty

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|---|---|--------------------|--|---|
| Health Professionals  | Evaluation  | 1                  | > Services > Health Professionals Evaluation | × |
| Qualification(s)  | Please select your specialty Please Select Your Specialty | ~                  | <ul><li>Previous</li><li>V Next</li></ul>    |   |
| (e)<br>(e)<br>(e)<br>(e)<br>(f)<br>(f)<br>(f)<br>(f)<br>(f)<br>(f)<br>(f)<br>(f |   |                    |  | C |
| Complete Progress<br>10%  | Basic Informa   | tion Preview       |  |   |







#### 6.8 Choose if you have a previous Dataflow report or not.

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|---|--|--|
| Health Professionals E  | valuation                                | A > Services > Health Professionals Evaluation |
| Initial Information         Qualification(s)         Experience(s)         Iccense(s) | Do you have a previous Data Flow report? | <ul> <li>Previous</li> <li>Vext</li> </ul>     |
| 0   |  |  |
| Complete Progress<br>10%  | Basic Information Preview                |  |

#### 6.9 Enter Dataflow Report ID – old format

| UNITED AR<br>MINISTRY C | LAB EMIRATES<br>OF HEALTH & PREVENTION |  | 📞 🏭 🕪 عربي               | 2 & 6          | User Nar                                   | ne 😮     |
|-------------------------|--|--|--------------------------|----------------|--|----------|
| Health Profe            | ssionals Evaluation                    |  |                          | ♠ > Services > | Health Professionals Evalu                 | uation × |
| 19 Initial              | Information                            | Enter DataFlow Report Unig             | ue ID                    |                | A Provinue                                 |          |
| Qualif                  | fication(s)                            | Please Select This Option If Your Repo | ort ID Has 'VR'          |                | <ul> <li>Previous</li> <li>Next</li> </ul> |          |
| Excer                   | rience(s)                              | xxxx - xxxx - xxxxx                    | i _                      |                |  |          |
| $\bigcirc$              |  | Pay dataflow fee to retriev            | ve your verified informa | tion           |  |          |
| i                       |  | Pay                                    | Now                      |                |  | C        |
| Complete Progr<br>10%   | ress                                   | Basic Information                      | Preview                  | Payment        |  |          |







#### 6.10 Enter Dataflow Report ID – new format

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|--|---|--|--|--|
| Health Professionals Eval  | Health Professionals Evaluation   |  |  |  |
| Initial Information Call Qualification(s) Call Call Call Call Call Call Call Cal | Enter DataFlow Report Unique ID         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option If Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your Report ID Has 'VR'         Image: Select This Option II Your R | <ul> <li>Previous</li> <li>Next</li> </ul> |  |  |
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| Health Professionals Evaluation   | ♠ > Services > Health Professionals Evaluation ×   |
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| Data flow report information is currently being prepared by<br>Once the data retrieval process is completed, you will receive a r | / Data flow team. This process could take few minutes<br>notification on your email, phone (SMS), and your workspace |
| <b>i</b>  |  |
| Complete Progress<br>10% Basic Information  | Preview Payment  |

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#### 6.11 Enter Qualifications, Experience, License Details

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|---|-------------------------------|----------------------------------|--|
| Health Professionals I                                  | Evaluation                    | <b>↑</b>                         | > Services > Health Professionals Evaluation |
| D Initial Information                                   | Please Add Your Qualification | n(S)                             | ∧ Previous                                   |
| Qualification(s)  | Institute Name                | Degree                           | ∨ Next                                       |
| (A) Experience(s)                                       | Institute Name                | Degree 🗸                         |  |
|   | Qualification Attended        | Qualification Attended In Arabic |  |
| License(s)  | Qualification Attended        | Qualification Attended In Arabic |  |
|   | Examination Date              | Graduation Date                  |  |
|   | Examination Date              | Graduation Date                  |  |
|   | Duration Of Study             | Country                          |  |
|   | Duration of Study             | Select 🗸                         |  |
|   |                               |                                  |  |
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| Complete Progress<br>20%                                | Basic Informa                 | tion Preview                     |  |

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|--|--|---|--|
| Health Professionals E   | valuation  | A   | > Services > Health Professionals Evaluation |
| initial Information<br>Qualification(s)<br>R<br>Experience(s)<br>R<br>License(s) | Please add your experience(s<br>Facility Name in English<br>Facility Type<br>Facility Type<br>Facility Type<br>Start Date<br>Start Date<br>Country | Facility Name In Arabic Facility Name In Arabic Position Position End Date End Date | <ul> <li>Previous</li> <li>Next</li> </ul>   |
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| Complete Progress<br>30%   | Basic Informa  | tion Preview  |  |





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| Health Professionals E   | Evaluation  | 1  | > Services > Health Professionals Evaluation |
| Initial Information         Initial Information         Qualification(s)         Experience(s)         Initial Information         Initial Information | Please add your License(s)<br>Licensing Board In English<br>Licensing Board in English<br>Add License Type<br>Add License Type<br>Country<br>Country<br>Expiry Date | Licensing Board In Arabic<br>Licensing Board in Arabic<br>License Number<br>License Status | <ul> <li>Previous</li> <li>Next</li> </ul>   |
| )  |   |  |  |

#### 6.12 Preview the Application and Edit it if Required

|                           | ARAB EMIRATES<br>RY OF HEALTH & PREVENTION |                             | <table-cell> 🎝 🚠 🕪 عربي</table-cell> | 000 | v mohamed.elzayat1@moh.gov.ae                | 3 |
|---------------------------|--|-----------------------------|--------------------------------------|-----|--|---|
| Health P                  | Professionals Evaluation                   |                             |                                      | ŧ   | > Services > Health Professionals Evaluation | × |
|                           | Collegee All S Expand All                  |                             |                                      |     |  |   |
|                           | Initial Information                        |                             |                                      | ^   |  |   |
|                           | Category<br>Physicians                     | Data Flow Transfer Number   |                                      | ℤ   |  |   |
|                           | Specialty<br>Addiction Peychiatry          | Medical Title<br>Consultant |                                      |     |  |   |
|                           | Qualification(s)                           |                             |                                      | ~   |  |   |
|                           | Experience(s)                              |                             |                                      | ~   |  |   |
|                           | License(s) and Good Standing               |                             |                                      | ~   | Submit Application ->                        |   |
| 6                         |  |                             |                                      |     |  | P |
| Complete Progress<br>100% |  | Basic Information           | Preview                              |     |  |   |

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#### 6.13 Submit the Application for Review



#### 6.14 Pay the Fees at the Required Stages

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|----------|--|--|-------------------------------------|--|-------|
| Health F | Professionals Evaluation   |  |                                     | A Services > Health Professionals Evalue | ation |
|          | Request Inform<br>Request No: EVI<br>Service Fees Details<br>Application Fees<br>Accept Jarma And<br>Select Payment Meth | nation<br>3-21-1338<br>Conditions<br>IConditions<br>IConditions<br>IConditions | Amount<br>500 AED<br>Total: 500 AED |  |       |
|          |  |  |                                     |  |       |





#### 6.15 Select Exam Date and Time

| UNITED ARAB (P    | Prometric                             |                  | QA11@gmail.com                  |
|-------------------|---------------------------------------|------------------|---------------------------------|
| Health Professio  |                                       | Completed 0 of 2 | Health Professionals Evaluation |
|                   | Exam type<br>Oral Written 📀 Prometric |                  |                                 |
|                   | Exam Attempts Count                   | R-Number         |                                 |
|                   | 1                                     | 10340            |                                 |
|                   | Category                              | Medical Title    |                                 |
|                   | Physicians 🗸                          | Resident 🗸       |                                 |
|                   | Speciality                            |                  |                                 |
|                   | Adolescence Medicine 🗸                |                  |                                 |
| i                 |                                       |                  | e                               |
| Complete Progress | Cancel                                | Withdraw Next    |                                 |
| 0%                |                                       |                  |                                 |

#### 6.16 Decide to Retake Exam or Withdraw application

| UNITED ARAB EMIRATES<br>MINISTRY OF HEALTH & PREVENTION | عربي                                   | <ul> <li></li></ul> |
|---|--|---------------------|
| Health Professionals Evaluation                         |  | ↑ Ser               |
|   | Retake Or Withdraw Oral - Not Attended |                     |





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|---|---|
| Health Professionals                                    | Evaluation 🔶 Services > Health Peop   |
|   | Exam type<br>Oral<br>Exam Result Not Attended<br>Retake The Exam<br>Withdraw The Application<br>Cancel Submit |
| 0   |   |



