



Ministry Of Health Services Manual Customers Service Centers

First Version 2014



H.E. Abdul Rahman Bin Mohammed Al Owais Minister of Health

Minister Speech

Valued Customers,

The United Arab Emirates has recently witnessed a remarkable progress in all fields to cope with the advanced countries. However, due to the keen interest of our wise leadership to enhance the government efficiency, focus on the customers, upgrade the competitiveness of the state, and serve our dear homeland, we, the leadership and staff of the Ministry Of Health have been, continuously and actively, exerting our best efforts in order to realize high standards of quality and innovation in providing our services to the customers and patients to ensure maintaining good health for the individual, as well as community, as reflected in the 2014-2016 strategy of the Ministry, concentrating on the provision of world class services, and launching so many initiatives and projects that upgrade service levels and standards.

We are so proud for building distinguished relationship with our customers and do appreciate their confidence in our services. Moreover, we do appreciate their personal attention to the Ministry, its values, decisions and activities. We always endeavor to create value for our customers.

Within the efforts and endeavors of the Ministry in promoting its services and enhancing the awareness levels of its customers, we are pleased to present you the first version of the MOH Administrative Services Manual (ASM) to help you for the easy access to the necessary information whenever you require any service. It provides full explanation of the service provision sites, channels, timings, and the documents required for processing the same, in addition to more useful information.

In conclusion, we stress our commitment to the process of updating and continued upgrading of our services in order to satisfy your needs and anticipations, enhance the standards and quality of the services rendered to you, and increase your satisfaction score.

Welcome again, let's share the march of progress and prosperity, to achieve all the best for our homeland, praying to Allah Almighty to grant all of us success for the benefit of the State and citizen.

> Abdul Rahman Bin Mohammed Al Owais Minister of Health

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Introduction

Ministry Of Health has been devoting all its capabilities and potentials for enhancing and developing its services rendered to customers through providing them with the experience of receiving excellent services, and is improving such services regularly and continuously. Due to the keen interest of the Ministry to provide service requirements, facilitate the procedures and processes for our valued customers, and in line with our commitment to develop the services and upgrade the efficiency, we have issued this manual to elaborate the services of the customer service centers in Sharjah, Umm Al-Quwain, Ras Al Khaima and Al Fujairah medical zones. It includes all the information and requirements our valued customers may need upon requesting any of the services provided by such centers.

In case any of the information included in this manual is confusing, please do not hesitate to provide us with your comments or suggestions to the below mentioned addresses, or any contact addresses mentioned for each one of the services listed in this manual, or through:

UAEMOH



Ministryofhealth



gov.comm@moh.gov.ae



Ministryofhealth



MOH UAE 80011111

Our Vision

Sustainable health for a UAE community enjoying comprehensive and long lasting healthcare life.

Our Mission

Enhance the health of individuals and society of the UAE through the provision of comprehensive and excellent health services in a healthy and sustainable environment through local and international effective policies, legislations programs and partnerships.

Our Values

• Professionalism:

Our healthcare services are provided efficiently and effectively.

• Client's Priority:

Our clients are the core element of our attention and care.

• Sustainability:

Achieve sustainability in all our practices to support the health of individuals in the present and future time.

• Team Work:

Work with partners, employees and customers with a one team spirit.

• Integration:

Provide comprehensive and credible services on all levels.

• Creativity:

Encourage creativity and excellence in all our practices.

Service Provision Sites

The below mentioned services shall be provided at the sites with (X) mark opposite them:

Main Service	Sub & Supplementary Services	Customers Service Center - Umm Al- Quwain	Customers Service Center – Al Fujairah	Customers Service Center – Sharjah	Customers Service Center – Ras Al Khaimah
Clearance, Imports and Exports Permissions	Permission for Sending Medicines Abroad by Mail	X	X	X	X
Clearance, Imports and Exports Permissions	Requesting Controlled Medicine Prescriptions Issuance Book	X	X	X	X
Clearance, Imports and Exports Permissions	Requesting Controlled Medicines Registers Issuance Book – Class (A)	X	X	X	X
Clearance, Imports and Exports Permissions	Requesting Controlled Medicines Registers Issuance Book – Class (B)	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy License	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy License Renewal	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy License Replacement	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy License Re- Issue	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy Expansion Application	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy License Ownership Transfer	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy Location Change	X	X	X	X
Medical Firms Licensing & Registration	Pharmacy Name Change	X	X	X	X
Medical Firms Licensing & Registration	24 Hours Pharmacy Work Permission	X	X	X	X
Medical Firms Licensing & Registration	24 Hours Pharmacy Work Permission Renewal	X	X	X	X
Medical Firms Licensing & Registration	Medical Store License	X	X	X	X
Medical Firms Licensing & Registration	Medical Store License Renewal	X	X	X	X
Medical Firms Licensing & Registration	Medical Store License Replacement	X	X	X	X
Medical Firms Licensing & Registration	Medical Store License Re-Issue	X	X	X	X
Medical Firms Licensing & Registration	Medical Store Expansion Application	X	X	X	X
Medical Firms Licensing & Registration	Medical Store License Ownership Transfer	X	X	X	X
Medical Firms Licensing & Registration	Medical Store Location Change	X	X	X	X
Medical Firms Licensing & Registration	Scientific Office License	X	X	X	X
Medical Firms Licensing & Registration	Scientific Office License Renewal	X	X	X	X
Medical Firms Licensing & Registration	Scientific Office Ownership Transfer	X	X	X	X

Main Service	Sub & Supplementary Services	Customers Service Center - Umm Al- Quwain	Customers Service Center – Al Fujairah	Customers Service Center – Sharjah	Customers Service Center – Ras Al Khaimah
Medical Firms Licensing & Registration	General Clinic License	X	X	X	X
Medical Firms Licensing & Registration	General Clinic License Renewal	X	X	X	X
Medical Firms Licensing & Registration	General Clinic Name Change	X	X	X	X
Medical Firms Licensing & Registration	General Clinic Location Change	X	X	X	X
Medical Firms Licensing & Registration	General Clinic License Ownership Transfer	X	X	X	X
Medical Firms Licensing & Registration	General Clinic License Cancellation	X	X	X	X
Medical Firms Licensing & Registration	General Clinic License Re-Issue	X	X	X	X
Medical Firms Licensing & Registration	General Clinic License Replacement	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic License	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic License Renewal	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic Name Change	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic Location Change	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic License Ownership Transfer	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic License Cancellation	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic License Re-Issue	X	X	X	X
Medical Firms Licensing & Registration	Specialized Clinic License Replacement	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic License	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic License Renewal	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic Name Change	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic Location Change	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic License Ownership Transfer	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic License Cancellation	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic License Re-Issue	X	X	X	X
Medical Firms Licensing & Registration	Medical Polyclinic License Replacement	X	X	X	X
Medical Firms Licensing & Registration	Diagnostic Center License	X	X	X	X
Medical Firms Licensing & Registration	Diagnostic Center License Renewal	X	X	X	X
Medical Firms Licensing & Registration	Diagnostic Center Name Change	X	X	X	X
Medical Firms Licensing & Registration	Diagnostic Center Location Change	X	X	X	X
Medical Firms Licensing & Registration	Diagnostic Center License Ownership Transfer	X	X	X	X
Medical Firms Licensing	Diagnostic Center	X	X	X	X

Main Service	Sub & Supplementary Services	Customers Service Center - Umm Al- Quwain	Customers Service Center – Al Fujairah	Customers Service Center – Sharjah	Customers Service Center – Ras Al Khaimah
& Registration	License Cancellation				
Medical Firms Licensing & Registration	Diagnostic Center License Re-Issue	X	X	X	X
Medical Firms Licensing	Diagnostic Center	37	37	37	37
& Registration	License Replacement	X	X	X	X
Medical Firms Licensing	Rehabilitation Center	X	X	X	X
& Registration	License Rehabilitation Center				
Medical Firms Licensing & Registration	License Renewal	X	X	X	X
Medical Firms Licensing	Rehabilitation Center	v	v	v	v
& Registration	Name Change	X	X	X	X
Medical Firms Licensing	Rehabilitation Center	X	X	X	X
& Registration Medical Firms Licensing	Location Change Rehabilitation Center				
& Registration	License Ownership	X	X	X	X
a registration	Transfer	71	71	71	71
Medical Firms Licensing	Rehabilitation Center	X	X	X	X
& Registration	License Cancellation	Α	Λ	Λ	Α
Medical Firms Licensing	Rehabilitation Center License Re-Issue	X	X	X	X
& Registration Medical Firms Licensing	Rehabilitation Center				
& Registration	License Replacement	X	X	X	X
Medical Firms Licensing	Less than 50 Bed	X	X	X	X
& Registration	Hospital License	Λ	Λ	Λ	Λ
Medical Firms Licensing	Less than 50 Bed	X	v	v	v
& Registration	Hospital License Renewal	A	X	X	X
Medical Firms Licensing	Less than 50 Bed	37	37	37	37
& Registration	Hospital Name Change	X	X	X	X
Medical Firms Licensing	Less than 50 Bed				
& Registration	Hospital Location Change	X	X	X	X
Medical Firms Licensing	Less than 50 Bed				
& Registration	Hospital License	X	X	X	X
	Ownership Transfer				
Medical Firms Licensing	Less than 50 Bed	37	37	37	37
& Registration	Hospital License Cancellation	X	X	X	X
Medical Firms Licensing	Less than 50 Bed				
& Registration	Hospital License Re-	X	X	X	X
-	Issue				
Medical Firms Licensing	Less than 50 Bed	v	v	v	v
& Registration	Hospital License Replacement	X	X	X	X
Medical Firms Licensing	51-100 Bed Hospital				
& Registration	License	X	X	X	X
Medical Firms Licensing	51-100 Bed Hospital	X	X	X	X
& Registration	License Renewal 51-100 Bed Hospital				
Medical Firms Licensing & Registration	51-100 Bed Hospital Name Change	X	X	X	X
Medical Firms Licensing	51-100 Bed Hospital				
& Registration	Location Change	X	X	X	X
Medical Firms Licensing	51-100 Bed Hospital				
& Registration	License Ownership Transfer	X	X	X	X
Medical Firms Licensing	51-100 Bed Hospital				
& Registration	License Cancellation	X	X	X	X
Medical Firms Licensing	51-100 Bed Hospital	X	X	X	X
& Registration	License Re-Issue	Λ	Λ	Λ	Λ
Medical Firms Licensing & Registration	51-100 Bed Hospital License Replacement	X	X	X	X
Medical Firms Licensing	100+ Bed Hospital	X	X	X	X
corear i iiiis Electisiiig	100 Dea Hospital	/ 1	1 21	41	43

Main Service	Sub & Supplementary Services	Customers Service Center - Umm Al- Quwain	Customers Service Center – Al Fujairah	Customers Service Center – Sharjah	Customers Service Center – Ras Al Khaimah
& Registration	License				
Medical Firms Licensing & Registration	100+ Bed Hospital License Renewal	X	X	X	X
Medical Firms Licensing & Registration	100+ Bed Hospital Name Change	X	X	X	X
Medical Firms Licensing & Registration	100+ Bed Hospital Location Change	X	X	X	X
Medical Firms Licensing & Registration	100+ Bed Hospital License Ownership Transfer	X	X	X	X
Medical Firms Licensing & Registration	100+ Bed Hospital License Cancellation	X	X	X	X
Medical Firms Licensing & Registration	100+ Bed Hospital License Re-Issue	X	X	X	X
Medical Firms Licensing & Registration	100+ Bed Hospital License Replacement	X	X	X	X
Medical Firms Licensing & Registration	Hospital Services Utilization Request	X	X	X	X
Medical Professions Evaluation & Licensing	Consultant Physician /Dentist (A) License for the Private Sector Physician License	X	X	X	X
Medical Professions Evaluation & Licensing	Renewal Consultant Physician /Dentist (B) License for the Private Sector	X	X	X	X
Medical Professions Evaluation & Licensing	Job Title Change of a Physician (Practitioner/ Specialist / Consultant) License.	X	X	X	X
Medical Professions Evaluation & Licensing	Specialist Physician /Dentist (A) License for the Private Sector	X	X	X	X
Medical Professions Evaluation & Licensing	Physician (Practitioner/ Specialist / Consultant) License Transfer.	X	X	X	X
Medical Professions Evaluation & Licensing	Specialist Physician /Dentist (B) License for the Private Sector	X	X	X	X
Medical Professions Evaluation & Licensing	Physician (Practitioner/ Specialist / Consultant) License Re-Issue	X	X	X	X
Medical Professions Evaluation & Licensing	Practitioner Physician/ Dentist License – for the Private Sector	X	X	X	X
Medical Professions Evaluation & Licensing	Physician (Practitioner / Specialist/Consultant) License Cancellation	X	X	X	X
Medical Professions Evaluation & Licensing	Foreign Visiting Doctor License	X	X	X	X
Medical Professions Evaluation & Licensing	Foreign Visiting Doctor License Renewal	X	X	X	X
Medical Professions Evaluation & Licensing	Local Visiting Doctor	X	X	X	X
Medical Professions Evaluation & Licensing	Local Visiting Doctor License Renewal	X	X	X	X
Medical Professions Evaluation & Licensing	In-Charge Pharmacist License	X	X	X	X
Medical Professions Evaluation & Licensing	In-Charge Pharmacist License Renewal	X	X	X	X
Medical Professions Evaluation & Licensing	In-Charge Pharmacist License Transfer	X	X	X	X

Main Service	Sub & Supplementary Services	Customers Service Center - Umm Al- Quwain	Customers Service Center – Al Fujairah	Customers Service Center – Sharjah	Customers Service Center – Ras Al Khaimah
Medical Professions Evaluation & Licensing	In-Charge Pharmacist License Re-Issue	X	X	X	X
Medical Professions Evaluation & Licensing	In-Charge Pharmacist Leave Request and Appointing Alternative Pharmacy Supervisor	X	X	X	X
Medical Professions Evaluation & Licensing	Clearance Certificate Request at the End of Supervision Period	X	X	X	X
Medical Professions Evaluation & Licensing	Second Pharmacist License	X	X	X	X
Medical Professions Evaluation & Licensing	Second Pharmacist License Renewal	X	X	X	X
Medical Professions Evaluation & Licensing	Second Pharmacist License Transfer	X	X	X	X
Medical Professions Evaluation & Licensing	Second Pharmacist Provisional License Transfer	X	X	X	X
Medical Professions Evaluation & Licensing	Assistant Pharmacist License	X	X	X	X
Medical Professions Evaluation & Licensing	Assistant Pharmacist License Renewal	X	X	X	X
Medical Professions Evaluation & Licensing	Assistant Pharmacist License Transfer	X	X	X	X
Medical Professions Evaluation & Licensing	Assistant Pharmacist License Re-Issue	X	X	X	X
Medical Professions Evaluation & Licensing	Government Employee Pharmacist License	X	X	X	X
Medical Professions Evaluation & Licensing	Government Employee Assistant Pharmacist License	X	X	X	X
Medical Professions Evaluation & Licensing	Technician License	X	X	X	X
Medical Professions Evaluation & Licensing	Technician License Renewal	X	X	X	X
Medical Professions Evaluation & Licensing	Technician License Transfer	X	X	X	X
Medical Professions Evaluation & Licensing	Technician License Re- Issue	X	X	X	X
Medical Professions Evaluation & Licensing	Technician Job Title Change	X	X	X	X
Medical Professions Evaluation & Licensing	Technician License Cancellation	X	X	X	X
Control & Inspection	Control on Compliance with Medicine Prices	X	X	X	X
Control & Inspection	Inspection of Controlled & Mentally Influencing Medicinal Items	X	X	X	X
Control & Inspection	Inspection of Medical and Pharmaceutical Firms	X	X	X	X
Medical Reports, Sick Leaves And Approvals	(Inside UAE More than 5 Days)		X		X
Medical Reports, Sick Leaves And Approvals	Approval of Sick Leaves (Outside UAE at the Government Expense)		X		
Medical Reports, Sick Leaves And Approvals	Approval of Sick Leaves (Outside UAE at the Personal Expense)		X		
Medical Reports, Sick Leaves And Approvals	Patient Companion Leave (Inside the UAE)		X		X

Main Service	Sub & Supplementary Services	Customers Service Center - Umm Al- Quwain	Customers Service Center – Al Fujairah	Customers Service Center – Sharjah	Customers Service Center – Ras Al Khaimah
Medical Reports, Sick Leaves And Approvals	Patient Companion Leave (Outside the UAE)		X		X
Medical Reports, Sick Leaves And Approvals	Approval of Sick Leaves and Medical Reports (in the Private Sector) Less than 5 Days	X	X	X	X
Medical Reports, Sick Leaves And Approvals	Medical Fitness Report for Pregnant Woman for Travel Purpose			X	
Customer Care	Customers Inquiries	X	X	X	X
Customer Care	Customers Suggestions	X	X	X	X
Customer Care	Comments (Customers Complaints)	X	X	X	X
Customer Care	Medical Complaints	X	X	X	X
Customer Care	Medical Cases Referred from Other Parties.	X	X	X	X
Medical Registration & Medical Files	Health Card Issuance	X	X	X	X
Medical Registration & Medical Files	Health Card Renewal	X	X	X	X
Medical Registration & Medical Files	Lost or Damaged Health Card Replacement	X	X	X	X
Medical Registration & Medical Files	Transfer a Health Card to Center	X	X	X	X
Medical Registration & Medical Files	Health Card Fees Refund	X	X	X	X
Medical Registration & Medical Files	Health Card Amendment	X	X	X	X
Advertisement Licensing	Medical Advertisement License Fees Payment	X	X	X	X
Advertisement Licensing	Medical Advertisement Renewal Fees Payment	X	X	X	X

Customer Service Charter

The Ministry Of Health is committed to provide you with distinguished services that achieve customers' satisfaction or exceed their expectations. We shall:

- Deal with you attentively, respectfully and friendly.
- Provide you with excellent and fair service.
- Handle your requirements professionally and do our best to meet them.
- Provide our services through a well versed cooperative work team, who understands your requirements and can reply your inquiries.
- Provide you with the requirements of each service and times of processing them.
- Respond to your requests on time, without any delay.
- Minimize number of procedures to provide you with prompt and smooth service.
- Supply you with accurate information and smooth service procedures.
- Provide timely services through the suitable channels, as much as possible.
- Welcome your comments and proposals to share development of our services with you.

To enable us serve you better, Please:

- Appreciate the efforts of our staff serving you by showing mutual respect in dealing.
- Submit the supporting documents.
- Provide the required documents in advance to process the transaction.
- Inform us, as soon as possible, in case of any error or amendment in the information.
- Notify us of any change in the personal data or circumstances related to processing of the service.
- Respond to the questions of the customer service to serve you better on timely basis.

Contact Numbers & Addresses of MOH Customer Service Centers:

Customer Service Center – Sharjah Medical Zone:					
Telephone No.: 0097165722222 Fax No.: 0097165748106					
Working Hours:	7:30-2:30	E. mail:	Cs.shj@moh.gov.ae		

Customer Service Center – Umm Al-Quwain Medical Zone:					
Telephone No.: 0097167649000 Fax No.: 0097167649252					
Working Hours:	7:30 - 2:30	E. mail:	Cs.uaq@moh.gov.ae		

Customer Service Center – Ras Al Khaimah Medical Zone:				
Telephone No.: 0097172283444 Fax No.: 0097172281161				
Working Hours:	7:30 - 2:30	E. mail:	Cs.rak@moh.gov.ae	

Customer Service Center – Al Fujairah Medical Zone:				
Telephone No.: 00971932242888 Fax No.: 0097192242291				
Working Hours:	7:30 - 2:30	E. mail:	Cs.fuj@moh.gov.ae	

Chapter One

Clearance Services and Export & Import Permissions

- 1. Permission for Sending Medicine Abroad by Mail
- 2. Requesting Controlled Medicine Prescriptions Issuance Book
- 3. Requesting Controlled Medicines Register Issuance Book Class (A)
- 4. Requesting Controlled Medicines Register Issuance Book Class (B)

Name of Service	Permission for Sending Medicines Abroad by Mail	Service Strategic Value	Sub	
Package	Pharmacies	Type of Service	Transactional	
	Service D	escription		
Applying	for Permission for Sending	ng Medicines Outside the UAE by Mail		
Service Provision Authority in the MOH		Service Provision Channels		
Medicii	ne Department	Electronic		
Average Serv	ice Processing Time	Category of Targeted Customers		
(0 / 1 / 0) Day / Hour / Min		Individuals, Companies		
Ser	Service Fees		on Timings	
	Free	Sun. to Thur. from 07:30	0 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

Action / Procedure	Responsibility
Filling out Personal Medicine Export form & enclosing the required documents	Customer
Studying the application and ensuring meeting the requirements	Medicine Dept.
Issuing Permission for Sending Medicines Abroad by Mail	Medicine Dept.

Service Provision Requirements (Required Documents)

Requirements of Personal Medicine:

- o Filling out Personal Medicine Export form
- Purchase invoice issued by the pharmacy

Requirements of Medicines Exported by Companies & Stores

Filling out export form enclosed with the following

- o A copy of the store license issued by the MOH (if the applicant is a medical store)
- A copy of the company license issued by the MOH (if the applicant is a pharmaceutical company)
- Registration Certificate of the products intended to be exported (for registered products)
- Registration certificates of the products in the destination country (if they are not registered in the MOH of the UAE)
- o Customs Manifest
- o A copy of the invoice
- A copy of the packing list

Terms & Conditions

Personal Medicine Conditions

- The medicines intended to be exported shall be registered and purchased from pharmacies licensed to operate in the UAE
- o They should not be classified as controlled medicines
- o The quantity should not be merchantable.

Conditions of the Medicines Exported by Companies & Stores

0	It is requested that the salesperson or representative of the pharmaceutical conthe medical store in order to complete exportation procedures	npany or
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Name of Service	Requesting Controlled Medicines Prescriptions Issuance Book	Service Strategic	Value	Sub
Package	Pharmacies	Type of Service	ce	Transactional
	Service D	escription		
Requesting C	ontrolled Medicines Prescrip registering controlled medi			
Service Provision	n Authority in the MOH	Service F	rovisio	on Channels
Medici	ne Department	Trad	litional	offline
Average Serv	vice Processing Time	Category of	Targe	ted Customers
(1 / 0 / 0) Day / Hour / Min Clinics / Private Hospitals			e Hospitals	
Service Fees Service Provision Timings			on Timings	
AED 50 Sun. to Thur. from 07:30 a.m.			a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedur	es	
Action / Procedure Responsibility				
Submitting a letter addressed to the Medicine Department Director, enclosing the required documents of the company and paying the fees		uired		Customer
2. Studying	the request		M	ledicine Dept.
3. Approval			M	ledicine Dept.
Service Provision Requirements (Required Documents)				
 A letter addressed to the Medicine Department Director requesting the book A copy of the doctors' licenses and specialties Paying the fees of the requested books (AED 50 each) Delivering the old books 				
Terms & Conditions				
o Nil				

Name of Service	Requesting Controlled Medicines Register Issuance Book – Class (A)	Service Strategic	c Value	Sub
Package	Pharmacies	Type of Serv	vice	Transactional
	Service D	escription		
Requesting Contro	lled Medicines Register Iss Drugs Issued	uance Book – Cla by Pharmacies	ass (A), U	Jsed for Registering
Service Provision	Authority in the MOH	Service	e Provisio	on Channels
Medicir	ne Department	Tr	aditional	offline
	ice Processing Time	Category	of Targe	ted Customers
`	0 / 1 / 0) Hour / Min	Clinics / Private Hospitals		e Hospitals
Ser	Service Fees Service Provision Timings		on Timings	
A	AED 300 Sun. to Thur. from 07:30 a.m. to 02:30		0 a.m. to 02:30 p.m.	
	Service Provision Actions & Procedures			
Action / Procedure Responsibility				
Submitting a letter addressed to the Medicine Department Director requesting the register, enclosing the required documents of the company and paying the fees Customer			Customer	
2. Studying the	request		N	ledicine Dept.
3. Approval	3. Approval		N	ledicine Dept.
Service Provision Requirements (Required Documents)				
A letter addressed to the Medicine Department Director requesting the register				
1	e pharmacy license			
o Paying the fees of the requested books (AED 300 each)				
Terms & Conditions				
o Nil				

o Nil

Name of Service	Requesting Controlled Medicines Register Issuance Book – Class (B)	Service Strategic	Value	Sub
Package	Pharmacies	Type of Servi	ice	Transactional
	Service D	escription		
Requesting Contro	olled Medicines Register Iss Drugs Issued l		ss (B), U	Jsed for Registering
Service Provision	n Authority in the MOH	Service 1	Provisio	on Channels
	ne Department		ditional	
	ice Processing Time	Category of	f Targe	ted Customers
(0 / 0 / 1) Day / Hour / Min		Clinics	/ Privat	e Hospitals
Service Fees Ser			ce Provision Timings	
AED 300 Sun. to Thur.			m 07:30	0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
Action / Procedure Responsibility				
1. Submitting a letter addressed to the Medicine Department Director requesting the register, enclosing the required documents of the company and paying the fees Customer			Customer	
2. Studying the	2. Studying the request		N	ledicine Dept.
3. Approval			N	ledicine Dept.
Service Provision Requirements (Required Documents)				
A letter addressed to the Medicine Department Director requesting the register				
 A copy of the pharmacy license 				
o Paying the fees of the requested books (AED 300 each)				
Terms & Conditions				

Chapter Two

Medical Firms Licensing & Registration

Pharmacy License	General Clinic Name Change	Diagnostic Center License	Hospital License Reissue
Pharmacy License	General Clinic	Diagnostic Center	Medical Firm
Renewal	Location Change	License Renewal	License Replacement
Pharmacy License	General Clinic	Diagnostic Center	51-100-Bed Hospital
Replacement	License Ownership Transfer	Name Change	License
Pharmacy License	General Clinic	Diagnostic Center	51-100-Bed Hospital
Re-issue	License Cancelation	Location Change	License Renewal
Pharmacy Expansion	General Clinic	Diagnostic Center	51-100-Bed Hospital
Application	License Re-issue	License Ownership Transfer	Name Change
Pharmacy License	General Clinic	Diagnostic Center	51-100-Bed Hospital
Ownership Transfer	License Replacement	License Cancelation	Location Change
Pharmacy Location	Specialized Clinic	Diagnostic Center	51-100-Bed Hospital
Change	License	License Re-issue	License Ownership
Pharmacy Name	Specialized Clinic	Diagnostic Center	Transfer 51-100-Bed Hospital
Change	License Renewal	License Replacement	License Cancelation
24-Hour Pharmacy	Specialized Clinic	Rehabilitation Center	51-100-Bed Hospital
Work Permission	Name Change	License License	License Re-issue
24-Hour Pharmacy	Specialized Clinic	Rehabilitation Center	51-100-Bed Hospital
Work Permission	Location Change	License Renewal	License Replacement
Renewal	Location change	License Renewar	Electise Replacement
Medical Store	Specialized Clinic	Rehabilitation Center	100+ Bed Hospital
License	License Ownership	Name Change	License
	Transfer		
Medical Store	Specialized Clinic	Rehabilitation Center	100+ Bed Hospital
License Renewal	License Cancelation	Location Change	License Renewal
Medical Store	Specialized Clinic	Rehabilitation Center	_
License Replacement	License Re-issue	License Ownership Transfer	Name Change
Medical Store	Specialized Clinic	Rehabilitation Center	100+ Bed Hospital
License Re-issue	License Replacement	License Cancelation	Location Change
Medical Store	Medical Polyclinic	Rehabilitation Center	100+ Bed Hospital
Expansion	License	License Re-issue	License Ownership
Application			Transfer
Medical Store	Medical Polyclinic	Rehabilitation Center	100+ Bed Hospital
License Ownership	License Renewal	License Replacement	License Cancelation
Transfer	16 11 1 5 1 11 1	1 70 5	100 D 1 T
Medical Store	Medical Polyclinic	Less than 50-Bed	100+ Bed Hospital
Location Change	Name Change	Hospital License	License Re-issue
Scientific Office	Medical Polyclinic	Less than 50-Bed	100+ Bed Hospital
License	Location Change	Hospital License Renewal	License Replacement

Scientific Office	Medical Polyclinic	Less than 50-Bed	Hospital Services
License Renewal	License Ownership	Hospital Name	Utilization Request
	Transfer	Change	
Scientific Office	Medical Polyclinic	Less than 50-Bed	
License Ownership	License Cancelation	Hospital Location	
Transfer		Change	
General Clinic	Medical Polyclinic	Less than 50-Bed	
License	License Re-issue	Hospital License	
		Ownership Transfer	
General Clinic	Medical Polyclinic	Less than 50-Bed	
License Renewal	License Replacement	Hospital License	
		Cancelation	

Name of Service	Pharmacy License	Service Strategi Value	ic Sub	
Package	Pharmacies	Type of Service	e Transactional	
	Service D	escription		
	Submitting Pharmacy Licer	nse Application – Fir	st Time	
Service Provision	Authority in the MOH	Service Pi	rovision Channels	
Regulation, Licens	sing & Advertising Dept.	Tradi	itional offline	
Average Servi	ice Processing Time	Category of	Targeted Customers	
	/ 0 / 90) Hour / Min	Companies		
•		Service P	ce Provision Timings	
		Sun. to Thur. fron	from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures				
Action / Procedure			Responsibility	
1. Submitting the required	Initial Inspection Applicati documents	on & enclosing	Customer	
2. Studying the application			Regulation, Licensing & Advertising Dept.	
3. Provisional Approval			Regulation, Licensing & Advertising Dept.	
4. Applying for the final inspection to acquire license and pay fees		acquire license	Customer	
5. Approval			Regulation, Licensing &	

- Applicant shall be a United Arab Emirates national
- o He should not be owner of more than two pharmacies in the United Arab Emirates
- The pharmacy area should not be less than 30 sq. meters
- o The pharmacy should not be linked with any other commercial activity
- The pharmacy shall be more than 200 meters away from any other existing pharmacy
- Provisional approval shall be valid only for (6) six months, which is the grace period given to the pharmacy owner to meet all the technical requirements and conditions in order to obtain the MOH's license
- Shelves and closets shall be available for storing medicines
- o Tightly secured locker shall be available to store controlled medicines
- o Availability of a freezer with a digital thermometer
- o Availability of air conditioners sufficient for the area
- o Availability of sufficient illumination
- Availability of operational firefighting extinguishers
- Availability of a signboard in conformity with the technical conditions (in Arabic and English languages), showing the pharmacy name approved by the pharmacy licensing committee. All letters of the name shall be with the same font size
- o Availability of a list including schedule of shifts
- Availability of first aid box
- o Availability of curtains for the glass shop windows exposed to sunlight
- Availability of insect repellent devices

Advertising Dept.

- o Filling out the initial inspection request form for establishing the pharmacy
- A copy of the owner's valid passport
- o A copy of Family book
- A copy of a valid Identity Card.
- o The internal lay out of the proposed location
- o The payment receipt of the initial inspection fees amounting to AED 100
- o The engineering drawing of the location approved by an engineering consultancy office
- Plot planning map for the pharmacy location approved by the Municipality
- o (4) Four new colored photographs
- o A copy of the valid tenancy contract
- o Filling out the Data Form (Wathiqat Al Taaruf) by the owner personally (the form is available at the customer service center)
- A copy of the valid trade license
- The transaction delivery voucher of the pharmacist who is appointed or transferred from another pharmaceutical firm to be in-charge of the pharmacy, from the Regulation, Licensing & Advertising Dept. / the Central Administration
- The payment receipt of final licensing fees at the sum of (AED 7500) seven thousand five hundred dirham

Name of Service	Pharmacy License Renewal	Service Strate Value	egic	Supplementary
Package	Pharmacies	Type of Serv	rice	Transactional
	Service D	escription		
	Submitting Pharmacy Lic	ense Renewal App	lication	
Service Provision	Authority in the MOH	Service	Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.	Tra	aditional	offline
		Category o	of Targeted Customers	
(14 / 0 / 0) Day / Hour / Min		UAE nationals, Companies		
Service Fees Serv		Service	Provisi	on Timings
AED 3500 Sun. to Thu		Sun. to Thur. fr	om 07:3	0 a.m. to 02:30 p.m.
	Service Provision Actions & Procedures			
Action / Procedure			F	Responsibility
Submitting Pharmacy License Renewal Application & enclosing the required documents		Application &		Customer
2. Studying the application		_	lation, Licensing & dvertising Dept.	

- o Pharmacy License Renewal form signed by the owner or his/her deputy and sealed by the firm's seal
- o A copy of the valid license of the in-charge pharmacist
- o A copy of the pharmacy license

Approving renewal

3.

- o A copy of the trade licenses from the licensing authorities (Economic Development Department / Municipality)
- o A list including the names and designations of the staff (signed by the owner and sealed by the firm's seal on the pharmacy's letterhead)
- o A copy of the latest renewal voucher of the license
- A certificate stating that the firm has satisfied fire protection and firefighting requirements

Terms & Conditions

- o The pharmacy should be operating and practicing its activities
- o The in-charge pharmacist should be on-job.

Regulation, Licensing &

Advertising Dept.

Name of Service	Pharmacy License Ownership Transfer	Service Strategic Value	Supplementary	
Package	Pharmacies	Type of Service	Transactional	
Service Description				

Submitting an application for transferring the pharmacy ownership from one owner to the other

Service Provision Authority in the MOH	Service Provision Channels
Regulation, Licensing & Advertising Dept.	Traditional offline
Average Service Processing Time	Category of Targeted Customers
Nil	Companies
Service Fees	Service Provision Timings
AED 8510	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
 Submitting a Pharmacy License application form and enclosing the required documents 	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval on transfer	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the new owner's passport
- o A copy of a valid Identity Card.
- o 3 personal colored photographs
- o A copy of Family book
- A copy of the transfer agreement from the old owner to the new owner duly notarized by the Notary Public.
- The original license of the pharmaceutical firm issued by the MOH in favor of the previous owner.
- The payment receipt of the new license fees amounting to AED 7500 plus an AED 1000 as license transfer fees.

- o The new owner shall be a UAE national
- o The owner should not have more than two pharmacies in the UAE
- The amounts payable to the MOH shall be settled before changing the owner's name in case there are penaltis.
- Upon approval of the committee, a letter addressed to the Department of Economic Development stating shall be issued stating the approval to transfer the ownership.

Name of Service	Pharmacy Location Change	Service Strategic Value	Supplementary
Package	Pharmacies	Type of Service	Transactional
Service Description			
Submitting an application for changing the location of the pharmacy		narmacy	
Service Provision Authority in the MOH		Service Provision Channels	
Regulation, Licensing & Advertising Dept.		Traditional	offline
Average Service Processing Time		Category of Targe	ted Customers
Nil		Companies	
Service Fees		Service Provisi	on Timings
AED 610		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

Action / Procedure	Responsibility		
1. Filling out the initial inspection application form for the new location and enclosing the required documents.	Customer		
2. Provisional approval application and enclosing the required documents	Customer		
3. Final inspection application for obtaining the license	Customer		
4. Studying the application	Regulation, Licensing & Advertising Dept.		
5. Approval on changing the location	Regulation, Licensing & Advertising Dept.		

Service Provision Requirements (Required Documents)

- A copy of the new owner's passport
- o A copy of valid Identity Card
- Initial inspection fees amounting to AED 100
- o A copy of Family book
- o The engineering drawing of the location approved by an engineering consultancy office.
- o Plot planning map for the pharmacy location approved by the Municipality
- o 4 personal colored photographs.
- o A copy of the valid trade license of the new location
- o Changing location fees payment receipt at the sum of AED 500

- o The pharmacy area should not be less than 30 sq. meters
- The pharmacy should not be linked with any other commercial activity
- o The pharmacy shall be more than 200 meters away from any other existing pharmacy
- Provisional approval shall be valid only for (6) six months, which is the grace period given to the pharmacy owner to meet all the requirements and technical conditions in order to obtain the MOH's license
- Shelves and closets shall be available for storing medicines, in addition to tightly secured locker to store controlled medicines.
- Availability of a freezer with a digital thermometer
- o Availability of air conditioners sufficient for the area

- Availability of sufficient illumination
- o Availability of operational firefighting extinguishers
- Availability of a signboard in conformity with the technical conditions (in Arabic and English languages)
- Availability of a list including the schedule of shifts
- o Availability of first aid box
- o Availability of curtains for the glass shop window exposed to sunlight
- Availability of insect repellent devices

Name of Service	Pharmacy Name Change	Service Strategic	c Value	Supplementary
Package	Pharmacies	Type of Serv	vice	Transactional
	Service Description			
Subm	nitting an application for cha	anging the name o	of the pha	rmacy
Service Provision	n Authority in the MOH	Service	Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.	Tra	aditional	offline
Average Service Processing Time Category		Category	of Targe	ted Customers
Nil		Compar	nies	
Service Fees Service		Provisi	on Timings	
AED 10 Sun. to Thur.		Sun. to Thur. fr	om 07:30	0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
	Action / Procedure		R	Responsibility
1. Filling out the license form for the pharmaceutical firm in a new name and enclosing the required documents			Customer	
2. Studying the application and ensuring meeting the		_	ation, Licensing &	
requirements				lvertising Dept.
3. Approval			_	ation, Licensing &
2 4ppro + w2			Ac	lvertising Dept.

- O Typing the required information in the pharmaceutical firm license form in new name (fees of the form amount to AED 10)
- o A copy of the Department of Economic Development approval on the new name
- O A letter from the owner requesting changing the name of the pharmaceutical firm addressed to the pharmaceutical licensing committee

- o The pharmaceutical firm license should be valid
- o The file should be submitted to the licensing committee to obtain approval

Name of Service	24 Hours Pharmacy Work Permission	Service Strategie	c Value	Sub
Package	Pharmacies	Type of Serv	vice	Transactional
	Service Description			
Submitting an	application for permitting tl	ne pharmacy to w	ork and c	perate 24 hours
Service Provision	Authority in the MOH	Service	e Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.	Tr	aditional	offline
Average Servi	ice Processing Time	Category	of Targe	ted Customers
	Nil		Compar	nies
Service Fees Service Provision			on Timings	
Nil Sun. to Thur. from 07:30 a.m. to 02:30 p.m.			0 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures				
Action / Procedure Responsibility				
Filling out the application and enclosing the required documents				Customer
2. Studying the requirements	2. Studying the application and ensuring meeting the requirements		_	ation, Licensing & lvertising Dept.
3. Approval		_	ation, Licensing & lvertising Dept.	
Service Provision Requirements (Required Documents)				
0				
Terms & Conditions				
0				

Name of Service	24 Hours Pharmacy Work Permission Renewal	Service Strategio	c Value	Supplementary
Package	Pharmacies	Type of Serv	vice	Transactional
	Service D	escription		
Submitting an ap	plication for renewing perm ho	nitting the pharma urs	ncy to wo	ork and operate 24
Service Provision	Authority in the MOH	Service	Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.	Tra	aditional	offline
Average Serv	ice Processing Time	Category	of Targe	ted Customers
Nil			Compar	nies
Service Fees Se		Service	ce Provision Timings	
Nil Sun.		Sun. to Thur. fr	un. to Thur. from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures				
Action / Procedure Responsibility				
1. Filling out the application and enclosing the required documents Customer				Customer
Studying the application and ensuring meeting the requirements		neeting the	_	ation, Licensing & lvertising Dept.
3. Approval		_	ation, Licensing & lvertising Dept.	
Service Provision Requirements (Required Documents)				
0				
Terms & Conditions				
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Name of Service	Medical Store License	Service Strategic Value	Sub
Package	Investors & Private Medical Sector	Type of Service	Transactional
	Service D	escription	
Submitting Medical Store License Application – First Time			ime
Service Provision Authority in the MOH		Service Provision Channels	
Regulation, Licensing & Advertising Dept.		Traditional	offline
Average Service Processing Time		Category of Targe	eted Customers
(90 / 0 / 0) Day / Hour / Min		Individuals (UAE nati	onals), Companies
Service Fees		Service Provision Timings	
AED 7610		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures			

	Action / Procedure	Responsibility
1.	Filling out the application form and enclosing the required documents	Customer
2.	Studying the application and ensuring meeting the requirements	Regulation, Licensing & Advertising Dept.
3.	Applying for provisional approval	Customer
4.	Provisional Approval	Regulation, Licensing & Advertising Dept.
5.	Applying for the final inspection to acquire license.	Customer
6.	Approval	Regulation, Licensing & Advertising Dept.
7.	Filling out the application form, enclosing the required documents and paying the fees	Customer

- Filling out the initial inspection application form for establishing the store
- A copy of the owner's valid passport
- A copy of Family book
- A copy of valid Identity Card
- The internal layout of the proposed location
- The payment receipt of the initial inspection fees amounting to AED 100
- The engineering drawing of the location approved by an engineering consultancy office
- Plot planning map for the pharmacy location approved by the Municipality
- (4) Four recent colored photographs
- A copy of the valid tenancy contract
- Filling out the Data Form (Wathiqat Al Taaruf) by the owner personally (the form is available at the customer service center)
- A copy of the valid trade license
- The transaction delivery receipt of the pharmacist who is appointed or transferred from another pharmaceutical firm to be in-charge of the pharmacy, from the Regulation, Licensing & Advertising Dept. / the Central Administration
- The payment receipt of final licensing fees at the sum of (AED 7500) seven thousand five hundred dirham

Terms & Conditions

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Name of Service	Medical Store License Renewal	Service Strategic Value	Supplementary
Package	Investors & Private Medical Sector	Type of Service	Transactional
	Service D	escription	
Submitting an application for		medical store license rene	wal
Service Provision Authority in the MOH		Service Provision Channels	
Regulation, Licensing & Advertising Dept.		Traditional	offline
Average Service Processing Time		Category of Targe	ted Customers
(0 / 0 / 14) Day / Hour / Min		Individuals (UAE nation	onals), Companies
Service Fees		Service Provisi	on Timings
Nil		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

Action / Procedure	Responsibility
Filling out Medical Store License Renewal form and enclosing the required documents of the company	Customer
2. Studying the application and ensuring meeting the	Regulation, Licensing &
requirements	Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- Medical Store License Renewal form signed by the owner or his/her deputy and sealed by the firm's seal
- A copy of the valid license of the in-charge pharmacist (The in-charge pharmacist's latest license renewal voucher shall be attached with the transaction)
- o A copy of the medical store license
- A copy of the trade licenses from the licensing authorities (Economic Development Department / Municipality)
- A list including names and designations of the staff (signed by the owner and sealed by the firm's seal on the pharmacy's letterhead)
- o A copy of the latest renewal voucher of the license
- o A certificate stating that the firm has satisfied fire protection and firefighting requirements

- The store should be open and practicing its activities
- o The in-charge pharmacist shall be on job

Name of Service	Medical Store License Ownership Transfer	Service Strategic Value	Supplementary
Package	Investors & Private Medical Sector	Type of Service	Transactional

Service Description

Submitting an application for transferring the medical store ownership from one owner to another

Service Provision Authority in the MOH	Service Provision Channels
Regulation, Licensing & Advertising Dept.	Traditional offline
Average Service Processing Time	Category of Targeted Customers
Nil	Individuals (UAE nationals), Companies
Service Fees	Service Provision Timings
AED 8510	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
 Submitting a Medical Store License Ownership Transfer application, enclosing the required document and paying the fees 	s Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the new owner's passport
- o A copy of a valid Identity Card
- o 3 personal photographs
- o A copy of Family book
- A copy of the transfer agreement from the old owner to the new owner duly notarized by the Notary Public
- The original license of the pharmaceutical firm issued by the MOH in favor of the previous owner
- The payment receipt of the new license fees amounting to AED 7500 plus an AED 1000 as license transfer fees.

- o The new owner should be a UAE national
- The amounts payable to the MOH shall be settled before changing the owner's name in case there are fines
- Upon approval of the committee, a letter addressed to the Department of Economic Development stating shall be issued stating the approval to transfer the ownership

Name of Service	Medical Store Location Change	Service Strategic Value	Supplementary	
Package	Investors & Private Medical Sector	Type of Service	Transactional	
Service Description				
Submitting an application for changing the location of the medical store				
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Traditional offline		
Average Service Processing Time		Category of Targeted Customers		
Nil		Individuals (UAE nationals), Companies		
Service Fees		Service Provision Timings		
AED 610		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				

Action / Procedure	Responsibility
 Submitting an application for changing the location of the medical store, enclosing the required document and paying the fees 	
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

- A copy of the new owner's passport
- o of a valid Identity Card
- o Initial inspection fees amounting to AED 100
- o A copy of Family book
- o The engineering drawing of the location approved by an engineering consultancy office
- o Plot planning map for the pharmacy location approved by the Municipality
- o 4 personal colored photographs
- o A copy of the valid trade license of the new location
- o Changing location fees payment receipt at the sum of AED 500

- o The storing area in the store should not be less than 50 sq. meters
- o The pharmacy should not be linked with any other commercial activity
- The application and enclosures shall be submitted to the pharmaceutical licensing committee to obtain the provisional approval
- O Provisional approval should be valid only for (6) six months, which is the grace period given to the pharmacy owner to meet all the technical requirements and conditions in order to obtain the MOH's license
- Shelves and closets should be available for storing medicines
- Tightly secured locker should be available to store controlled medicines
- Availability of a freezer with a digital thermometer
- Availability of air conditioners sufficient for the area
- o Availability of sufficient illumination

- Availability of operational firefighting extinguishers
- Availability of a signboard in conformity with the technical conditions (in Arabic and English languages), showing the pharmacy name approved by the pharmacy licensing committee. All letters of the name should be with the same font size
- o Availability of curtains for the glass shop windows exposed to sunlight
- O Availability of insect repellent devices

Name of Service	Scientific Office License	Service Strategic Value	Sub
Package	Investors & Private Medical Sector	Type of Service	Transactional
	Service D	escription	
Submitting Scientific Office License application			
Service Provision Authority in the MOH		Service Provision Channels	
Regulation, Licensing & Advertising Dept.		Traditional offline	
Average Service Processing Time		Category of Targe	eted Customers
(90 / 0 / 0) Day / Hour / Min		Individuals (UAE nationals), Companies	
Service Fees		Service Provision Timings	
AED 2110		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Control Description Advance Control Description			

Action / Procedure	Responsibility
Submitting Scientific Office License application, enclosing the required documents and paying the fees	Customer
Studying the application	Regulation, Licensing & Advertising Dept.
Applying for the initial inspection and paying the fees	Customer
Initial inspection	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o Filling out the initial inspection request form for establishing the scientific office
- o A copy of the owner's valid passport
- o A copy of Family book
- o A copy of a valid Identity Card
- The internal layout of the proposed location
- o The payment receipt of the initial inspection fees amounting to AED 100
- o The engineering drawing of the location approved by an engineering consultancy office
- o Plot planning map for the pharmacy location approved by the Municipality
- o (4) Four recent colored photographs
- o A copy of the valid tenancy contract
- o Filling out the Data Form (Wathiqat Al Taaruf) by the owner personally (the form is available at the customer service center)
- o A copy of the valid trade license
- The transaction delivery voucher of the pharmacist who is appointed or transferred from another pharmaceutical firm to be in charge of the pharmacy, from the Regulation, Licensing & Advertising Dept. / the Central Administration
- o The payment receipt of final licensing fees at the sum of AED 2000

- o Applicant should be a United Arab Emirates national
- o Applicant should be a representative of pharmaceutical company registered with the MOH, or a contractor with a manufacturing company registered with the MOH
- The office should not be annexed with any residential apartment or linked with other commercial activity
- The office area shall be reasonable

- o Shelves and closets shall be available for storing medicines
- o Tightly secured locker shall be available to store controlled medicines
- Availability of a freezer with a digital thermometer
- o Availability of air conditioners sufficient for the area
- Availability of sufficient illumination
- o Availability of operational firefighting extinguishers
- Availability of a signboard in conformity with the technical conditions (in Arabic and English languages), showing the pharmacy name approved by the pharmacy licensing committee. All letters of the name shall be with the same font size
- o Availability of a list including schedule of shifts
- o Availability of first aid box
- o Availability of curtains for the glass shop windows exposed to sunlight
- o Availability of insect repellent devices

Name of Service	Scientific Office License Renewal	Service Strategic Value	Supplementary
Package	Investors & Private Medical Sector	Type of Service	Transactional
	Service D	escription	
Issuing scientific office license renewal			
Service Provision Authority in the MOH		Service Provision Channels	
Regulation, Licensing & Advertising Dept.		Traditional offline	
Average Service Processing Time		Category of Targe	eted Customers
(14 / 0 / 0) Day / Hour / Min		Companies, individuals	
Service Fees		Service Provision Timings	
AED 2110		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Caprico Provision Actions & Proceedures			

Action / Procedure	Responsibility
Submitting Scientific Office License Renewal Application, enclosing the required documents and paying the fees	Customer
Studying the application	Regulation, Licensing & Advertising Dept.
Approving renewal	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- Scientific Office License Renewal form signed by the owner or his/her deputy and sealed by the firm's seal
- o A copy of the valid license of the in-charge pharmacist
- A copy of the trade licenses from the licensing authorities (Economic Department / Municipality)
- A list including names and designations of the staff (signed by the owner and sealed by the firm's seal on the pharmacy's letterhead)
- o A copy of the latest renewal voucher of the license
- A certificate stating that the firm has satisfied fire protection and firefighting requirements

- The scientific office should be open and practicing its activities
- o The in-charge pharmacist shall be on job

Name of Service	Scientific Office License Ownership Transfer	Service Strategic Value	Supplementary
Package	Pharmacies	Type of Service	Transactional

Service Description

Submitting an application for transferring the scientific office ownership from one owner to another

Service Provision Authority in the MOH	Service Provision Channels	
Regulation, Licensing & Advertising Dept.	Traditional offline	
Average Service Processing Time	Category of Targeted Customers	
Nil	Companies	
Service Fees	Service Provision Timings	
AED 8510	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

Action / Procedure	Responsibility
Submitting a Scientific Office License application form, enclosing the required documents and paying the fees	Customer
Studying the application	Regulation, Licensing & Advertising Dept.
Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the new owner's passport
- o A copy of a valid Identity Card
- o 3 personal colored photographs
- o A copy of Family book
- o A copy of the transfer agreement from the old owner to the new owner duly notarized by the Notary Public
- The original license of the pharmaceutical firm issued by the MOH in favor of the previous owner
- The payment receipt of the new license fees amounting to AED 2000 plus an AED 1000 as license transfer fees.

- o The new owner should be a UAE national
- The amounts payable to the MOH should be settled before changing the owner's name in case there are fines
- Upon approval of the committee, a letter addressed to the Department of Economic Development shall be issued stating the approval to transfer the ownership

Name of Service	General Clinic License	Service Strategic Value	Sub
Package	Investors & Private Medical Sector	Type of Service	Transactional
	Service D	escription	
	Issuing approval on	general clinic license	
Service Provision Authority in the MOH		Service Provision Channels	
Regulation, Licensing & Advertising Dept.		Electro	onic
Average Service Processing Time		Category of Targe	eted Customers
(7 / 0 / 0) Day / Hour / Min		Companies	
Service Fees		Service Provision Timings	
AED 5100		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures			

Action / Procedure	Responsibility
1. Filling out the General Clinic License form and enclosing the required documents electronically (online)	Customer
2. Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3. Initial approval	Regulation, Licensing & Advertising Dept.
4. Final approval	Regulation, Licensing & Advertising Dept.

- o A copy of the passport and Family book
- o A copy of the firm drawings
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- o Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- o A copy of the Municipality license
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical waste
- A sample of the publications used in the firm

Terms & Conditions

The licensee should be a United Arab Emirates national

Name of Service	General Clinic License Renewal	Service Strate, Value	gic	Supplementary
Package	Investors & Private Medical Sector	Type of Servi	ce	Transactional
	Service D	escription		
	Issuing approval on gene	eral clinic license re	newal	
Service Provision Authority in the MOH Se		Service I	vice Provision Channels	
Regulation, Licensing & Advertising Dept.		Electronic		
Average Service Processing Time		Category of Targeted Customers		
(7 / 0 / 0) Day / Hour / Min		Companies, Individuals (UAE nationals)		
Service Fees		Service Provision Timings		
AED 2600		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				
Action / Procedure			F	Responsibility
Filling out the General Clinic License Renewal form and enclosing the documents electronically (online)				Customer

o A copy of the passport and Family book

Studying the application and conducting inspection

- o A copy of the latest license of the firm
- o The firm owner's Identity Card

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3.

Approval

- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- o A list including services prices
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

Terms & Conditions

o The licensee shall be a United Arab Emirates national

Regulation, Licensing &

Advertising Dept.
Regulation, Licensing &

Name of Service	General Clinic Name Change	Service Strategic Value	Supplementary	
Package	Investors & Private Medical Sector	Type of Service Transaction		
	Service D	escription		
	Issuing approval on ger	neral clinic name change	2	
Service Provision	Authority in the MOH	Service Prov	ision Channels	
Regulation, Licens	ing & Advertising Dept.	Elec	etronic	
Average Servi	ce Processing Time	Category of Ta	rgeted Customers	
(7 / 0 / 0) Day / Hour / Min Companies, Individuals (U.		luals (UAE nationals)		
Service Fees Service		Service Prov	ce Provision Timings	
AED 100 Sun. to Thur. from 07:30 a.m. to 02:30			7:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures				
Action / Procedure Responsibility				
 Filling out the General Clinic Name Change form, enclosing the documents and paying the fees 			Customer	
2. Studying the application and conducting inspection		nspection	gulation, Licensing & Advertising Dept.	
3. Approval and issuance of notice		Re	gulation, Licensing & Advertising Dept.	
Service Provision Requirements (Required Documents)				
 A copy of the latest license of the firm A "To Whom It May Concern" letter from the firm owner 				
Terms & Conditions				
 The licensee 	should be a United Arab E	mirates national		

Name of Service	General Clinic Location Change	Service Strateg Value	Supplementary	
Package	Investors & Private Medical Sector	Type of Servic	e Transactional	
Service Description				
	Issuing approval on gene	ral clinic location ch	iange	
Service Provision	Authority in the MOH	Service P	rovision Channels	
Regulation, Licensing & Advertising Dept.		I	Electronic	
Average Service Processing Time Categor		Category of	of Targeted Customers	
(7 / 0 / 0) Day / Hour / Min		Companies, UAE nationals		
•		Service P	Provision Timings	
AED 100 Sun. to Th		Sun. to Thur. from	n 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures				
Action / Procedure			Responsibility	
1. Filling out the General Clinic Location Change form, enclosing the documents and paying the fees			Customer	
2 Studying the application and conducting inspection		inspection	Regulation, Licensing &	

o A letter requesting changing location

Approval and issuance of the notice

- o Firm's new location layout
- o A copy of the firm's trade name from the Department of Economic Development
- Licensing doctors and technicians to work in the firm

Studying the application and conducting inspection

o Firm's license

2.

3.

Terms & Conditions

o The licensee should be a United Arab Emirates national

Advertising Dept.
Regulation, Licensing &

Name of Service	General Clinic License Ownership Transfer	Service Strategic Value	Supplementary	
Package	Investors & medical private sector	Type of Service Transactiona		
	Service D	Description		
Iss	uing approval on general cl	inic license ownership trar	nsfer	
Service Provision	Authority in the MOH	Service Provisi	on Channels	
Regulation, Licens	ing & Advertising Dept.	Electro	onic	
Average Servi	ice Processing Time	Category of Targe	eted Customers	
(7/0/0)		Companies, Individual	Companies, Individuals (UAE Nationals)	
Ser	vice Fees	Service Provision Timings		
 General Clin Specialized of Medical poly specialization (or 12000) Less than 50 15000) 51-100 Bed hose Diagnostic Cospecialization Rehabilitation 	Fees (AED 100) ic (AED 5000) clinic (AED 6000) relinic for each n, maximum AED 18000 bed hospital (AED nospital (AED 30000) spital (AED 40000) enter, for each n (AED 6000) n Center, for each n (AED 5000)	Service Provision Timings Sun. to Thur. from 07:30 a.m. to 02:30 p		

	Action / Procedure	Responsibility
1.	Filling out the application form for general clinic license ownership transfer, enclosing the required documents and paying the fees.	Customer
2.	Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3.	Approval and issuance of the notice	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o Signing a transfer letter between both parties
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- Services price list
- A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

Terms & Conditions

The licensee should be a UAE national.

Name of Service	General Clinic License	Service Strat	tegic	Supplementery
Name of Service	Cancellation	Value		Supplementary
Package	Investors & Private	Type of Ser	vico	Transactional
1 ackage	Medical Sector	Type of Ser	vice	Transactional
	Service D	escription		
	Issuing approval on genera	al clinic license ca	ncellatio	n
Service Provision	Authority in the MOH	Service	e Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.		Electronic	
Average Service Processing Time Category		Category	of Targeted Customers	
(5 / 0 / 0)		Companies, UAE nationals		
Day / Hour / Min		Compa	aines, OF	ALI nationals
Ser	vice Fees	Servic	e Provisi	ion Timings
A	ED 100	Sun. to Thur. f	rom 07:3	0 a.m. to 02:30 p.m.
	Service Provision A	ctions & Procedu	ures	
Action / Procedure			I	Responsibility
1. Filling out the	General Clinic License Can	cellation form,		Customer
enclosing the d	locuments and paying the fe	ees		Customer
2. Studying the application and conducting inspection		_	lation, Licensing & dvertising Dept.	

Medical firm license

3. Approval

- o A letter from the firm owner requesting cancellation
- Statement of Firm employees issued by Ministry of Labor

Terms & Conditions

Payment of penalties in case the cancellation application is submitted after the license expiry.

Regulation, Licensing &

Name of Service	General Clinic License Re-issue	Service Strategic Value	Supplementary	
Package	Investors & medical private sector	Type of Service Transaction		
Service Description				
	Issuing approval on gene	eral clinic license re-issue		
Service Provision	Authority in the MOH	Service Provisi	on Channels	
Regulation, Licens	ing & Advertising Dept.	Electro	onic	
Average Servi	ce Processing Time	Category of Targe	eted Customers	
,	7 / 0 / 0) Hour / Min.	Companies, Individuals (UAE Nationals)		
Ser	vice Fees	Service Provision Timings		
 General Clini Specialized c Medical poly (AED 6000). Less than 50 15000) 51-100 Bed h 100+ bed hos Diagnostic C 	Fees (AED 100) Ic (AED 5000) Ilinic (AED 6000) Ilinic (AED 12000 or Ibed hospital (AED Icospital (AED 30000). Ispital (AED 40000) Iconter (AED 6000) In Center (AED 5000)	Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.	

Action / Procedure	Responsibility
1. Filling out the application form for General Clinic license re-issue, enclosing the required documents and paying the fees.	Customer
2. Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3. Approval and issuing notice	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A list including services prices
- o Previous cancellation notice of the firm
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

- O Application fees in addition to re-issue fees.
- o As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum.
- Value of penalties (if any) shall be added.
- o The licensee should be a UAE national.

Name of Service	General clinic license replacement	Service Strategic Valu	Supplementary		
Package	Investors & medical private sector	Type of Service	Transactional		
Service Description					
Issuing approvals on general clinic license replacement					
Service Provision Authority in the MOH Service			sion Channels		
Regulation, Licens	sing & Advertising Dept.	Tradition	al offline		
Average Serv	ice Processing Time	Category of Tar	geted Customers		
	5 / 0 / 0) Hour / Min	Companies / Individu	als (UAE Nationals)		
Ser	Service Fees Service Provision Timings				
50% Of the license fees Sun. to Thur.		Sun. to Thur. from 07	rom 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedures			
	Action / Procedure Responsibility				
Filling out the application form for General Clinic license replacement, enclosed with the required documents.			Customer		
2. The approval			ulation, Licensing & Advertising Dept.		
	Service Provision Requiren	nents (Required Docume	nts)		
0					
	Terms & Conditions				
 50% Of the license fees shall be charged for issuing a license replacement. 					
 The licensee should be a UAE national. 					

Name of Service	Specialized clinic license	Service Strategic Value	Sub	
Package	Investors & medical private sector	Type of Service	Transactional	
	Service Description			
Issuing approvals on specialized clinic license				
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Traditional offline		
Average Serv	ice Processing Time	Category of Targe	ted Customers	
(7 / 0 / 0) Day / Hour / Min		Companies / Individuals (UAE Nationals)		
Service Fees		Service Provision Timings		
AED 6100		Sun. to Thur. from 07:30 a.m. to 02:30 p.m		

Action / Procedure	Responsibility
Filling out the application form for specialized clinic license, enclosed with the required documents.	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Provisional approval	Assistant Deputy Minister

Service Provision Requirements (Required Documents)

- o Copy of the entry extract (Family book) and the passport.
- o Copy of the firm drawing.
- o Copy of the academic qualification of the firm owner.
- o A letter to whom it may concern from the firm owner's employer.
- o Identity card of the firm owner.
- o Copy of trade name of the firm issued by the economic development department.
- Licenses of the doctors and technicians to work in the firm within 6 months from opening of the firm.
- o Copy of the advertising signboard sample.
- o Copy of the municipality license.
- Copy of the agreement with the municipality or a company for disposal of the medical wastes.
- o Forms of the publications used in the firm

Terms & Conditions

o The licensee should be a UAE national.

Name of Service	Specialized Clinic License Renewal	Service Strategic Value	Supplementary	
Package	Investors & medical private sector	Type of Service	Transactional	
Service Description				
Issuing approval on renewal of a specialized clinic license			ıse	
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Electronic		
Average Serv	ice Processing Time	Category of Targeted Customers		
(5 / 0 / 0) Day / Hour / Min		Companies / Individual (UAE National)		
Service Fees		Service Provision Timings		
AED 3100		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		

Action / Procedure	Responsibility
 Filling out the application form for renewal of specialized clinic license, enclosed with the required documents. 	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Provisional approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o Copy of the entry extract (Family book) and the passport.
- o Copy of the last firm license.
- o Identity card of the firm owner.
- o Copy of trade name of the firm issued by the economic development department.
- Licenses of the doctors and technicians to work in the firm within 6 months from opening of the firm.
- o Service fees list.
- Copy of the agreement with the municipality or a company for disposal of the medical wastes.

Terms & Conditions

o In case renewal application is submitted after expiry of the license, delay penalties should be paid.

Name of Service	Specialized clinic name Change	Service Strategic Va	alue Supplementary		
Package	Investors & medical private sector	Type of Service	Transactional		
Service Description					
Issuing approval on change of a specialized clinic name					
Service Provision	Authority in the MOH	Service Pro	ovision Channels		
Regulation, Licens	sing & Advertising Dept.	El	lectronic		
	ice Processing Time	Category of T	Cargeted Customers		
,	7 / 0 / 0) Hour / Min	Companies / Indiv	riduals (UAE Nationals)		
Ser	Service Fees Service Provision Timings				
A	AED 100 Sun. to Thur. from 07:30 a.m. to 02:30 p.i				
	Service Provision Actions & Procedures				
	Action / Procedure Responsibility				
1. Filling out the application form for change of specialized clinic name, enclosed with the required documents and payment of fees.			Customer		
2. Studying the	application and inspection	F	Regulation, Licensing & Advertising Dept.		
3. Approval and issue of notification		I	Regulation, Licensing & Advertising Dept.		
	Service Provision Requirem	nents (Required Docu	ments)		
	previous firm license issued may concern letter by the fi	•			
Terms & Conditions					
o The licensee should be a UAE national.					

Name of Service	Specialized Clinic Location Change	Service Strategic Value	Supplementary	
Package	Investors & medical private sector	Type of Service Transactions		
Service Description				
Issuing approval on change of a specialized clinic location			ion	
Service Provision Authority in the MOH Service		Service Provision	e Provision Channels	
Regulation, Licens	sing & Advertising Dept.	Electro	nic	
Average Serv	ice Processing Time	Category of Targe	ted Customers	
,	5 / 0 / 0) Hour / Min	Companies / Individual	s (UAE Nationals)	
Ser	vice Fees	Service Provisi	e Provision Timings	
AED 100 Sun. to Thur. from 07:30 a.m. to		0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedures	<u>.</u>	
Action / Procedure Responsibility				
Filling out the application form for change of specialized clinic location, enclosed with the required documents and payment of fees.				
	clinic location, enclosed with		Customer	
documents a	clinic location, enclosed with	th the required Regul	Customer ation, Licensing & lvertising Dept.	
documents a	clinic location, enclosed with and payment of fees.	Regul	ation, Licensing &	
2. Studying the 3. Approval	clinic location, enclosed with and payment of fees.	Regul Regul Ac Regul Ac	ation, Licensing & lvertising Dept. ation, Licensing & lvertising Dept.	
2. Studying the 3. Approval	clinic location, enclosed with and payment of fees. e application and inspection	Regul Regul Ac Regul Ac	ation, Licensing & lvertising Dept. ation, Licensing & lvertising Dept.	
2. Studying the 3. Approval Orawing of Copy of the	clinic location, enclosed with and payment of fees. Examplication and inspection service Provision Requirements the new firm location. The trade name issued by the example of the service provision is trade to the example.	Regul Ad Recomment deponents (Required Document	ation, Licensing & dvertising Dept. ation, Licensing & dvertising Dept. s)	
o Drawing of Copy of the Licenses for	Service Provision Requirements the new firm location. trade name issued by the extra decoration and technicians.	Regul Ad Recomment deponents (Required Document	ation, Licensing & dvertising Dept. ation, Licensing & dvertising Dept. s)	
2. Studying the 3. Approval Orawing of Copy of the	clinic location, enclosed with and payment of fees. Examplication and inspection examples application and inspection the new firm location. It is a contracted to the doctors and technicians the firm.	Regul Ad Regul Ad Regul Ad Regul Ad Resonants (Required Document conomic development depos to work in the firm.	ation, Licensing & dvertising Dept. ation, Licensing & dvertising Dept. s)	
o Drawing of Copy of the Licenses for	clinic location, enclosed with and payment of fees. Examplication and inspection examples application and inspection the new firm location. It is a contracted to the doctors and technicians the firm.	Regul Ad Recomment deponents (Required Document	ation, Licensing & dvertising Dept. ation, Licensing & dvertising Dept. s)	

o The licensee should be a UAE national.

Name of Service	Specialized Clinic License Ownership Transfer	Service Strategio	c Value	Supplementary
Package	Investors & medical private sector	Type of Serv	vice	Transactional
Service Description				
Issuing approval on specialized clinic license ownership transfer				
Service Provision	Authority in the MOH	Service	Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.	Eı	Electron hanced of	
<u> </u>	ice Processing Time	Category	of Target	ted Customers
,	/ 0 /) Hour / Min.	Companies / In	ndividual	s (UAE Nationals)
Ser	vice Fees	Service	Provision	on Timings
 Medical pospecialization AED 18000 Less than 50 be 51-100 Bed hos 	(AED 5000) nic (AED 6000) plyclinic for each (AED 6000), maximum ed hospital (AED 15000) spital (AED 30000) tal (AED 40000) Center, for each AED 6000) Center, for each AED 5000)			a.m. to 02:30 p.m.
	Service Provision A	ctions & Procedu	ires	
	Action / Procedure		R	esponsibility
1. Filling out the license own documents a			Customer	
2. Studying the			_	ation, Licensing & vertising Dept.
3. Approval			_	ation, Licensing & vertising Dept.
	Service Provision Requirem	nents (Required D	ocuments	s)
0				
	Terms &	Conditions		
o The licensee	should be a UAE national.			

Name of Service	Specialized Clinic License Cancellation	Service Strategic	Value	Supplementary		
Package	Investors & medical private sector	Type of Service Tran		Transactional		
	Service Description					
Issu	ing approval on cancellatio	n of a specialized c	linic lic	ense		
Service Provision	Authority in the MOH	Service I	Provisio	n Channels		
Regulation, Licens	sing & Advertising Dept.		Electronianced			
Average Serv	ice Processing Time	Category of	f Targe	ted Customers		
,	5 / 0 / 0) Hour / Min	Companies / Individuals (UAE Nationals)				
Ser	vice Fees	Service Provision Timings				
A	AED 100 Sun. to Thur. from 07:30 a.m. to 02:30 p.			a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedur	es			
	Action / Procedure		R	esponsibility		
1. Filling out the application form for cancellation of specialized clinic license, enclosed with the required documents and payment of fees.				Customer		
	application.		_	ation, Licensing & vertising Dept.		
3. Approval.			_	ation, Licensing & vertising Dept.		
\$	Service Provision Requirements (Required Documents)					
 Specialized clinic license. Statement of Firm employees issued by Ministry Of Labour. 						
Terms & Conditions						
	Terms & 0	Conditions				

Name of Service	Specialized clinic license re-issue	Service Strategic	c Value	Supplementary
Package	Investors & medical private sector	Type of Serv	vice	Transactional
	Service D	escription		
Issuing approval on specialized clinic license re-issue				
Service Provision	Authority in the MOH	Service	Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.	Er	Electron hanced of	
Average Servi	ice Processing Time	Category	of Target	ted Customers
,	80 / 0 /0) Hour / Min.	Companies / In	ndividual	s (UAE Nationals)
Ser	vice Fees	Service	Provision	on Timings
 Application Fees (AED 100) General Clinic (AED 5000) Specialized clinic (AED 6000) Medical polyclinic for each specialization (AED 6000). Less than 50 bed hospital (AED 15000) 51-100 Bed hospital (AED 30000). 100+ bed hospital (AED 40000). Diagnostic Center, for each specialization (AED 6000) Rehabilitation Center, (AED 5000) 			om 07:30) a.m. to 02:30 p.m.
	Service Provision A	ctions & Procedu	ires	
	Action / Procedure		R	Responsibility
_	ne application form for spec sue, enclosing the required ees.			Customer
2. Studying the	application		_	ation, Licensing & vertising Dept.
3. Approval			_	ation, Licensing & vertising Dept.
	Service Provision Requirem	nents (Required De	ocuments	s)
0				
	Terms & (Conditions		
 Application fees in addition to re-issue fees. As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum. Value of penalties (if any) shall be added. The licensee should be a UAE national. 				

Name of Service	Specialized Clinic License Replacement	Service Strategi	c Value	Supplementary		
Package	Investors & medical private sector	Type of Ser	vice	Transactional		
	Service D	Description				
Is	Issuing approvals on specialized clinic license replacement					
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels		
Regulation, Licens	ing & Advertising Dept.	Т	raditiona	l offline		
Average Service	ce Processing Time	Category	of Targe	eted Customers		
\	(5 / 0 / 0) Day / Hour / Min Companies, Individuals (U			ls (UAE Nationals)		
Serv	vice Fees	Service Provision Timings				
50% of t	50% of the license fees Sun. to Thur. from 07:30 a.m. to 02:3			30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures			
	Action / Procedure		I	Responsibility		
Filling out the application form for specialized clinic license replacement, enclosed with the required documents and payment of the fees				Customer		
2. Studying the	application			lation, Licensing & dvertising Dept.		
3. The approval			_	lation, Licensing & dvertising Dept.		
	Service Provision Requirements (Required Documents)					
0						
	Terms & Conditions					
 50% of the license fees shall be charged for issuing a license replacement. The licensee should be a UAE national. 						

Name of Service	Medical Polyclinic License	Service Strat Value	tegic	Sub		
Package	Investors & Private Medical Sector	Type of Service		Transactional		
	Service D	escription				
Issuing medical polyclinic license						
Service Provision	Authority in the MOH	Service	Provisi	on Channels		
Regulation, Licens	ing & Advertising Dept.		Electro	onic		
Average Service	ce Processing Time	Category	of Targe	eted Customers		
,	/ 0 / 0) Hour / Min	Individuals (UAE nationals), Companies				
·			e Provisi	on Timings		
AED 6000, maximum AED 18000 Sun. to Thur. from 0'			From 07:3	0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures			
	Action / Procedure		F	Responsibility		
	ledical Polyclinic Licens equired documents and pay			Customer		
2. Studying the ap	oplication and inspecting th	e location	_	lation, Licensing & dvertising Dept.		
3. Initial Approva	ıl		_	lation, Licensing & dvertising Dept.		
4. Final Approval			_	lation, Licensing & dvertising Dept.		
Service Provision Requirements (Required Documents)						
0						
Terms & Conditions						
0						

Name of Service	Medical Polyclinic License Renewal	Service Strategic Value	Supplementary	
Package	Investors & Private Medical Sector	Type of Service	Transactional	
Service Description				
Issuing medical polyclinic license renewal				
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Electro	onic	
Average Servi	Average Service Processing Time Category of Targeted Customer			
(7 / 0 / 0) Day / Hour / Min		Individuals (UAE nati	ionals), Companies	
Service Fees		Service Provision Timings		
	pecializations, AED 9000 two specializations	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		

Action / Procedure	Responsibility
1. Filling out the Medical Polyclinic License Renewal Application, enclosing the required documents and paying the fees	Customer
2. Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- A copy of the passport and Family book
- o A copy of the latest license of the firm
- o The firm owner's Identity Card
- \circ A copy of the firm's trade name from the Department of Economic Development .
- Licensing doctors and technicians to work in the firm within 6 months from the opening date.
- o A copy of the advertisement signboard sample.
- Services price list
- A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

Terms & Conditions

o The licensee shall be a United Arab Emirates national

Name of Service	Medical Polyclinic	Service Strat	tegic	Supplementary			
	Name Change	Value		~ "FFJ			
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional			
	Service Description						
	Issuing approval on medic	cal polyclinic nam	ne change	;			
Service Provision	Authority in the MOH	Service	Provisi	on Channels			
Regulation, Licens	ing & Advertising Dept.		Electro	onic			
Average Servi	ce Processing Time	Category	of Targe	eted Customers			
(5 / 0 / 0) Day / Hour / Min			nationals	, companies			
·			vice Provision Timings				
AED 100 Sun. to Thur. fro			From 07:3	0 a.m. to 02:30 p.m.			
	Service Provision A	ctions & Proced	lures				
	Action / Procedure		F	Responsibility			
_	e Medical Polyclinic Name documents and paying the	_		Customer			
2. Studying the	application and conducting	inspection	_	lation, Licensing & dvertising Dept.			
3. Approval			_	lation, Licensing & dvertising Dept.			
Ser	rvice Provision Requiren	nents (Required	Docume	ents)			
o A copy of the	e professional license of the	firm					
 A copy of the 	e latest license of the firm is	ssued by the MOI	H				
o A "To Whom It May Concern" letter from the firm owner							
Terms & Conditions							
The licensee shall be a United Arab Emirates national							

Medical Polyclinic Location Change	Service Strategic Value Supplement					
Investors & Private Medical Sector	Type of Serv	ice Transactional				
Service D	escription					
Issuing approval on medical polyclinic location change						
Authority in the MOH	Service 1	Provision Channels				
ing & Advertising Dept.		Electronic				
ce Processing Time	Category o	f Targeted Customers				
<i>'</i>	Individuals (U	AE nationals), Companies				
vice Fees	Service	ce Provision Timings				
AED 100 Sun. to Thur.						
Service Provision A	ctions & Procedu	ıres				
Action / Procedure		Responsibility				
Filling out the Medical Polyclinic Location Change form, enclosing the required documents and paying the fees						
ing the required documents	and paying the					
application	and paying the	Regulation, Licensing & Advertising Dept.				
	and paying the	-				
		Advertising Dept. Regulation, Licensing & Advertising Dept.				
application	nents (Required Department of Ed	Advertising Dept. Regulation, Licensing & Advertising Dept. Occuments)				
application rvice Provision Requirem ocation layout e firm's trade name from th ctors and technicians to wo	nents (Required Department of Ed	Advertising Dept. Regulation, Licensing & Advertising Dept. Occuments)				
,	Location Change Investors & Private Medical Sector Service D Issuing approval on medica Authority in the MOH sing & Advertising Dept. ce Processing Time / 0 / 0) Hour / Min vice Fees ED 100 Service Provision A Action / Procedure the Medical Polyclinic Locate	Investors & Private Medical Sector Service Description Issuing approval on medical polyclinic location Authority in the MOH Service Sing & Advertising Dept. ce Processing Time / 0 / 0) Hour / Min vice Fees ED 100 Service Provision Actions & Procedure Medical Polyclinic Location Change				

Name of Service	Medical Polyclinic License Ownership Transfer	Service Strategi	c Value	Supplementary	
Package	Investors & medical private sector	Type of Ser	vice	Transactional	
	Service D	Description			
Issuir	ng approval on medical poly	yclinic license ow	nership t	ransfer	
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels	
Regulation, Licens	ing & Advertising Dept.		Electro	onic	
Average Servi	ce Processing Time	Category	of Targe	eted Customers	
,	/ 0 /0) Hour / Min.	Companies, I	ndividual	s (UAE Nationals)	
Ser	vice Fees	Servic	e Provisi	on Timings	
 Application Fees General Clinic (A) Specialized clinic Medical polyclir specialization, m Less than 50 bed 51-100 bed hosp 100+ bed hospita Diagnostic Center (AED 6000) Rehabilitation C specialization (A) 			0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures		
	Action / Procedure		F	Responsibility	
_	e application form for medirship transfer, enclosing the see fees.			Customer	
2. Studying the application			_	lation, Licensing & dvertising Dept.	
3. Approval	Regulation, Licensing & Advertising Dept.				
	Service Provision Requiren	nents (Required D	Ocument	s)	
0	0				
	Terms & (Conditions			
o The licensee should be a UAE national.					

Name of Service	Medical Polyclinic License Cancellation	Service Stra Value	tegic	Supplementary		
Package	Investors & Private Medical Sector	Type of Service		Transactional		
	Service D	escription				
Issuing approval on medical polyclinic license cancellation						
Service Provision	Authority in the MOH	Service	e Provisi	on Channels		
Regulation, Licens	ing & Advertising Dept.	I	Electro Enhanced			
Average Servi	ce Processing Time	Category	of Targe	eted Customers		
`	/ 0 / 0) Hour / Min	Comp	anies, U	s, UAE nationals		
Service Fees Service			e Provision Timings			
AED 100 Sun. to Thur.			from 07:3	0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	dures			
	Action / Procedure		I	Responsibility		
Filling out the Medical Polyclinic License Cancellation form, enclosing the required documents and paying the fees				Customer		
2. Studying the	application		_	lation, Licensing & dvertising Dept.		
3. Approval	3. Approval			lation, Licensing & dvertising Dept.		
Ser	rvice Provision Requirem	nents (Required	Docum	ents)		
-	vclinic license					
Statement of Firm employees issued by Ministry of Labor						
	Terms & 0	Conditions				
0						

N	ame of Service	Medical Polyclinic License Re-issue	Service Strategic Value	Supplementary
	Package	Investors & medical private sector	Type of Service	Transactional
		Service D	Description	
		Issuing approval on medica	al polyclinic license re-issu	ie
	Service Provision	Authority in the MOH	Service Provisi	on Channels
			Electro	onic
R	Legulation, Licens	ing & Advertising Dept.	Enhanced	offline
	Average Servi	ce Processing Time	Category of Targeted Customers	
	,	/ 0 /0)	UAE Nat	ionals
	Day /	Hour / Min.	CTIE T tut	
	Ser	vice Fees	Service Provisi	ion Timings
0	Application Fees	*		
0	General Clinic (A	*		
0	Specialized clini	c (AED 6000)		
0	Medical polyclin	nic, (AED 6000) for each		
	specialization		Sun. to Thur. from 07:3	30 a.m. to 02:30 p.m.
0	Less than 50 bed	l hospital (AED 15000)		· · · · · · · · · · · · · · · · ·
0	51-100 bed hosp	ital (AED 30000).		
0	100+ bed hospita	al (AED 40000)		
0	Diagnostic Cente	er (AED 6000)		
0	Rehabilitation C	enter (AED 5000)		

Action / Procedure	Responsibility
 Filling out the application form for medical polyclinic license re-issue, enclosing the required documents and paying the fees. 	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

- o Application fees in addition to re-issue fees.
- o As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum.
- O Value of penalties (if any) shall be added.

The licensee should be a UAE national.

Name of Service	Medical Polyclinic	Service Strategi	c Value	Supplementary
Package	License Replacement Investors & medical private sector	Type of Ser		Transactional
Service Description				
Issuing approvals on medical polyclinic license replacement			nent	
Service Provision Authority in the MOH		Service Provision Channels		
	Regulation, Licensing & Advertising Dept. Traditional of		l offline	
	ce Processing Time	Category	of Targe	eted Customers
`	/ 0 / 0) Hour / Min	Companies, Individuals (UAE National		ls (UAE Nationals)
•	vice Fees	Service Provision Timings		ion Timings
A	ED 100	Sun. to Thur. 1	from 07:3	30 a.m. to 02:30 p.m.
	Service Provision Actions & Procedures			
Action / Procedure			Responsibility	
Filling out the application form for medical polyclinic license replacement, enclosed with the required documents and paying the fees			Customer	
2. Studying the application		_	lation, Licensing & dvertising Dept.	
3. The approval		_	lation, Licensing & dvertising Dept.	
Service Provision Requirements (Required Documents)				
0				
Terms & Conditions				
 50% of the license fees shall be charged for issuing a license replacement The licensee should be a UAE national. 				

Name of Service	Diagnostic Center License	Service Strate	gic	Sub
	License	Value		
Package	Investors & Private Medical Sector	Type of Servi	ice	Transactional
	Service D	escription		
	Issuing diagnos	tic center license		
Service Provision	Authority in the MOH	Service I	Provisi	on Channels
Regulation, Licens	ing & Advertising Dept.		Electro	onic
Average Servi	Average Service Processing Time		Category of Targeted Customers	
(7 / 0 / 0) Day / Hour / Min		Individuals (UAE nationals), Companies		onals), Companies
Service Fees Service Provisio		on Timings		
AI	ED 6100	Sun. to Thur. fro	from 07:30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedu	res	
Action / Procedure			R	Responsibility
1. Submitting Diagnostic Center License application, enclosing the required documents and paying the fees		* *		Customer
2. Studying the application and inspecting the location		e location Regulation, Licensing & Advertising Dept.		
3. Initial Approval			_	ation, Licensing & dvertising Dept.
4. Final Approval			_	ation, Licensing &

- A copy of the passport and Family book
- o A copy of the firm drawings
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Department
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- o A copy of the Municipality license
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes
- o A sample of the publications used in the firm

Terms & Conditions

The licensee should be a United Arab Emirates national

Name of Service	Diagnostic Center License Renewal	Service Stra Value	tegic	Supplementary
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional
	Service Description			
	Issuing diagnostic ce	enter license rene	wal	
Service Provision Authority in the MOH		Service Provision Channels		on Channels
Regulation, Licensing & Advertising Dept.		Electronic		onic
Average Servi	ce Processing Time			eted Customers
`	/ 0 / 0) Hour / Min	Individuals (UAE nationals), Companie		onals), Companies
Service Fees		Service Provision Timings		on Timings
AED 3100		Sun. to Thur. from 07:30 a.m. to 02:30 p.r		0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
Action / Procedure		F	Responsibility	
1. Filling out	the Diagnostic Center Li	cense Renewal		

Application, enclosing the required documents and	Customer
paying the fees	
Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.

Studying the application and conducting inspection
 Advertising Dept.
 Approval
 Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and Family book
- o A copy of the latest license of the firm
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- Services price list
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

Terms & Conditions

o The licensee shall be a United Arab Emirates national

Name of Service	Diagnostic Center Name Change	Service Strate Value	egic	Supplementary
Package	Investors & Private Medical Sector	Type of Serv	vice	Transactional
Service Description				
Issuing approval on diagnostic center name change				
Service Provision Authority in the MOH Service Provision Channel		on Channels		
Regulation, Licens	sing & Advertising Dept.	Electronic		onic
Average Servi	ce Processing Time	Category o	of Targe	eted Customers
(7 / 0 / 0) Day / Hour / Min		UAE nationals, companies		, companies
Ser	vice Fees	Service Provision Timings		on Timings
Al	ED 100	Sun. to Thur. fr	rom 07:3	0 a.m. to 02:30 p.m.
	Service Provision Actions & Procedures			
Action / Procedure		Responsibility		
Filling out the Diagnostic Center Name Change form, enclosing the documents and paying the fees		_		Customer
2. Studying the application and conducting inspection		inspection	_	ation, Licensing & dvertising Dept.
3. Approval			_	ation, Licensing & dvertising Dept.
Service Provision Requirements (Required Documents)				
 A copy of the professional license of the firm A copy of the latest license of the firm issued by the MOH A "To Whom It May Concern" letter from the firm owner 				
Terms & Conditions				
The licensee shall be a United Arab Emirates national				

Name of Service	Diagnostic Center Location Change	Service Strategic Value	Supplementary	
Package	Investors & Private Medical Sector	Type of Service	Transactional	
Service Description				
Issuing approval on diagnostic center location change				
Service Provision Authority in the MOH Service Provision Channels				
Regulation, Licensing & Advertising Dept.		Electr	Electronic	
Average Servi	ce Processing Time	Category of Targ	ategory of Targeted Customers	
,	/ 0 / 0) Hour / Min	Individuals (UAE nationals), Companies		
Ser	vice Fees	Service Provi	sion Timings	
Al	ED 100	Sun. to Thur. from 07:	30 a.m. to 02:30 p.m.	
	Service Provision Actions & Procedures			
Action / Procedure			Responsibility	
	Action / Flocedule		Responsibility	
	te Diagnostic Center Locati ing the required documents	on Change	Customer	
form, enclosing fees	ne Diagnostic Center Locati	on Change and paying the Reg	• •	
form, enclosing fees	ne Diagnostic Center Location ing the required documents	on Change and paying the Reg	Customer allation, Licensing &	
form, enclosing fees 2. Studying the 3. Approval	ne Diagnostic Center Location ing the required documents	on Change and paying the Reg	Customer Lalation, Licensing & Advertising Dept. Lalation, Licensing & Advertising Dept.	
form, enclosing fees 2. Studying the 3. Approval Serior Firm's new 1 A copy of the	rvice Provision Requirem ocation layout e firm's trade name from the octors and technicians to wo	on Change and paying the Reg Reg Required Docume Department of Econom	Customer Lalation, Licensing & Advertising Dept. Lalation, Licensing & Advertising Dept. Lalation, Licensing & Advertising Dept. Licensing Dept.	
form, enclosing fees 2. Studying the 3. Approval Serior A copy of the Licensing do	rvice Provision Requirem ocation layout e firm's trade name from the octors and technicians to wo se	on Change and paying the Reg Reg Required Docume Department of Econom	Customer Lalation, Licensing & Advertising Dept. Lalation, Licensing & Advertising Dept. Lalation, Licensing & Advertising Dept. Licensing Dept.	

N	ame of Service	Diagnostic Center License Ownership Transfer	Service Strategic Value	Supplementary	
	Package	Investors & medical private sector	Type of Service	Transactional	
		Service D	Description		
	Issui	ng approval on diagnostic o	center license ownership tr	ansfer	
	Service Provision	Authority in the MOH	Service Provisi	on Channels	
R	Regulation, Licens	ing & Advertising Dept.	Electro	onic	
	Average Servi	ce Processing Time	Category of Targeted Customers		
	`	/ 0 /0) Hour / Min.	Individuals (UAE Nationals), Companies		
	Serv	vice Fees	Service Provisi	on Timings	
0 0 0 0 0 0 0	specialization, m Less than 50 bed 51-100 bed hosp 100+ bed hospita	AED 5000) c (AED 6000) nic (AED 6000) for each naximum (AED 18000) l hospital (AED 15000) nital (AED 30000) al (AED 40000) er, for each specialization enter, for each	Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.	

Action / Procedure	Responsibility
Filling out the application form for Diagnostic Center license ownership transfer, enclosing the documents and paying the fees.	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o Signing a transfer letter between both parties
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

The licensee should be a UAE national

Name of Service	Diagnostic Center License Cancellation	Service Stra Value	tegic	Supplementary		
Package	Investors & Private Medical Sector	Type of Service Transactiona				
Service Description						
I	ssuing approval on diagnos	tic center license	cancellat	ion		
Service Provision	Authority in the MOH	Service	e Provisi	on Channels		
Regulation, Licens	sing & Advertising Dept.		Electro	onic		
Average Servi	ce Processing Time	Category	of Targe	eted Customers		
`	/ 0 / 0) Hour / Min	Companies, UAE nationals				
Ser	vice Fees	Service Provision Timings				
Al	ED 100	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.				
	Service Provision A	ctions & Proced	dures			
	Action / Procedure		I	Responsibility		
1. Filling out the form, enclosing fees	e Cancellation and paying the		Customer			
2. Studying the	application		_	lation, Licensing & dvertising Dept.		
3. Approval		Regu	lation, Licensing & dvertising Dept.			
Service Provision Requirements (Required Documents)						
 Diagnostic C 	Center license					
 Statement of Firm employees issued by Ministry of Labor 						
	Terms & (Conditions				
0						

Name of Service	Diagnostic Center License Re-issue	Service Strategic Va	Supplementary			
Package	Investors & medical private sector	Type of Service	Transactional			
	Service D	escription				
	Issuing approval on diagno	ostic center license re-	-issue			
Service Provision	Authority in the MOH	Service Pr	ovision Channels			
Regulation, Licens	ing & Advertising Dept.	Е	lectronic			
Average Servi	ce Processing Time	Category of T	Targeted Customers			
,) / 0 /0) Hour / Min.	Individuals (UAI	E Nationals), Companies			
Ser	vice Fees	Service Pr	ovision Timings			
 Medical polycleach specializa Less than 50 be 51-100 bed hose 100+ bed hose Diagnostic Cer 	(AED 5000) nic (AED 6000) inic, (AED 6000) for	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.				
	Service Provision A	ctions & Procedure	S			
	Action / Procedure		Responsibility			
_	e application form for Diague, enclosing the required des.		Customer			
2. Studying the	application		Regulation, Licensing & Advertising Dept.			
3. Approval			Regulation, Licensing & Advertising Dept.			
	Service Provision Requirements (Required Documents)					
0	0					
Terms & Conditions						
 Application fees in addition to re-issue fees. As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum. Value of penalties (if any) shall be added. The licensee should be a UAE national. 						

Name of Service	Diagnostic Center License Replacement	Service Strategi	c Value	Supplementary		
Package	Investors & medical private sector	Type of Ser	vice	Transactional		
	Service D	Description				
Is	suing approvals on diagnos	tic center license	replacem	ent		
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels		
Regulation, Licens	ing & Advertising Dept.	Т	raditiona	l offline		
Average Service	ce Processing Time	Category	of Targe	eted Customers		
`	/ 0 /0) Hour / Min	Individuals (UAE Nationals), Companies				
Ser	vice Fees	Service Provision Timings				
50% of t	he license fees	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.				
	Service Provision A	ctions & Proced	lures			
	Action / Procedure		I	Responsibility		
license replac	Filling out the application form for Diag license replacement, enclosed with the redocuments and paying the fees			Customer		
2. Studying the	application		_	lation, Licensing & dvertising Dept.		
3. The approval			_	lation, Licensing & dvertising Dept.		
Service Provision Requirements (Required Documents)						
0	0					
Terms & Conditions						
 50% of the license fees shall be charged for issuing a license replacement The licensee should be a UAE national. 						

Name of Service	Rehabilitation Center	Service Stra	tegic	Sub
	License	Value		
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional
	Service D	escription		
	Issuing rehabilita	tion center licens	e	
Service Provision	Authority in the MOH	Service	e Provisi	on Channels
Regulation, Licens	sing & Advertising Dept.	Electronic		
Average Servi	ce Processing Time	Category of Targeted Customers		
`	/ 0 / 0) Hour / Min	Individuals (UAE nationals), Companies		
Ser	vice Fees	Service Provision Timings		
Al	ED 5100	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures	
Action / Procedure			F	Responsibility
1. Submitting Rehabilitation Center License application enclosing the required documents and paying the fees				Customer
2. Studying the application			_	lation, Licensing & dvertising Dept.

- A copy of the passport and Family book
- o A copy of the firm drawings

3. Approval

- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- o Licensing technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- o A copy of the Municipality license
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical waste
- o A sample of the publications used in the firm

Terms & Conditions

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Regulation, Licensing &

Advertising Dept.

Name of Service	Rehabilitation Center License Renewal	Service Strategic Value Suppleme		Supplementary
Package	Investors & Private Medical Sector	Type of Serv	vice	Transactional
	Service D	escription		
	Issuing rehabilitation	center license rene	ewal	
Service Provision	Service Provision Channels			
Regulation, Licens	Electronic			
Average Service Processing Time		Category of Targeted Customers		
(7 Day /	Individuals (UAE nationals), Companies		onals), Companies	
Ser	vice Fees	Service Provision Timings		
AED 2600		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				
		F	Responsibility	

Action / Procedure	Responsibility
1. Filling out the Rehabilitation Center License Renewal Application, enclosing the required documents and paying the fees	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

- o A copy of the passport and Family book
- o A copy of the latest license of the firm
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date.
- o A copy of the advertising signboard sample
- Services price list
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

Terms & Conditions

o The licensee shall be a United Arab Emirates national

Name of Service	Rehabilitation Center Name Change	Service Strat	tegic	Supplementary			
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional			
	Service Description						
	Issuing approval on rehabi	litation center nar	ne chang	e			
Service Provision	Authority in the MOH	Service	Provisi	on Channels			
Regulation, Licens	sing & Advertising Dept.		Electro	onic			
Average Servi	ce Processing Time	Category	of Targe	eted Customers			
`	/ 0 / 0) Hour / Min	Individuals (UAE nationals), Companies					
Ser	vice Fees	Service Provision Timings					
Al	ED 100	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.					
	Service Provision A	ctions & Proced	lures				
	Action / Procedure		F	Responsibility			
_	e Rehabilitation Center Naing the documents and payi	_		Customer			
2. Studying the	application		_	lation, Licensing & dvertising Dept.			
3. Approval			_	lation, Licensing & dvertising Dept.			
Service Provision Requirements (Required Documents)							
 A copy of the professional license of the firm A copy of the latest license of the firm issued by the MOH A "To Whom It May Concern" letter from the firm owner Terms & Conditions							
The licensee should be a United Arab Emirates national							

Name of Service	Rehabilitation Center Location Change	Service Stra Value	tegic	Supplementary
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional
	Service D	escription		
I	ssuing approval on rehabili	tation center loca	tion chan	ge
Service Provision	Authority in the MOH	Service	e Provisi	on Channels
Regulation, Licens	sing & Advertising Dept.		Electro	onic
Average Servi	ce Processing Time	Category	of Targe	eted Customers
`	/ 0 / 0) Hour / Min	Individuals (UAE nationals), Companies		onals), Companies
Ser	vice Fees	Service Provision Timings		
Al	ED 100	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures	
Action / Procedure Responsibility				
_	e Rehabilitation Center Locing the required documents			Customer
2. Studying the	application			lation, Licensing & dvertising Dept.
3. Approval			_	lation, Licensing & dvertising Dept.
Service Provision Requirements (Required Documents)				
 Firm's new location layout. A copy of the firm's trade name from the Department of Economic Development Licensing doctors and technicians to work in the firm Firm's license Terms & Conditions				
 The licensee should be a United Arab Emirates national 				

Name of Service	Rehabilitation Center License Ownership Transfer	Service Strategic Value Supplementary			
Package	Investors & medical private sector	Type of Service Transactiona			
	Service D	Description			
Issuin	g approval on rehabilitation	center license ov	wnership	transfer	
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels	
Regulation, Licens	sing & Advertising Dept.		Electro	onic	
Average Servi	ce Processing Time	Category	of Targe	eted Customers	
,	/ 0 /0) Hour / Min.	Individuals (UAE Nat	ionals), Companies	
Ser	vice Fees	Servic	e Provisi	on Timings	
 Application Fee General Clinic (Specialized clinic Medical polyclin specialization, n Less than 50 bed 51-100 bed hosp 100+ bed hospit Diagnostic Cent (AED 6000) Rehabilitation Capecialization (ABD 6000) 	Sun. to Thur. f		0 a.m. to 02:30 p.m.		
	Action / Procedure		T.		
Center licens	1. Filling out the application form for Reha Center license ownership transfer, enclos required documents and paying the fees.			Customer	
2. Studying the	· · · · ·			lation, Licensing & dvertising Dept.	
3. Approval	Regulation, Licensing & Advertising Dept.				
Service Provision Requirements (Required Documents)					
0					
	Terms & Conditions				
The licensee should be a UAE national					

Name of Service	Rehabilitation Center License Cancellation	Service Strategic Value	Supplementary		
Package	Investors & Private Medical Sector	Type of Service	Transactional		
	Service D	escription			
Iss	uing approval on rehabilita	tion center license cand	cellation		
Service Provision	Authority in the MOH	Service Pro	vision Channels		
Regulation, Licens	ing & Advertising Dept.		ectronic ced offline		
Average Servi	ce Processing Time	Category of Ta	argeted Customers		
,	(0 / 0) Hour / Min	Individuals (UAE Nationals), Companies			
Ser	vice Fees	Service Provision Timings			
AI	ED 100	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.			
	Service Provision A	ctions & Procedures			
	Action / Procedure		Responsibility		
_	e Rehabilitation Center Lic form, enclosing the require ne fees		Customer		
2. Studying the	application	R	Regulation, Licensing & Advertising Dept.		
3. Approval		Regulation, Licensing & Advertising Dept.			
Service Provision Requirements (Required Documents)					
0					
Terms & Conditions					
0					

N	ame of Service	Rehabilitation Center License Re-issue	Service Strategic Value	Supplementary		
	Package	Investors & medical private sector	Type of Service	Transactional		
		Service D	escription			
]	ssuing approval on rehabili	tation center license re-issi	ue		
	Service Provision	Authority in the MOH	Service Provisi	on Channels		
F	Regulation, Licens	ing & Advertising Dept.	Electro Enhanced			
	Average Servi	ce Processing Time	Category of Targeted Customers			
	,	/ 0 /0) Hour / Min.	UAE Nationals			
	Ser	vice Fees	Service Provisi	on Timings		
0 0 0 0 0 0 0 0	specialization Less than 50 bed 51-100 bed hosp 100+ bed hospita Diagnostic Center	AED 5000) c (AED 6000) nic, (AED 6000) for each I hospital (AED 15000) nital (AED 30000). nal (AED 40000)	Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.		
	Service Provision Actions & Procedures					

Action / Procedure	Responsibility
1. Filling out the application form for Rehabilitation	
Center license re-issue, enclosing the required	Customer
documents and paying the fees.	
2 Studying the application	Regulation, Licensing &
2. Studying the application	Advertising Dept.
2 Ammortal	Regulation, Licensing &
3. Approval	Advertising Dept.

- A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

- Application fees in addition to re-issue fees.
- As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum.
- O Value of penalties (if any) shall be added.
- o The licensee should be a UAE national.

Name of Service	Rehabilitation Center License Replacement	Service Strategi	c Value	Supplementary
Package	Investors & medical private sector	Type of Ser	vice	Transactional
	Service D	Description		
Issi	ing approvals on rehabilita	ntion center licens	e replace	ment
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels
Regulation, Licens	ing & Advertising Dept.	T	raditional	offline
Average Servi	ce Processing Time	Category	of Targe	eted Customers
(5 Day /	Individuals (UAE Nationals), Companies			
Ser	Service Provision Timings			
50% of the license fees Sun. to Thur. from 07:30 a.m. to 02:30 p.			0 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Proced	lures	
	Action / Procedure		F	Responsibility
1. Filling out the application form for Rehabilitation Center license replacement, enclosed with the required documents and paying the fees Customer			Customer	
2. Studying the	application			lation, Licensing & dvertising Dept.
3. The approval			_	lation, Licensing & dvertising Dept.
Service Provision Requirements (Required Documents)				
A copy of the previous transaction				
Terms & Conditions				
 50% of the license fees shall be charged for issuing a license replacement The licensee should be a UAE national. 				

Name of Service	Less than 50 Bed Hospital License	Service Strategic Value		Sub
Package	Investors & Private Medical Sector	Type of Service		Transactional
Service Description				
Issuing approval on less than 50 bed hospital license				
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Electronic		
Average Servi	ce Processing Time	Category of Targeted Customers		
(7 / 0 / 0) Day / Hour / Min		Companies / Individuals (UAE Nationals)		ls (UAE Nationals)
Ser	vice Fees	Service	e Provisi	on Timings
AED 15100		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				
Action / Procedure			F	Responsibility
1. Filling out the Less than 50 Bed Hospital License form,				Customer

Advertising Dept. Service Provision Requirements (Required Documents)

- A copy of the passport and family book
- o A copy of the firm drawings

2. Studying the application

3. Approval

o A copy of the academic qualification of the firm owner

enclosing the required documents and paying the fees

- o A "To Whom It May Concern" letter from the employer of the firm owner
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- o A copy of the Municipality license
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes
- o A sample of the publications used in the firm

Terms & Conditions

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Regulation, Licensing &

Advertising Dept.

Regulation, Licensing &

Name of Service	Less than 50 Bed Hospital License Renewal	Service Strategic	Supplementary	
Package	Investors & Private Medical Sector	Type of Service	Transactional	
	Service D	escription		
	Issuing less than 50 bed	hospital license renev	wal	
Service Provision	Authority in the MOH	Service Pro	ovision Channels	
Regulation, Licens	sing & Advertising Dept.	E	lectronic	
Average Servi	ce Processing Time	Category of T	Category of Targeted Customers	
,	/ 0 / 0) Hour / Min	Companies, Individuals (UAE nationals)		
Ser	vice Fees	Service Pr	ovision Timings	
Al	ED 7600	Sun. to Thur. from	07:30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedure	s	
	Action / Procedure		Responsibility	
Filling out the Less than 50 Bed Hospital License Renewal form, enclosing the required documents and paying the fees			Customer	
2. Studying the application			Regulation, Licensing & Advertising Dept.	
3. Approval			Regulation, Licensing & Advertising Dept.	

- o A copy of the passport and Family book
- o A copy of the latest license of the firm
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- o Services price list.
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

Terms & Conditions

o The licensee should be a United Arab Emirates national

Advertising Dept.

Name of Service	Less than 50 Bed Hospital Name Change	Service Strat Value	tegic	Supplementary	
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional	
Service Description					
Is	suing approval on less than	50 bed hospital r	name cha	nge	
Service Provision	Authority in the MOH	Service	Provisi	on Channels	
Regulation, Licens	sing & Advertising Dept.		Electro	onic	
Average Servi	ce Processing Time	Category	of Targe	eted Customers	
,	(0 / 0) Hour / Min	Companies, Individuals (UAE nationals)			
Ser	vice Fees	Service Provision Timings			
AED 100 Sun. to Thur. from 07:30 a.m. to 02:30 p.m.					
	Service Provision A	ctions & Proced	lures		
	Action / Procedure		F	Responsibility	
 Filling out the Change form paying the features. 			Customer		
2. Studying the	application		-	lation, Licensing & dvertising Dept.	
3. Approval				lation, Licensing & dvertising Dept.	
Service Provision Requirements (Required Documents)					
1.0	e professional license of the				
 A copy of the latest license of the firm issued by the MOH 					
o A "To Whom It May Concern" letter from the firm owner					
Terms & Conditions					
 The licensee shall be a United Arab Emirates national 					

Name of Service Package	Less than 50 Bed Hospital Location Change Investors & Private Medical Sector	Service Strategic Value Type of Service		Supplementary Transactional
	Service D	escription		
Issuing approval on less than 50 bed hospital location change				
	Authority in the MOH	1		on Channels
Regulation, Licens	ing & Advertising Dept.		Electro	onic
Average Servi	ce Processing Time	Category	of Targe	eted Customers
,	/ 0 / 0) Hour / Min	Companies, Individuals (UAE nationals)		
Ser	Service Provision Timings			
AI	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.			
	Service Provision A	ctions & Proced	lures	
	Action / Procedure		F	Responsibility
Filling out the Less than 50 Bed Hospital Location Change form, enclosing the documents and paying the fees Customer				Customer
2. Studying the	application		_	lation, Licensing & dvertising Dept.
3. Approval			_	lation, Licensing & dvertising Dept.
Sei	rvice Provision Requiren	nents (Required	Docume	ents)
 Firm's new location layout A copy of the firm's trade name from the Department of Economic Department Licensing doctors and technicians to work in the firm Firm's license Terms & Conditions				
 The licensee 	should be a United Arab En			

Name of Service	Less than 50 Bed Hospital License Ownership Transfer	Service Strategi	c Value	Supplementary
Package	Investors & medical private sector	Type of Ser	vice	Transactional
	Service D	Description		
Issuing approval on less than 50 bed license ownership transfer				
	Authority in the MOH			on Channels
Regulation, Licens	ing & Advertising Dept.		Electro	onic
Average Servi	ce Processing Time	Category	of Targe	eted Customers
,) / 0 /0) Hour / Min.	Companies, I	ndividual	s (UAE Nationals)
Ser	vice Fees	Servic	e Provisi	on Timings
 Application Feet General Clinic (Specialized clinic Medical polyclin specialization, n Less than 50 bed 51-100 bed hosp 100+ bed hospit Diagnostic Center (AED 6000) Rehabilitation Caspecialization (A 	Sun. to Thur. f		30 a.m. to 02:30 p.m.	
	Action / Procedure		τ	
Hospital lices	e application form for Less nse ownership transfer, enc. nd paying the fees.		Г	Customer
2. Studying the	Regulation, Licensing & Advertising Dept.		dvertising Dept.	
3. Approval and	Regulation, Licensing & Advertising Dept.			
	Service Provision Requiren	nents (Required D	ocument	s)
0	0			
Terms & Conditions				
The licensee should be a UAE national.				

Name of Service Package	Less than 50 Bed Hospital License Cancellation Investors & Private Medical Sector	Service Strategic Value Type of Service		Supplementary Transactional		
	Service Description					
Issui	ng approval on less than 50		nse cance	ellation		
	Authority in the MOH			on Channels		
Regulation, Licens	ing & Advertising Dept.	F	Electro Enhanced			
Average Servi	ce Processing Time	Category	of Targe	eted Customers		
`	/ 0 / 0) Hour / Min	Companies, Individuals (UAE Nationals)				
Ser	vice Fees	Service Provision Timings				
Al	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.					
	Service Provision A	ctions & Proced	lures			
	Action / Procedure		I	Responsibility		
Cancellation	1. Filling out the Less than 50 Bed Hospital Cancellation form, enclosing the require and paying the fees			Customer		
2. Studying the	application		_	lation, Licensing & dvertising Dept.		
3. Approval			_	lation, Licensing & dvertising Dept.		
Service Provision Requirements (Required Documents)						
0						
Terms & Conditions						
0						

		Less than 50 Bed			
N	ame of Service	Hospital License Re-	Service Strategic Value	Supplementary	
		issue			
	Package	Investors & medical private sector	Type of Service	Transactional	
		Service D	escription		
	Iss	uing approval on less than 3	50 bed hospital license re-i	ssue	
	Service Provision	Authority in the MOH	Service Provisi	on Channels	
	1 4' T'	· 0 4 1 4 · · · · · · · · · · · · · · · · ·	Electro	onic	
K	Regulation, Licens	ing & Advertising Dept.	Enhanced offline		
	Average Servi	ce Processing Time	Category of Targeted Customers		
	(180	/ 0 /0)	UAE Nat	ionals	
	Day /	Hour / Min.	UALIVA	1011418	
	Serv	vice Fees	Service Provisi	on Timings	
0	Application Fees	*			
0	General Clinic (A				
0	Specialized clini	c (AED 6000)			
0	Medical polyclin	nic, (AED 6000) for each			
	specialization		Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.	
0	Less than 50 bed	l hospital (AED 15000)		r	
0		ital (AED 30000).			
0	100+ bed hospita				
0	Diagnostic Cente				
0	Rehabilitation C	enter (AED 5000)			
	C ' D '' A '' 9-D 1				

Action / Procedure	Responsibility
 Filling out the application form for Less than 50 Bed Hospital license re-issue, enclosing the required documents and paying the fees. 	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

- Application fees in addition to re-issue fees.
- o As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum.
- o Value of penalties (if any) shall be added.

The licensee should be a UAE national.

Name of Service	Less than 50 Bed Hospital License Replacement	Service Strategic Value		Supplementary		
Package	Investors & medical private sector	Type of Serv	vice	Transactional		
	Service Description					
Issuin	g approvals on Less than 50) bed hospital lice	nse repla	cement		
Service Provision	Authority in the MOH	Service	e Provisio	on Channels		
Regulation, Licens	sing & Advertising Dept.	Tr	aditional	offline		
Average Servi	ce Processing Time	Category	of Targe	ted Customers		
(5) Day /	Companies / Individuals (UAE Nationals)					
Ser	Service Fees			Service Provision Timings		
50% of t	he license fees	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.				
	Service Provision A	ctions & Proced	ures			
	Action / Procedure		R	esponsibility		
_	ne application form for Less ense replacement, enclosed numents			Customer		
2. Studying the	application			ation, Licensing & vertising Dept.		
3. Approval		_	ation, Licensing & vertising Dept.			
Service Provision Requirements (Required Documents)						
A copy of the previous transaction						
Terms & Conditions						
 50% of the license fees shall be charged for issuing a license replacement. The licensee should be a UAE national. 						

Name of Service	51-100 Bed Hospital	Service Strateg		
Name of Service	License	Value	Sub	
Package	Investors & Private Medical Sector	Type of Servic	e Transactional	
	Service D	escription		
	Issuing approval on 51-	100 bed hospital lice	nse	
Service Provision	Authority in the MOH	Service Pi	rovision Channels	
Regulation, Licens	sing & Advertising Dept.	E	Electronic	
Average Service Processing Time Category		Category of	of Targeted Customers	
(7 / 0 / 0) Day / Hour / Min		Companies, Individuals (UAE nationals)		
Ser	vice Fees	Service P	ce Provision Timings	
AE	D 30100	Sun. to Thur. fron	from 07:30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedure	es	
	Action / Procedure		Responsibility	
Filling out the 51-100 Bed Hospital License form, enclosing the required documents and paying the fees			Customer	
2. Studying the application			Regulation, Licensing & Advertising Dept.	
3. Approval			Regulation, Licensing & Advertising Dept.	

- o A copy of the passport and Family book
- o A copy of the firm drawings
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- o A copy of the Municipality license
- A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes
- o A sample of the publications used in the firm

Terms & Conditions

o The licensee should be a United Arab Emirates national

Name of Service	51-100 Bed Hospital	Service Strat	egic	Cook
realise of Service	License Renewal	Value		Sub
Package	Investors & Private Medical Sector	Type of Serv	vice	Transactional
	Service D	escription		
	Issuing 51-100 bed ho	ospital license rene	ewal	
Service Provision	Authority in the MOH	Service	Provisi	on Channels
Regulation, Licens	ing & Advertising Dept.		Electro	onic
Average Servi	ce Processing Time	Category	of Targe	eted Customers
(7 / 0 / 0) Day / Hour / Min		Companies, Individuals (UAE nationals)		
Service Fees		Service	Provisi	on Timings
AE	D 15100	Sun. to Thur. fi	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Proced	ures	
	Action / Procedure		F	Responsibility
 Filling out the 51-100 Bed Hospital License Renewal form, enclosing the required documents and paying the fees 			Customer	
2. Studying the application			-	lation, Licensing & dvertising Dept.
3. Approval		-	lation, Licensing & dvertising Dept.	

- o A copy of the passport and Family book
- o A copy of the latest license of the firm
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- Services price list
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

Terms & Conditions

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Name of Service	51-100 Bed Hospital Name Change	Service Strategic Value Supplem		Supplementary	
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional	
Service Description					
Issuing approval on 51-100 bed hospital name change					
Service Provision	Authority in the MOH	Service	Provisi	on Channels	
Regulation, Licens	sing & Advertising Dept.		Electro	onic	
Average Servi	ce Processing Time	Category	of Targe	eted Customers	
`	/ 0 / 0) Hour / Min	Companies, Individuals (UAE nationals)		lls (UAE nationals)	
Ser	vice Fees	Service Provision Timings			
AED 100 Sun. to Thur. from 07:30 a.m. to 02:30 p.			0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures		
	Action / Procedure		F	Responsibility	
Filling out the 51-100 Bed Hospital Name Change form, enclosing the required documents and paying the fees				Customer	
2. Studying the	application		_	lation, Licensing & dvertising Dept.	
3. Approval				lation, Licensing & dvertising Dept.	
Service Provision Requirements (Required Documents)					
1.5	e professional license of the				
 A copy of the latest license of the firm issued by the MOH 					
o A "To Whom It May Concern" letter from the firm owner					
	Terms & (Conditions			
 The licensee 	 The licensee shall be a United Arab Emirates national 				

Name of Service	51-100 Bed Hospital Location Change	Service Strategic Value Suppleme		Supplementary	
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional	
Service Description					
]	Issuing approval on 51-100	bed hospital locat	tion chan	ge	
Service Provision	Authority in the MOH	Service	Provisi	on Channels	
Regulation, Licens	sing & Advertising Dept.		Electro	onic	
Average Servi	ce Processing Time	Category	of Targe	eted Customers	
`	/ 0 / 0) Hour / Min	Companies,	Individua	lls (UAE nationals)	
Ser	Service Fees Service Provision Timings			on Timings	
AED 100 Sun. to Thur. from 07:30 a.m. to 02:30			0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures		
	Action / Procedure		F	Responsibility	
	ne 51-100 Bed Hospital Loc e documents and paying the			Customer	
2. Studying the	application and conducting	ginspection	_	lation, Licensing & dvertising Dept.	
3. Approval				lation, Licensing & dvertising Dept.	
Service Provision Requirements (Required Documents)					
o Firm's new 1	Firm's new location layout				
 A copy of the firm's trade name from the Department of Economic Development 					
 Licensing doctors and technicians to work in the firm 					
o Firm's license					
	Terms &	Conditions			
The licensee should be a United Arab Emirates national					

N	ame of Service	51-100 Bed Hospital License Ownership Transfer	Service Strategic Value	Supplementary	
	Package	Investors & medical private sector	Type of Service	Transactional	
		Service D	Description		
	Issuin	g approval on 51-100 bed h	ospital license ownership	transfer	
	Service Provision	Authority in the MOH	Service Provisi	on Channels	
R	Regulation, Licens	ing & Advertising Dept.	Electro	onic	
	Average Servi	ce Processing Time	Category of Targeted Customers		
	`	/ 0 /0) Hour / Min.	Companies, Individuals (UAE Nationals)		
	Ser	vice Fees	Service Provisi	ion Timings	
0 0 0 0 0 0	specialization, m Less than 50 bed 51-100 bed hosp 100+ bed hospita	AED 5000) c (AED 6000) nic, (AED 6000) for each naximum AED 18000 I hospital (AED 15000) nital (AED 30000) al (AED 40000) er, for each specialization enter, for each	Sun. to Thur. from 07:3	30 a.m. to 02:30 p.m.	

Action / Procedure	Responsibility
 Filling out the application form for 51-100 Bed Hospital License Ownership Transfer , enclosing the required documents and paying the fees. 	Customer
2. Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3. Approval and issuance of the notice	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o Signing a transfer letter between both parties
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development
- Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

o The licensee should be a UAE national.

Name of Service	51-100 Bed Hospital License Cancellation	Service Stra Value	tegic	Supplementary		
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional		
Service Description						
Iss	suing approval on 51-100 be	ed hospital license	e cancella	ntion		
Service Provision	Authority in the MOH	Service	e Provisi	on Channels		
Regulation, Licens	sing & Advertising Dept.	E	Electro Enhanced			
Average Servi	ce Processing Time	Category	of Targe	eted Customers		
*	(5 / 0 / 0) Day / Hour / Min Companies, Individ		Individuals (UAE Nationals)			
Service Fees Service Provi			e Provisi	vision Timings		
AED 100 Sun. to Thur.		Sun. to Thur. f	from 07:30 a.m. to 02:30 p.m.			
	Service Provision A	ctions & Proced	lures			
	Action / Procedure		F	Responsibility		
_	te 51-100 Bed Hospital Lice form, enclosing the docum			Customer		
2. Studying the	application and conducting	inspection	_	lation, Licensing & dvertising Dept.		
3. Approval			_	lation, Licensing & dvertising Dept.		
Service Provision Requirements (Required Documents)						
 Medical firm license Statement of Firm employees issued by Ministry of Labor 						
	Terms & (Conditions				
Nil						

N	Name of Service	51-100 Bed Hospital License Re-issue	Service Strategic Value	Supplementary	
	Package	Investors & medical private sector	Type of Service	Transactional	
		Service D	Description		
]	Issuing approval on 51-100	bed hospital license re-issi	ue	
	Service Provision	Authority in the MOH	Service Provisi	on Channels	
F	Regulation, Licens	ing & Advertising Dept.	Electro	onic	
	Average Servi	ce Processing Time	Category of Targe	eted Customers	
	•	/ 0 /0) Hour / Min.	Companies, Individuals (UAE Nationals)		
	Ser	vice Fees	Service Provisi	ion Timings	
0 0 0 0 0 0 0 0	specialization Less than 50 bed 51-100 bed hosp 100+ bed hospita Diagnostic Cente	AED 5000) c (AED 6000) nic, (AED 6000) for each l hospital (AED 15000) ital (AED 30000). al (AED 40000)	Sun. to Thur. from 07:3	30 a.m. to 02:30 p.m.	

Action / Procedure	Responsibility
 Filling out the application form for 51-100 Bed Hospital License Re-issue , enclosing the required documents and paying the fees. 	Customer
2. Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and Family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

- o Application fees in addition to re-issue fees.
- o As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum.
- o Value of penalties (if any) shall be added.
- o The licensee should be a UAE national.

Name of Service	51-100 Bed Hospital License Replacement	Service Strategic Value Suppleme		Supplementary	
Package	Investors & medical private sector	Type of Service Transa		Transactional	
	Service D	escription			
Issu	ing approvals on 51-100 be	ed hospital license	replacer	nent	
Service Provision	Authority in the MOH	Service	Provisio	on Channels	
Regulation, Licens	sing & Advertising Dept.	Tra	ditional	offline	
Average Servi	ce Processing Time	Category o	f Targe	ted Customers	
,	(5 / 0 / 0) Day / Hour / Min Companies / 1		Individuals (UAE Nationals)		
Ser	Service Fees Servic			e Provision Timings	
50% of t	the license fees	Sun. to Thur. fro	from 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedu	ıres		
	Action / Procedure		R	esponsibility	
Filling out the application form for 51-100 Bed Hospital License Replacement, enclosed with the required documents.				Customer	
2. The approval			_	ation, Licensing & vertising Dept.	
Service Provision Requirements (Required Documents)					
0					
Terms & Conditions					
 50% of the license fees shall be charged for issuing a license replacement. The licensee should be a UAE national. 					

Name of Service	100+ Bed Hospital	Service Stra	tegic	Sub
Trustic of Service	License	Value		Suo
Package	Investors & Private Medical Sector	Type of Ser	vice	Transactional
	Service D	escription		
	Issuing approval on 10	0+ bed hospital li	icense	
Service Provision	Authority in the MOH	Service	e Provisi	on Channels
Regulation, Licens	sing & Advertising Dept.		Electronic	
Average Service Processing Time Ca		Category	Category of Targeted Customers	
(7 / 0 / 0) Day / Hour / Min		Companies / Individuals (UAE Nationals)		
Ser	vice Fees	Service	e Provisi	on Timings
AE	D 40100	Sun. to Thur. f	from 07:3	0 a.m. to 02:30 p.m.
	Service Provision A	ctions & Proced	lures	
Action / Procedure		F	Responsibility	
1. Filling out the 100+ Bed Hospital License form, enclosing the required documents and paying the fees			Customer	
2. Studying the application		_	lation, Licensing & dvertising Dept.	

- A copy of the passport and family book
- o A copy of the firm drawings

3. Approval

- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date.
- o A copy of the advertising signboard sample
- o A copy of the Municipality license
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical waste
- o A sample of the publications in the firm

Terms & Conditions

o The licensee should be a United Arab Emirates national

Regulation, Licensing &

Advertising Dept.

Name of Service	100+ Bed Hospital License Renewal	Service Strategic Value Supplement		Supplementary
Package	Investors & Private Medical Sector	Type of Service		Transactional
Service Description				
	Issuing 100+ bed hos	spital license renev	wal	
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Electronic		onic
Average Service Processing Time		Category of Targeted Customers		eted Customers
(7 / 0 / 0) Day / Hour / Min		Companies, Individuals (UAE nationals)		als (UAE nationals)
Service Fees		Service Provision Timings		
AED 20100		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				
		F	Responsibility	

Action / Procedure	Responsibility
1. Filling out the 100+ Bed Hospital License Renewal form, enclosing the required documents and paying the fees	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

- o A copy of the passport and family book
- o A copy of the latest license of the firm
- o The firm owner's Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- Licensing doctors and technicians to work in the firm within 6 months from the opening date
- o A copy of the advertising signboard sample
- Services price list
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes

Terms & Conditions

o The licensee should be a United Arab Emirates national

Name of Service	100+ Bed Hospital Name Change	Service Strat Value	tegic	Supplementary
Package	Investors & Private Medical Sector	Type of Service Trans		Transactional
	Service D	escription		
	Issuing approval on 100+	bed hospital nam	e change	
Service Provision	Service Provision Authority in the MOH Service Provision Channels		on Channels	
Regulation, Licens	ing & Advertising Dept.	Electronic		onic
Average Servi	ce Processing Time	Category of Targeted Customers		eted Customers
`	/ 0 / 0) Hour / Min	Companies, Individuals (UAE nationals)		lls (UAE nationals)
Ser	vice Fees	Service Provision Timings		on Timings
Al	ED 100	Sun. to Thur. from 07:30 a.m. to 02:30 p.m		0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
Action / Procedure		Responsibility		
1. Filling out the 100+ bed hospital name change form, enclosing the required documents and paying the fees			Customer	
2. Studying the application and conducting inspection		_	lation, Licensing & dvertising Dept.	
3. Approval			lation, Licensing & dvertising Dept.	
Service Provision Requirements (Required Documents)				
 A copy of the professional license of the firm A copy of the latest license of the firm issued by the MOH A "To Whom It May Concern" letter from the firm owner 				
Terms & Conditions				
 The licensee should be a United Arab Emirates national 				

Name of Service	100+ Bed Hospital	Service Stra	tegic	Supplementary
	Location Change	Value		
Package	Investors & Private Medical Sector	Type of Ser	Transactional	
	Service D	escription		
	Issuing approval on 100+ b	ed hospital locati	ion chang	e
Service Provision	Service Provision Authority in the MOH Service Provision Channel		on Channels	
Regulation, Licens	ing & Advertising Dept.	Electronic		onic
Average Servi	ce Processing Time	Category of Targeted Customers		eted Customers
`	/ 0 / 0) Hour / Min	Companies, Individuals (UAE nationals)		ls (UAE nationals)
Ser	vice Fees	Service Provision Timings		on Timings
Al	ED 100	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
Action / Procedure		F	Responsibility	
Filling out the 100+ Bed Hospital Location Change form, enclosing the documents and paying the fees			Customer	
2. Studying the application and conducting inspection			lation, Licensing & dvertising Dept.	
3. Approval	Approval		U	lation, Licensing & dvertising Dept.
Service Provision Requirements (Required Documents)				
o Firm's new location layout				
 A copy of the firm's trade name from the Department of Economic Development. 				
 Licensing doctors and technicians to work in the firm Firm's license 				
Firm's license Terms & Conditions				
1 erms α Conditions				

o The licensee should be a United Arab Emirates national

N	ame of Service	100+ Bed Hospital License Ownership Transfer	Service Strategic Value	Supplementary
	Package	Investors & medical private sector	Type of Service	Transactional
	Service Description			
	I	ssuing approval on 100+ be	ed license ownership transf	er
	Service Provision	Authority in the MOH	Service Provision Channels	
R	Regulation, Licensing & Advertising Dept.		Electronic	
	Average Service Processing Time		Category of Targeted Customers	
	(5 / 0 /0) Day / Hour / Min.		Companies, Individuals (UAE Nationals)	
	Service Fees		Service Provision Timings	
0 0 0 0 0 0 0	 General Clinic (AED 5000) Specialized clinic (AED 6000) Medical polyclinic, (AED 6000) for each specialization, maximum AED 18000 Less than 50 bed hospital (AED 15000) 51-100 bed hospital (AED 30000) 100+ bed hospital (AED 40000) Diagnostic Center, for each specialization (AED 6000) 		Sun. to Thur. from 07:3	30 a.m. to 02:30 p.m.

Action / Procedure	Responsibility
1. Filling out the application form for 100+ Bed Hospital License Ownership Transfer, enclosing the documents and paying the fees.	Customer
2. Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3. Approval and issuance of the notice	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- o A copy of the passport and family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o Signing a transfer letter between both parties
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- o Licensing doctors and technicians to work in the firm
- o A copy of the advertising signboard sample
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

o The licensee should be a UAE national.

Name of Service	100+ Bed Hospital License Cancellation	Service Strate Value	egic	Supplementary
Package	Investors & Private Medical Sector	Type of Service Transaction		Transactional
Service Description				
Is	suing approval on 100+ bed	d hospital license o	cancellat	ion
Service Provision	Authority in the MOH	Service	Provisi	on Channels
Regulation, Licens	ing & Advertising Dept.	Eı	Electronhanced	
Average Servi	ce Processing Time	Category o	of Targe	eted Customers
`	/ 0 / 0) Hour / Min	Companies, Individuals (UAE National		s (UAE Nationals)
Ser	Service Fees Service Provision Timing		on Timings	
AED 100 Sun. to T		Sun. to Thur. fr	rom 07:3	0 a.m. to 02:30 p.m.
	Service Provision A	ctions & Procedi	ures	
	Action / Procedure		F	Responsibility
1. Filling out the 100+ bed hospital license form, enclosing the documents and payin				Customer
2. Studying the application and conducting inspec		inspection	_	lation, Licensing & dvertising Dept.
3. Approval			_	lation, Licensing & dvertising Dept.
Service Provision Requirements (Required Documents)				
 Medical firm license Statement of Firm employees issued by Ministry of Labor 				
	Terms & C	Conditions		
Nil				

Name of	Service	100+ Bed Hospital License Re-issue	Service Strategic Value	Supplementary
Packa	age	Investors & medical private sector	Type of Service	Transactional
		Service D	Description	
		Issuing approval on 100+ b	ped hospital license re-issu	e
Service	Provision	Authority in the MOH	Service Provisi	on Channels
Regulation	on, Licens	ing & Advertising Dept.	Electro	onic
Avera	Average Service Processing Time		Category of Targeted Customers	
(180 / 0 / 0) Day / Hour / Min.		Companies, Individuals (UAE Nationals)		
	Service Fees		Service Provision Timings	
 General Special Medical special Less th 51-100 100+ b Diagno 	al Clinic (lized clinical polyclin lization nan 50 bed bed hospit bed hospit ostic Cent	s (AED 100) AED 5000) c (AED 6000) nic, (AED 6000) for each I hospital (AED 15000) nital (AED 30000). nal (AED 40000) er (AED 6000) enter (AED 5000)	Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Filling out the application form for 100+ Bed Hospital License Re-issue, enclosing the documents and paying the fees.	Customer
2. Studying the application and conducting inspection	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- A copy of the passport and family book
- o A copy of the academic qualification of the firm owner
- o A "To Whom It May Concern" letter from the employer of the firm owner
- o A copy of the Identity Card
- o A copy of the firm's trade name from the Department of Economic Development.
- o Licensing doctors and technicians to work in the firm
- A copy of the advertising signboard sample
- o A copy of the agreement concluded with the Municipality or a company to dispose of the medical wastes.

- o Application fees in addition to re-issue fees.
- o As for the medical polyclinic, it starts from AED 12000 to AED 18000 in maximum.
- O Value of penalties (if any) shall be added.
- The licensee should be a UAE national.

Name of Service	100+ Bed Hospital License Replacement	Service Strategi	c Value	Supplementary	
Package	Investors & medical private sector	Type of Serv	vice	Transactional	
	Service D	Description			
Iss	suing approvals on 100+ be	d hospital license	replacen	nent	
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels	
Regulation, Licens	ing & Advertising Dept.	T	raditiona	l offline	
Average Servi	ce Processing Time	Category	of Targe	eted Customers	
,	/ 0 / 0) Hour / Min	Companies / Individuals (UAE National		ls (UAE Nationals)	
Ser	vice Fees	Service Provision Timings		ion Timings	
50% of t	50% of the license fees Sun. to Thur		from 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures		
	Action / Procedure		I	Responsibility	
Filling out the application form for 100+ Bed Ho License Replacement, enclosed with the required documents				Customer	
2. Approval	2. Approval			lation, Licensing & dvertising Dept.	
Service Provision Requirements (Required Documents)					
0	0				
Terms & Conditions					
 50% of the license fees shall be charged for issuing a license replacement. The licensee should be a UAE national. 					

Name of Service	Hospital Services Utilization Request	Service Strategic	Value	Sub
Package	Investors & medical private sector	Type of Servi	ice	Transactional
	Service D	escription		
Issuin	g approvals on the doctor's	utilization of the ho	ospital s	ervices
Service Provision	Authority in the MOH	Service I	Provisio	on Channels
Regulation, Licens	sing & Advertising Dept.	Trac	ditional	offline
Average Servi	ce Processing Time	Category of	f Targe	ted Customers
(5	/ 0 / 0)	Individuals: visit	tor, resid	lent (foreign expat),
Day /	Hour / Min	resident (Ara	ab expat), UAE national
Ser	vice Fees	Service I	Provisio	on Timings
AED 100 Sun. to Thur. from 07:30 a.m. to 02:			a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedu	ıres	
Action / Procedure Responsibility				
	Action / Procedure		R	esponsibility
	Action / Procedure ne Hospital Services Utiliza th the required documents a	4 '	R	esponsibility Customer
enclosed wit	ne Hospital Services Utiliza th the required documents a	4 '	Regula	<u> </u>
enclosed wit	ne Hospital Services Utiliza th the required documents a	4 '	Regula Ad Regula	Customer ation, Licensing &
enclosed with fees 2. Studying the 3. Approval	ne Hospital Services Utiliza th the required documents a	nd paying the	Regula Ad Regula Ad	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept.
enclosed with fees 2. Studying the 3. Approval	ne Hospital Services Utiliza th the required documents a e request	nd paying the	Regula Ad Regula Ad	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept.
enclosed with fees 2. Studying the second s	ne Hospital Services Utiliza th the required documents a e request Service Provision Requiren	nents (Required Doo	Regula Ad Regula Ad	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept.
enclosed with fees 2. Studying the 3. Approval O A copy of the A "No Obje O A copy of the A copy o	ne Hospital Services Utilizath the required documents at the required documents at the required documents at the required documents at the required experies and the requirement of the	nents (Required Documents)	Regula Ad Regula Ad ocuments	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept. s)
enclosed with fees 2. Studying the second s	ne Hospital Services Utilizath the required documents at the required documents at request Service Provision Requirement de doctor's valid license ction Certificate" from the de doctor's license tating the operations agreed	nents (Required Documents) employer upon between both	Regula Ad Regula Ad ocuments	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept. s)
enclosed with fees 2. Studying the second s	Service Provision Requirements and doctor's valid license ction Certificate" from the doctor's license tating the operations agreed the UAE national Identity Care	nents (Required Documents) employer upon between both	Regula Ad Regula Ad ocuments	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept. s)
enclosed with fees 2. Studying the second s	Service Provision Requirements and the doctor's valid license ction Certificate" from the doctor's license tating the operations agreed the UAE national Identity Car's insurance policy against	nents (Required Documents) employer upon between both	Regula Ad Regula Ad ocuments	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept. s)
enclosed with fees 2. Studying the second s	Service Provision Requirements and the doctor's valid license ction Certificate" from the doctor's license tating the operations agreed the UAE national Identity Cartifons	nents (Required Documents) employer upon between both	Regula Ad Regula Ad ocuments	Customer ation, Licensing & vertising Dept. ation, Licensing & vertising Dept. s)

A letter of undertaking provided by the hospital to assume the liability

	Dhormooy License			
Name of Service	Pharmacy License Replacement	Service Strategic Value Supplementa		Supplementary
Package	Pharmacies	Type of Serv	vice	Transactional
Service Description				
	Application for pharma	acy license replace	ement	
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels
Regulation, Licens	ing & Advertising Dept.	Tı	raditional	offline
Average Servi	ce Processing Time	Category	of Targe	eted Customers
(15 / 0 / 0	O) Day / Hour / Min	Indiv	iduals / (Companies
Ser	vice Fees	Service	e Provisi	on Timings
AED 3500 Sun. to Thur. from 07:30 a.m. t		0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	ures	
Action / Procedure Responsibility				Responsibility
Submitting the required documents and paying the fees. Customer			Customer	
2. Studying the documents ar	application and ensuing thate completed.	it the	_	lation, Licensing & dvertising Dept.
3. Approval			_	lation, Licensing & dvertising Dept.
	Service Provision Requiren	nents (Required D	ocument	s)
	er by the owner requesting	issuing license rep	olacemen	t
	e owner's valid passport			
o A copy of the owner's entry extract (Family book)				
A copy of the valid UAE identity card				
	o 2 recent colored personal photographs			
A copy of the lost or damaged licenseFees payment receipt				
 Fees paymen 		Conditions		
	1 erms &	Conditions		

Name of Service	Pharmacy License Re- issue	Service Strategi	c Value	Supplementary	
Package	Pharmacies	Type of Ser	vice	Transactional	
	Service D	escription			
	Application for phar	macy license re-i	ssue		
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels	
Regulation, Licens	Regulation, Licensing & Advertising Dept.		Traditional offline		
Average Service Processing Time Category o		of Targe	eted Customers		
(15 / 0 / 0)) Day / Hour / Min	Indi	viduals / (Companies	
Ser	vice Fees	Servic	e Provisi	on Timings	
AED 750	0 + 11250 + 10	Sun. to Thur. from 07:30 a.m. to 02:30 p.n		0 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures					
Action / Procedure		I	Responsibility		
1. Filling out the application form and paying the fees.			Customer		
2. Studying the application and ensuing that the		Regu	lation, Licensing &		

Service Provision Requirements (Required Documents)

- o A copy of the owner's valid passport
- o A copy of the owner's entry extract (Family Book)
- o A copy of the valid UAE identity card
- o 4 recent colored personal photographs
- o A copy of the tenancy contract

documents are completed

3. Approval

- o The original license of the pharmacy.
- o Fees payment receipt at the sum of AED 7500
- o A copy of the lost or damaged license
- o Payment receipt of penalties for 6 months at the monthly rate of 25% of the license fees from the renewal date against each month.

Terms & Conditions

O Activities may only be practiced after the re-licensing of the pharmacy by the Pharmacy Licensing Committee.

Advertising Dept.

Regulation, Licensing &

Advertising Dept.

Name of Service	Pharmacy Expansion Application	Service Strategic	Value	Supplementary	
Package	Pharmacies	Type of Servi	ice	Transactional	
	Service Description				
	Application for pharmacy space expansion				
Service Provision	Authority in the MOH	Service	Provisi	on Channels	
Regulation, Licens	sing & Advertising Dept.	Tra	ditional	offline	
Average Servi	ce Processing Time	Category o	f Targe	eted Customers	
(15 / 0 /	0) Day / Hour / Min	Indivi	duals / C	Companies	
	vice Fees			on Timings	
A	ED 110	Sun. to Thur. fro	om 07:3	0 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedu	ıres	-	
	Action / Procedure		Responsibility		
	 Submitting an application to add more spa- pharmacy with the required documents. 		Customer		
2. Studying the application				lation, Licensing & dvertising Dept.	
3. Conducting inspection				lation, Licensing & dvertising Dept.	
4. Approval		_	lation, Licensing & dvertising Dept.		
	Service Provision Requiren	nents (Required Do	cument	s)	
 Filling out th 	e initial inspection applicati	on for establishing	a pharr	nacy	
	the owner requesting adding		-	•	
	e owner's valid passport				
 A copy of the 	A C.1 2 ((F 11 D 1)				
 A copy of the valid UAE identity card 					
 4 recent colored personal photographs 					
	e tenancy contract				
	at receipt of the initial inspec				
				ig consultancy office	
	g map for the pharmacy loca	ation approved by the	he Mun	icipality	

All areas shall be subject to the technical conditions approved by the Ministry of Health

The pharmacy should not be linked with any other commercial activity

Name of Service	Medical Store License Replacement	Service Strategi	c Value	Supplementary
Package	Pharmacies	Type of Ser	vice	Transactional
	Service D	Description		
	Application for medical	store license repla	acement	
Service Provision	Authority in the MOH	Servic	e Provisi	on Channels
Regulation, Licens	ing & Advertising Dept.	Т	raditiona	l offline
Average Service	ce Processing Time	Category	of Targe	eted Customers
(15 / 0 / 0)) Day / Hour / Min	Indiv	viduals / (Companies
Ser	vice Fees	Servic	e Provisi	on Timings
AF	ED 3500	Sun. to Thur.	from 07:3	0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
Action / Procedure Responsibil			Responsibility	
1. Submitting the required documents and paying the		paying the fees	Customer	
Studying the application and ensuing tha documents are completed		at the	Regulation, Licensing & Advertising Dept.	
3. Approval			Regu	lation, Licensing & dvertising Dept.
,	Service Provision Requiren	nents (Required D	ocument	s)
	er by the owner requesting	issuing license re	placemen	t
	e owner's valid passport			
 A copy of the owner's entry extract (Family Book) 				
 A copy of the valid UAE identity card 				
 2 recent colored personal photographs 				
A copy of the lost or damaged license				
o Fees paymen				
	Terms &	Conditions		

Name of Service	Medical Store License Re-issue	Service Strategic Value	Supplementary	
Package	Investors & Private Medical Sector	Type of Service	Transactional	
Service Description				
Application for medical store license re-issue				
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Traditional offline		
Average Service Processing Time		Category of Targe	eted Customers	
(15 / 0 / 0)) Day / Hour / Min	Individuals / Companies		
Service Fees		Service Provision Timings		
AED 7500 + 11250 + 10 Sun. to Thur. from 07:30 a.m. to 02:30 p.r			30 a.m. to 02:30 p.m.	
	Service Provision Actions & Procedures			

Action / Procedure	Responsibility
1. Filling out the application form and paying the fees.	Customer
Studying the application and ensuing that the documents are completed.	Regulation, Licensing & Advertising Dept.
3. Approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- A copy of the owner's valid passport
- o A copy of the owner's entry extract (Family Book)
- o A copy of the valid UAE identity card
- o 4 recent colored personal photographs
- o A copy of the tenancy contract
- o The original license of the medical store
- o Fees payment receipt at the sum of AED 7500
- o Payment receipt of penalties for 6 months at the monthly rate of 25% of the license fees from the renewal date against each month

Terms & Conditions

 Activities may only be practiced after the re-licensing of the medical store by the Pharmaceutical Licensing Committee

Name of Service	Medical Store Expansion Application	Service Strategic Val	ue Supplementary		
Package	Pharmacies	Type of Service	Transactional		
	Service Description				
	Application for medica	al store space expansion	1		
Service Provision	Authority in the MOH	Service Pro	vision Channels		
Regulation, Licens	ing & Advertising Dept.	Traditi	onal offline		
Average Servi	ce Processing Time	Category of Ta	argeted Customers		
(15 / 0 / 0	0) Day / Hour / Min	Individual	s / Companies		
Ser	vice Fees	Service Pro	vision Timings		
A	ED 110	Sun. to Thur. from	07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedures	<u>.</u>		
Action / Procedure Responsib			Responsibility		
_	Submitting an application to add more space to the medical store with the required documents				
2. Studying the application		R	egulation, Licensing & Advertising Dept.		
3. Conducting inspection		R	egulation, Licensing & Advertising Dept.		
4. Approval		R	egulation, Licensing & Advertising Dept.		
	Service Provision Requiren	nents (Required Docum	ents)		
 Filling out the initial inspection application for establishing a pharmacy A letter from the owner requesting adding more space A copy of the owner's valid passport A copy of the owner's entry extract (Family Book) A copy of the valid UAE identity card 					
 4 recent colored personal photographs The engineering drawing of the location approved by an engineering consultancy office after adding the space. Plot planning map for the pharmacy location approved by the Municipality. 					
o 1 for plaining map for the pharmacy focation approved by the futility.					

All areas shall be subject to the technical conditions approved by the Ministry of Health

The added space should not be linked with any other commercial activity

Chapter Three

Medical Professions Evaluation & Licensing

Consultant Physician / Dentist (A) License	Clearance Certificate Request at the End of
for the Private Sector	Supervision Period
Physician License Renewal	Second Pharmacist License
Consultant Physician / Dentist (B) License	Second Pharmacist License Renewal
for the Private Sector	
Job Title Change of a Physician (Practitioner/	Second Pharmacist License Transfer
Specialist / Consultant) License	
Specialist Physician / Dentist (A) License for	Second Pharmacist Provisional License
the Private Sector	Transfer
Physician (Practitioner / Specialist /	Second Pharmacist License Re-Issue
Consultant) License Transfer	
Specialist Physician / Dentist (B) License for	Assistant Pharmacist License
the Private Sector	
Physician (Practitioner / Specialist /	Assistant Pharmacist License Renewal
Consultant) License Re-Issue	
Practitioner Physician / Dentist License – for	Assistant Pharmacist License Transfer
the Private Sector	
Physician (Practitioner / Specialist /	Assistant Pharmacist License Re-Issue
Consultant) License Cancellation	
Licensing a visitor physician from abroad	Government Employee Pharmacist License
Renewal the license of a visitor physician	Government Employee Assistant Pharmacist
who works abroad	License
Licensing a visitor physician who works in	Technician License
UAE	
Renewal the license of visitor physician who	Technician License Renewal
works in UAE	
In-Charge Pharmacist License	Technician License Transfer
In-Charge Pharmacist License Renewal	Technician License Re-Issue
In-Charge Pharmacist License Transfer	Technician Job Title Change
In-Charge Pharmacist License Re-Issue	Technician License Cancellation
In-Charge Pharmacist Leave Request and	
Appointing Alternative Pharmacy Supervisor	

Regulation, Licensing & Advertising Dept. Trad	ecrvice tical experients in the pri				
Service Description Verifying the scientific and academic certificates and the practice dentistry specializations in order to license a physician to we job title "Consultant A" Service Provision Authority in the MOH Regulation, Licensing & Advertising Dept. Trad	tical experi rk in the pri	ence for medicine and			
Verifying the scientific and academic certificates and the practice dentistry specializations in order to license a physician to we job title "Consultant A" Service Provision Authority in the MOH Regulation, Licensing & Advertising Dept. Trad	rk in the pri				
dentistry specializations in order to license a physician to wo job title "Consultant A" Service Provision Authority in the MOH Regulation, Licensing & Advertising Dept. Trad	rk in the pri				
Regulation, Licensing & Advertising Dept. Trad	vice Provisi				
	·				
Average Service Processing Time Category	itional (Nor	– Electronic)			
(7 / 0 / 0)Day / Hour / Min					
		ion Timings			
AED 2600 Sun. to Thu	r. from 07:3	30 a.m. to 02:30 p.m.			
Service Provision Actions & Procedures					
Action / Procedure		Responsibility			
1. Submitting the application	The fa	The facility employing the customer			
2. Studying the application and verifying the documents	_	Regulation, Licensing & Advertising Dept.			
3. Issuing the initial license notice	Regu	lation, Licensing & dvertising Dept.			
4. Issuing the license	Regu	lation, Licensing & dvertising Dept.			
Service Provision Requirements (Requir					
Required documents for issuing initial notice					
 MOH evaluation Approved medical facility drawings 	1	opy of customer's sport			
○ Valid facility license ○ A list of the facility staff		tomer's experience ificates			
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 	Rep prev	Medical Fitness ort" from the ventive medicine for yrs. Physicians			
Required documents for issuing the final license					
 A copy of U.A.E Identity Card					
o Medical prescription of the approved physician (with sign	atures and	stamps)			

Name of Service	Physician License Renewal	Service Strategic Value	Supplementary
Package	Physicians	Type of Service	Transactional

o The customer's service should not be interrupted for more than two years

Service Description					
Verifying the scientific and academic certificates and the practical experience for medicine and					
	ry specializations				
Service Provision Authority			e Provision Channels		
Regulation, Licensing & Ad			onal (Non – Electronic)		
Average Service Proces		Category	of Targeted Customers		
(7 / 0 / 0) Day / He	our / Min		Individuals		
Service Fees			ce Provision Timings		
AED 850			from 07:30 a.m. to 02:30 p.m.		
Serv	vice Provision A	ctions & Proced	lures		
Action / Procedure Responsibility					
1. Submitting the application			The facility employing the customer		
2. Studying the application and verifying the document			Regulation, Licensing & Advertising Dept.		
3. Issuing the license			Regulation, Licensing & Advertising Dept.		
Service Pro	vision Requiren	nents (Required	Documents)		
o Previous license	 Approved me drawings 	edical facility	 A copy of customer's passport 		
 Valid facility license 	o A list of the f	acility staff	 Physician's identification card 		
 A letter from the facility indicates the customer employment 	s the customer standing Certificate" for preventive medicine for				
o A copy of U.A.E Identity Card	o A copy of the	labor card	 Insurance against medical errors. 		
 Approved certificates for 30- hours continuous medical education Medical prescription of the approved physician (with signatures and stamps) 					
	Terms & 0	Conditions			
Penalties (if any) shall be added in case renewal exceeded expiry date					

Name of Service	Dentist	tant Physician / (B) License . to for the Private Sector	Service Stra Value	tegic	Supplementary
Package	P	hysicians	Type of Ser	vice	Transactional
		Service D	escription		
		rder to license a p			ence for medicine and vate sector under the
Service Provision	Authorit	y in the MOH	Servic	e Provisi	on Channels
Regulation, Licensing & Advertising Dept. Traditional (Non – Electronic)					
Average Service Processing Time Category of Targeted Customers					
(7 / 0 / 0)Day / Hour / Min Individuals					uals
Service Fees Serv			Servio	ce Provisi	ion Timings
AED 2600 Sun. to Thur.			Sun. to Thur.	from 07:3	00 a.m. to 02:30 p.m.
Service Provision Actions & Procedures					
Action / Procedure			Responsibility		
1. Submitting the application			The facility employing the customer		
2. Studying the	applicatio	on and verifying th	ne documents	Regulation, Licensing & Advertising Dept.	
3. Issuing the ir	nitial licen	se notice		Regulation, Licensing & Advertising Dept.	
4. Issuing the li	cense			Regu	lation, Licensing & dvertising Dept.
Se	rvice Pro	vision Requiren	nents (Required		
Required documents	for issuin	g initial notice			
o MOH evaluation		 Approved me drawings 	edical facility	o A co	opy of customer's port
 Valid facility lice 	ense	o A list of the f	acility staff		tomer's experience ficates
A letter from the indicates the cus employment		 A "Professional Good Standing Certificate" for employees in the UAE 		Repo prev	Medical Fitness ort" from the rentive medicine for yrs. Physicians
Required docume	ents for iss	uing final license			- ·
 A copy of U.A.E Identity Card 		o A copy of the	labor card	o Insu erro	rance against medical
 Medical prescri 	ption of th	ne approved physi	cian (with signati	ures and s	stamps)
		Terms &	Conditions		

 $\circ\;$ The customer's service should not be interrupted for more than two years

Name of Service	-	cian Job Title Change	Subblemenial		Supplementary
Package	P	hysicians	Type of Ser	vice	Transactional
		Service D	escription		
	Issuin	g approvals for pl	hysician job title	change	
Service Provision	Authority	y in the MOH	Servic	e Provisi	on Channels
Regulation, Licens	ing & Adv	vertising Dept.	Traditio	onal (Non	ı – Electronic)
Average Servi			Category		eted Customers
(7 / 0 / 0) Day / Ho	our / Min		Individ	luals
Service Fees			Servio	ce Provis	ion Timings
100			Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.
Service Provision Actions & Procedures					
Action / Procedure Responsibility				Responsibility	
1. Submitting the application			The facility employing the customer		
2. Studying the application and verifying the documents			ne documents		lation, Licensing & dvertising Dept.
3. Issuing the lie	cense with	the new job title	Regulation, Licensing & Advertising Dept.		
Sei	vice Pro	vision Requiren	nents (Required	Docum	ents)
 A copy of the pre evaluation certific 		o A copy of the new evaluation certificate			opy of the previous lical license
 Valid facility lice 	nse	o A list of the facility staff		o Physicard	sician's identification
	the facility requesting O A copy of the customer's LAE Identity Cord				
		Terms & 0	Conditions		

Name of Service	Dentist	list Physician / (A) License for rivate Sector	Service Stra Value	tegic	Sub
Package	P	hysicians	Type of Ser	vice	Transactional
		Service D	escription		
	Verifying the scientific and academic certificates and the practical experience for the human medicine and dentistry specializations in order to license a physician to work in the private sector under the job title "Consultant A"				
Service Provision Authority in the MOH Service Provision Channels					
	Regulation, Licensing & Advertising Dept. Traditional (Non – Electronic)				
Average Service Processing Time Category of Targeted Customers					
(7 / 0 / 0	· · · ·	our / Min		Individ	
	vice Fees				ion Timings
AF	AED 2600 Sun. to Thur.				30 a.m. to 02:30 p.m.
Service Provision Actions & Procedures					
Action / Procedure			Responsibility		
1. Submitting the application			The facility employing the customer		
2. Studying the	applicatio	on and verifying th	ne documents	Regulation, Licensing & Advertising Dept.	
3. Issuing the in	itial licen	se notice		Regulation, Licensing & Advertising Dept.	
4. Issuing the lie	cense			Regulation, Licensing & Advertising Dept.	
Service Provision Requirements (Required Documents)					
Required documents	for issuir	ng initial notice			
o MOH evaluation		Approved me drawings	edical facility	o A co	opy of customer's port
 Valid facility lice 	nse	o A list of the f	acility staff	certi	tomer's experience ficates
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 		Rep prev	Medical Fitness ort" from the rentive medicine for yrs. Physicians		
Required docume	Required documents for issuing final license				
 A copy of U.A.E Identity Card A copy of the labor card Insurance against medical errors 				•	
 Medical prescrip 	ption of th	ne approved physi	cian (with signatu	ures and s	stamps)
Terms & Conditions					

Name of Service	Physician License Transfer	Service Strategic Value	Supplementary
	Transici	v aluc	

o The customer's service should not be interrupted for more than two years

Package	P1	nysicians	Type of Ser	vice	Transactional
		•			
Submitting application to transfer physician's license from one facility to another					
					on Channels
Regulation, Licensi					– Electronic)
Average Service				· · · · · · · · · · · · · · · · · · ·	eted Customers
(7 / 0 / 0)				Individ	
Serv	vice Fees		Servio	ce Provisi	on Timings
Al	ED 100		Sun. to Thur.	from 07:3	0 a.m. to 02:30 p.m.
	Serv	rice Provision A	ctions & Proced	dures	
Action / Procedure Responsibility					Responsibility
1. Submitting the application				The fa	cility employing the customer
2. Studying the application and verifying the documents			A	lation, Licensing & dvertising Dept.	
3. Issuing the initial license notice			A	lation, Licensing & dvertising Dept.	
4. Issuing the license					lation, Licensing & dvertising Dept.
Ser	vice Prov	vision Requiren	nents (Required	Docume	ents)
Required documents	for issuin	g initial notice			
 A letter from the refacility 	new	 Approved me drawings (Ne 	•	o Cust	omer's latest medical ase
 Valid facility lices 	nse	o A list of the f	acility staff	certi	omer's experience ficates
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 			Repo prev	Medical Fitness ort" from the entive medicine for yrs. Physicians	
o "No Objection Ce			s facility	<u> </u>	•
Required documents for issuing final license					
 A copy of the valid UAE Identity Card A copy of the valid labor card Insurance against medical errors 					
o A copy of the pa	assport and	d residency visa			
		Terms & C	Conditions		
o License should no	t have be	en expired for mo	re than 6 months		

Name of Service	Dentist	list Physician / (B) License for Private Sector	Service Strategic Value		Sub
Package	P	hysicians	Type of Ser	vice	Transactional
		Service D	escription		
Verifying the scientific and academic certificates and the practical experience for the human medicine and dentistry specializations in order to license a physician to work in the private sector under the job title "Consultant B"					
Service Provision	Authorit	y in the MOH	Servic	e Provisi	on Channels
Regulation, Licens	ing & Ad	vertising Dept.			– Electronic)
Average Servi	ce Proces	ssing Time	Category		eted Customers
(7 / 0 / 0) Day / Hour / Min Individuals					
Ser	vice Fees		Servi	ce Provis	ion Timings
AI	ED 2600		Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.
Service Provision Actions & Procedures					
	Action /	Procedure]	Responsibility
1. Submitting the application				The facility employing the customer	
2. Studying the application and verifying the documents			ne documents	Regulation, Licensing & Advertising Dept.	
3. Issuing the in	nitial licen	se notice		Regulation, Licensing & Advertising Dept.	
4. Issuing the li	cense			Regu	lation, Licensing & dvertising Dept.
Sei	rvice Pro	vision Requiren	nents (Required	Docum	ents)
Required documents	for issuir	ng initial notice			
o MOH evaluation		Approved me drawings	edical facility	1	opy of customer's port
 Valid facility lice 	ense	o A list of the f	acility staff		tomer's experience ficates
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 			Rep prev	Medical Fitness ort" from the rentive medicine for yrs. Physicians	
Required documents for issuing final license					
 A copy of U.A.E Identity Card A copy of the labor card Insurance against medical errors 					
o Medical prescri	ption of th	ne approved physi	cian (with signat	ures and s	stamps)
		Terms & 0	Conditions		
o The customer's se	ervice sho	ould not be interru	pted for more tha	ın two yea	ars

Name of Service	(Practiti	uing Physician oner / Specialist ultant) License	Service Stra Value	tegic	Sub
Package		Physicians	Type of Ser	vice	Transactional
		Service D	escription		
Submitting an	application	on to re-issue a lic	ense for a physici	ian with c	ancelled license
Service Provision					on Channels
Regulation, Licens			Traditio	onal (Non	– Electronic)
Average Servi			Category		eted Customers
(7 / 0 / 0	· •			Individ	
	vice Fees				ion Timings
AI	ED 2600				0 a.m. to 02:30 p.m.
	Ser	vice Provision A	ctions & Proced	lures	
Action / Procedure				1	Responsibility
1. Submitting the application				The facility employing the customer	
2. Studying the application and verifying the documents			ne documents	Regulation, Licensing & Advertising Dept.	
3. Issuing the initial license notice				Regu	lation, Licensing & dvertising Dept.
4. Issuing the li	cense			_	lation, Licensing & dvertising Dept.
Sei	rvice Pro	vision Requirem	nents (Required		
Required documents	for issuir	ng initial notice			
o MOH evaluation		Approved me drawings	dical facility	o A co	ppy of customer's port
 Valid facility lice 	nse	o A list of the f	acility staff	1	tomer's experience ficates
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 			Rep prev	Medical Fitness ort" from the entive medicine for yrs. Physicians	
Physician's latest cancellation notice					
Required documents for issuing final license					
 A copy of U.A.E Identity Card A copy of the labor card Insurance against medical errors 					
 Medical prescri 	ption of tl	he approved physi	cian (with signatu	ares and s	stamps)
		Terms & C	Conditions		
o The customer's so (if any) shall be a		ould not be interru	pted for more tha	n two yea	ars, and the penalties

Name of Service	Practitioner Physician /	Service Strategic	Sub
Name of Service	Dentist License – for the	Value	Sub

	Priv	vate Sector			
Package Package	Pl	nysicians	Type of Ser	vice	Transactional
Service Description					
Verifying the scientific and academic certificates and the practical experience for the human medicine and dentistry specializations in order to license a physician to work in the private sector under the job title "General Practitioner"					
Service Provision	Authority	in the MOH	Servic	e Provisi	on Channels
Regulation, Licens	ing & Adv	ertising Dept.	Traditio	onal (Non	– Electronic)
Average Servi			Category		eted Customers
(7 / 0 / 0) Day / Ho	our / Min		Individ	uals
Ser	vice Fees		Servio	ce Provis	ion Timings
AI	ED 2600		Sun. to Thur.	from 07:3	0 a.m. to 02:30 p.m.
	Serv	rice Provision A	ctions & Proced	lures	
	Action /	Procedure]	Responsibility
1. Submitting the application			The fa	cility employing the customer	
2. Studying the application and verifying the documents			ne documents		lation, Licensing & dvertising Dept.
3. Issuing the initial license notice			A	lation, Licensing & dvertising Dept.	
4. Issuing the li	cense			_	lation, Licensing & dvertising Dept.
Sea	rvice Prov	vision Requirem	nents (Required	Docum	ents)
Required documents	for issuin	g initial notice			
o MOH evaluation		Approved me drawings	dical facility	pass	-
 Valid facility lice 	nse	o A list of the f	acility staff	certi	tomer's experience ficates
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 			Rep prev	Medical Fitness ort" from the entive medicine for yrs. Physicians	
Required documents for issuing final license					
○ A copy of U.A.E Identity Card ○ A copy of the labor card ○			o Insu	rance against medical rs	
 Medical prescription of the approved physician (with signatures and stamps) 					
Terms & Conditions					
The customer's service should not be interrupted for more than two years					

Name of Service Ph	nysician License Cancellation	Service Strategic Value	Sub
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Package	P	hysicians	Type of Ser	vice	Transactional
Service Description					
Submitting an appl	ication to	cancel the license	of a physician er	nployed	by a medical facility
Service Provision					on Channels
Regulation, Licens	sing & Ad	lvertising Dept.	Traditio	nal (Non	– Electronic)
Average Servi	ice Proce	ssing Time	Category	of Targe	ted Customers
(7 / 0 / 0)) Day / H	lour / Min		Individu	uals
Ser	vice Fees		Service	e Provisi	on Timings
A	ED 100		Sun. to Thur. fr	rom 07:30	0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures					
Action / Procedure Responsibility				Responsibility	
1. Submitting the application				The fac	cility employing the customer
2. Studying the application and verifying the documents			he documents	_	ation, Licensing & lvertising Dept.
3. Issuing the l	icense car	ncellation notice		_	ation, Licensing & lvertising Dept.
Se	ervice Pro	ovision Requirem	ents (Required l	Documer	nts)
 A license cancellation application from the facility A copy of the cancelled labor card 			tomer's latest lical license		
o A copy of the car	ncelled er	nployment visa			
Terms & Conditions					
o Penalties (if	o Penalties (if any) shall be added				

Name of Service		ing a visitor 1 from abroad	Service Stra Value	itegic	Sub	
Package	Ph	ysicians	Type of Ser	vice	Transactional	
Service Description						
Submitting an applic	Submitting an application to practice medicine career provisionally for a physician outside the UAE					
Service Provision	Authority	in the MOH	Servic	e Provisi	on Channels	
Regulation, Licensi	ng & Adve	ertising Dept.	Traditio	onal (Non	– Electronic)	
Average Service	ce Process	ing Time	Category		eted Customers	
(7 / 0 / 0)	Day / Hou	ur / Min		Individ	uals	
Serv	vice Fees		Servi	ce Provisi	ion Timings	
AE	D 2600		Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.	
	Servi	ce Provision A	ctions & Proced	dures		
Action / Procedure Responsibility				Responsibility		
1. Submitting the application			The fa	cility employing the customer		
2. Studying the application and verifying the documents			_	lation, Licensing & dvertising Dept.		
3. Issuing the lic	ense			_	lation, Licensing & dvertising Dept.	
Ser	vice Prov	ision Requiren	nents (Required	Docum	ents)	
 A copy of the eval certificate 	luation	o Curriculum V	⁷ itae	o Pers	onal photograph	
Insurance against medical errors		 Approved me drawings 	edical facility	o A co	opy of customer's port	
 Valid facility licer 	nse	A list of the facility staff			tomer's experience ficates	
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" 		phys the v	license of the sician following-up visiting physician's ditions			
Terms & Conditions						
 License is valid only for three months Penalties (if any) shall be added 						

	wal the license of a tor physician who works abroad	Service Strategic Value		Supplementary
Package	Physicians	Type of Ser	vice	Transactional
Service Description				
Verifying the scientific and academic certificates and the practical experience for the human medicine and dentistry specializations in order to renew license				
Service Provision Author	ority in the MOH	Servic	e Provisi	on Channels
Regulation, Licensing &			`	– Electronic)
Average Service Pro		Category		eted Customers
	/ Hour / Min	g •	Individ	
Service F				ion Timings
AED 85				30 a.m. to 02:30 p.m.
	Service Provision A	ctions & Proced	lures	
Action / Procedure			Responsibility	
1. Submitting the app		The fa	cility employing the customer	
2. Studying the applic	he documents	_	lation, Licensing & dvertising Dept.	
3. Issuing the license			_	lation, Licensing & dvertising Dept.
Service 1	Provision Requiren	nents (Required	Docum	ents)
o Previous license	 Approved me drawings 	edical facility		opy of customer's
Valid facility license	o A list of the f	facility staff	o Phys	sician's identification
 A letter from the facility indicates the customer employment 	Standing Ce	 A "Professional Good Standing Certificate" for employees in the UAE 		Medical Fitness ort" from the rentive medicine for yrs. Physicians
o A copy of U.A.E Ident Card	o A copy of the	o A copy of the labor card		rance against medical
 Approved certificates for 30-hours continuous medical education Medical prescription of the approved physician (with signatures and stamps) 				
	Terms &	Conditions		
Penalties (if any) shall be added in case renewal exceeded expiry date				

Name of Service		asing a visitor an who works in UAE	Service Stra Value	tegic	Sub
Package	P	hysicians	Type of Ser	vice	Transactional
		Service D	escription		
Submitting an appli	cation to 1		career provisiona JAE	ally for a	physician who works
Service Provision	Authorit	y in the MOH	Servic	e Provisi	on Channels
Regulation, Licens	ing & Ad	vertising Dept.	Traditio	onal (Non	– Electronic)
Average Servi			Category		eted Customers
		our / Min		Individ	uals
Ser	vice Fees				ion Timings
AE	ED 2600		Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.
	Serv	vice Provision A	ctions & Proced	lures	
	Action /	Procedure]	Responsibility
1. Submitting the application				The fa	cility employing the customer
2. Studying the application and verifying the documents			_	lation, Licensing & dvertising Dept.	
3. Issuing the lie	cense			_	lation, Licensing & dvertising Dept.
Ser	vice Pro	vision Requiren	nents (Required	Docum	ents)
 Physician's perma license from the N 		Approved me drawings	dical facility	o A co	opy of customer's port
 Valid facility lice 	nse	o A list of the f	acility staff	certi	tomer's experience ficates
 A letter from the indicates the cust employment 	-	 A " Professional Good Standing Certificate" for employees in the UAE 		Rep prev	Medical Fitness ort" from the rentive medicine for yrs. Physicians
 A copy of the validentity Card 	id UAE	 A copy of the valid labor card 			rance against medical
 Medical prescript the approved physic 	the approved physician (with signatures and on the approved physician issued by its employer as the approximation is the approximation in the approximation is the approximation is the approximation in the approximation in the approximation is the approximation in the approximation in the approximation is the approximation in the approximation in the approximation is the approximation in the approximation in the approximation is the approximation in the approximation in the approximation is the approximation in the approximation in the approximation is the approximation in the approximation in the approximation				
Terms & Conditions					
o Licenses as a visi	tor physic	cian should not be	given more than	twice	

Name of Service	visitor p	the license of ohysician who ks in UAE	Service Strategic Value		Supplementary
Package	Ph	ysicians	Type of Ser	vice	Transactional
Service Description					
Verifying the scientific and academic certificates and the practical experience for the human medicine and dentistry specializations in order to renew license					
Service Provision A			Service	e Provisi	on Channels
Regulation, Licensin				•	– Electronic)
Average Servic			Category		eted Customers
	Day / Ho	ur / Min		Individ	
	ice Fees				ion Timings
AE	ED 850				30 a.m. to 02:30 p.m.
	Serv	ice Provision A	ctions & Proced	lures	
Action / Procedure Responsibility			Responsibility		
1. Submitting the application				The fa	cility employing the customer
2. Studying the application and verifying the documents			_	lation, Licensing & dvertising Dept.	
3. Issuing the license				_	lation, Licensing & dvertising Dept.
Serv	vice Prov	rision Requirem	nents (Required	Docum	ents)
o Previous license		 Approved me drawings 	edical facility		opy of customer's
o Valid facility licen	ise	o A list of the f	acility staff	o Physicard	sician's identification
 A letter from the far indicates the custo employment 	-	 A "Professional Good Standing Certificate" for employees in the UAE 		Rep prev	Medical Fitness ort" from the rentive medicine for yrs. Physicians
 A copy of the valid Identity Card 	d UAE	A copy of the valid labor card			rance against medical
 Approved certificates for 30-hours continuous medical education Medical prescription of the approved physician (with signatures and stamps) 					
Terms & Conditions					
Penalties (if any) shall be added in case renewal exceeded expiry date					

Name of Service	In-Charge Pharmacist License	Service Strategic Value	Sub
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional
	Service D	escription	
Issuing new i	n-charge pharmacist license	e for practicing the profes	sion in the UAE
Service Provision	Authority in the MOH	Service Provis	ion Channels
Regulation, Licens	sing & Advertising Dept.	Traditional (Non – Electronic)	
Average Servi	ce Processing Time	Category of Targeted Customers	
	Nil	Individuals	
Ser	vice Fees	Service Provision Timings	
Al	ED 310	Sun. to Thur. from 07:	30 a.m. to 02:30 p.m.
	Service Provision A	ctions & Procedures	
Action / Procedure			Responsibility
1. Submitting the application			Customer
2. Verifying the documents			ulation, Licensing & Advertising Dept.
3. Issuing the license			lation, Licensing &

Service Provision Requirements (Required Documents)

- A copy of the Graduation Certificate (Bachelor of Pharmacy) attested by the embassy
 of the issuing country or its consulate in the UAE, with the stamp of the UAE Ministry
 of Foreign Affairs
- A copy of minimum two-year experience certificate after the graduation date attested by the embassy of the issuing country or its consulate in the UAE, with the stamp of the UAE Ministry of Foreign Affairs.
- o A copy of the transcript of academic degrees obtained during the study years.
- A certificate stating that the pharmacist has passed the examinations done by the MOH
 for the (scientific, legal and Arabic language for non-Arabs) licensing, or passing the
 technical interview done by the MOH (for pharmaceutical factories and scientific
 offices).
- Two copies of the valid passport with the valid residency visa issued by the pharmaceutical facility to be licensed for.
- (Original) Good Standing Certificate issued by the Intelligence & Criminal Research
 Department for residents in the UAE for more than 6 months. Residents in the UAE for
 less than 6 months shall submit a Good Standing Certificate attested by the consulate or
 embassy of their home country.
- A copy of the employment contract at the facility with the job title "pharmacist" duly attested by the Ministry of Labor (unattested employment contract may be submitted under the condition of filling out a form undertaking submitting the employment contract from Registration & Medical Control Department signed by the pharmacist and the pharmacy owner and stamped by the pharmaceutical facility, along with attaching a copy of the employment contract unattested by the Ministry of Labor and a copy of the payment receipt issued by the Ministry of Labor).
- o A copy of the valid trade license of the pharmaceutical facility
- A copy of the MOH license

Advertising Dept.

- Payment receipt of the license fees + payment receipt of the license application fees
- o 6 recent colored personal photographs.
- o Filling out the Data Form " (Introductory Statement)" (the pharmacist shall appear in person to the Regulation, Licensing & Advertising Department or the Medical Zone to fill out the form).
- A copy of the appointment letter signed by the employer with the facility stamp, including the appointment date, the job title "in-charge pharmacist" on the facility's letterhead
- A copy of the list of facility staff including pharmacist and assistants showing their designations and nationalities, signed by the employer with the facility stamp, including the name of the new pharmacist to whom the license is to be issued
- o Two copies of the valid UAE Identity Card
- A list of the controlled medicines handed over by the previous pharmacist (in case the pharmacy was existing before his joining signed by the pharmacist and the previous pharmacist).

- The applicant shall be holder of bachelor degree in pharmacy specialization from a recognized university (with minimum 4-year study period)
- He shall have practiced the profession under the job title "pharmacist" after the graduation date.
- He shall pass the examinations prescribed by the MOH (scientific, legal and Arabic language for non-Arabs)
- He shall be nominated for the pharmacist job by a facility licensed by the MOH (i.e. having an employment contract with the pharmaceutical facility attested by the Ministry of Labor)
- o He shall be sponsored by the pharmaceutical facility he is going to work with
- He shall obtain the approval of the security authorities

Name of Service	In-Charge Pharmacist	Service Strategic	Supplementary		
	License Renewal	Value	Supplementary		
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional		
Service Description					
	Issuing in-charge phar	macist license renewa	.1		
Service Provision	Authority in the MOH	Service Pro	ovision Channels		
Regulation, Licens	sing & Advertising Dept.	Traditional (Non – Electronic)		
Average Servi	ce Processing Time	Category of T	argeted Customers		
(7 / 0 / 0)) Day / Hour / Min	Inc	lividuals		
Ser	vice Fees	Service Pro	ovision Timings		
A	ED 200	Sun. to Thur. from	07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedures			
Action / Procedure			Responsibility		
1. Submitting the application			Customer		
2. Verifying the documents			Regulation, Licensing & Advertising Dept.		
3. Issuing the li	icense	R	Regulation, Licensing & Advertising Dept.		
Se	rvice Provision Requirem	nents (Required Doc	uments)		
	wal form of the pharmacist	signed by the pharma	cy owner with the		
	cal facility stamp				
o A copy of th					
 Two copies of the valid passport 					
 1 recent colored personal photograph 					
	ter by the owner approving		41		
o 20 credited h	nours of continuous medical	<u> </u>	tne renewal year		
		Conditions			
 The in-charge pharmacist shall practice the profession in the pharmaceutical facility he is licensed for 					

Name of Service	In-Charge Pharmacist License Transfer	Service Strategic Value	Supplementary
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional

Service Description

Submitting an application to transfer the in-charge pharmacist's license from one facility to another

Service Provision Authority in the MOH	Service Provision Channels
Regulation, Licensing & Advertising Dept.	Traditional (Non – Electronic)
Average Service Processing Time	Category of Targeted Customers
Nil	Individuals
Service Fees	Service Provision Timings
Payment of non-renewal penalties in case renewal exceeded expiry date	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Submitting the application	Customer
2. Verifying the documents	Regulation, Licensing & Advertising Dept.
3. Issuing the license	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- A copy of the appointment letter (signed by the employer with the facility stamp, including the appointment date, the job title "in-charge pharmacist" or "second pharmacist" on the facility's letterhead)
- The pharmacy profession practicing certificate of the transfer applicant issued by the MOH (the original certificate and a copy thereof)
- Clearance certificate from the last employer (a formal letter from the pharmaceutical facility he was working with, stating the date of clearance and including the signature of the owner and the stamp of the facility, attached with a custody handing over minutes of the controlled drugs (CDA) and semi-controlled drugs (CDB). In case the pharmacy does not keep the controlled drugs (CDA) and semi-controlled drugs (CDB), the clearance certificate shall state on the same)
- o Original Good Standing Certificate issued by the Intelligence & Criminal Research Department and a copy thereof
- A copy of the employment contract at the facility with the job title "pharmacist" duly attested by the Ministry of Labor (unattested employment contract may be submitted under the condition of filling out a form undertaking submitting the employment contract from Registration Medical Control Department signed by the pharmacist and the pharmacy owner and stamped by the pharmaceutical facility, along with attaching a copy of the employment contract unattested by the Ministry of Labor and a copy of the payment receipt issued by the Ministry of Labor)
- Two copies of the valid passport with the valid residency visa issued by the new pharmaceutical facility
- o Two copies of the valid UAE Identity Card
- o 6 recent colored personal photographs

- o A copy of the valid trade license of the pharmaceutical facility
- o A copy of the facility license
- A copy of the list of facility staff (including his name) with the names of all pharmacist
 and assistants with their designations and nationalities. The list shall be written on the
 facility's letterhead dated and signed by the pharmaceutical facility owner with the
 facility stamp)
- A copy of the list of facility staff including pharmacist and assistants showing their designation and nationality, signed by the employer with the facility stamp, including the name of the new pharmacist to whom the license is to be issued
- o Filling out the Data Form " (Introductory Statement)" (the pharmacist shall appear in person to the Regulation, Licensing & Advertising Department or the Medical Zone to fill out the form)
- Payment receipt of the latest license renewal

- The applicant shall be holder of the pharmacy profession practicing certificate issued by the MOH
- o His license shall be valid
- He shall submit an attested clearance certificate and resignation issued by the last pharmaceutical facility he was employed by. He shall attest the same from the Medical Zone wherein the facility he was licensed for is located (as per the MOH conditions stated in the Manual)
- He shall be nominated for a job by a pharmaceutical facility licensed by the MOH (i.e. having an employment contract with the pharmaceutical facility he intends to transfer his license to)
- He shall be sponsored by the pharmaceutical facility he is going to work with (transactions of the female pharmacist under the sponsorship of their fathers or husbands is accepted)
- Security forms shall be typed (by the competent employee) after receiving the entire transaction satisfying the requirements
- The applicant is required to deliver the transaction to the central administration and receive a "transaction delivery voucher"
- The license applicant is only permitted to work in the pharmaceutical facility upon approving his license by the pharmaceutical licensing committee; not upon delivering the transaction and receiving the "transaction delivery voucher"
- No fees are charged for pharmacist license transfer. However, the pharmacy profession
 practicing certificate shall be valid at the time of transfer, and a copy of the latest
 renewal receipt. If the license is not renewed, the applicant shall renew the same at the
 time of renewal

Name of Service	In-Charge Pharmacist License Re-Issue	Service Strategic Value	Supplementary
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional

Service Description

Submitting an application to re-issue the in-charge pharmacist's license in case renewal expired for more than 6 months

Service Provision Authority in the MOH	Service Provision Channels	
Regulation, Licensing & Advertising Dept.	Traditional (Non – Electronic)	
Average Service Processing Time	Category of Targeted Customers	
Nil	Individuals	
Service Fees	Service Provision Timings	
AED 300 + AED 10 (form price) + payment of penalties for 6 months at the monthly rate of 25% of the license fees amounting to AED 450	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Submitting the application	Customer
2. Verifying the documents	Regulation, Licensing & Advertising Dept.
3. Issuing the approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- License form (It must be typed)
- o A copy of the valid passport
- o A copy of the valid residency visa
- o A copy of the valid UAE Identity Card
- o 4 recent colored personal photographs
- o The original license.
- A formal letter from the pharmaceutical facility employing the pharmacist approving reissue of the license.

Terms & Conditions

 Payment of new license form in addition to the delay penalty for a maximum of 6 months

Name of Service	In-Charge Pharmacist Leave Request and Appointing Alternative Pharmacy Supervisor	Service Strategic Value	Sub
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional
Service Description			

Submitting an in-charge pharmacist leave request and appointing alternative pharmacy supervisor for the pharmacy until the in-charge pharmacist comes back

Service Provision Authority in the MOH	Service Provision Channels	
Regulation, Licensing & Advertising Dept.	Traditional (Non – Electronic)	
Average Service Processing Time	Category of Targeted Customers	
Nil	Facilities	
Service Fees	Service Provision Timings	
Nil	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Submitting the application	Customer
2. Verifying the documents	Regulation, Licensing & Advertising Dept.
3. Issuing the approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

 Filling out the form of "Annual Leave and Supervision Undertaking" signed by the incharge pharmacist requesting leave and the supervisor pharmacist, stamped by their pharmaceutical facility

- Leaves of Pharmacists working in private pharmacies shall only be accepted if an assistant pharmacist licensed at the pharmacy is available and upon the availability of a supervisor pharmacist
- o No supervision upon the facility should be accepted if the in-charge pharmacist resigned
- When the in-charge pharmacist resumes work after leave and the supervision period expires, a form of coming back from leave should be filled out
- An inventory of the controlled and semi-controlled drugs shall be performed and they shall be handed over to the in-charge pharmacist under a statement signed by both parties
- o Leave period should not exceed 60 days per year

Name of Service	Second Pharmacist License	Service Strategic Value	Sub	
	License	v alue		
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional	
Service Description				
Issuing new	Issuing new second pharmacist license for practicing the profession in the UAE			
Service Provision Authority in the MOH		Service Provision Channels		
Regulation, Licensing & Advertising Dept.		Traditional (Non – Electronic)		
Average Service Processing Time		Category of Targeted Customers		
Nil		Individuals		
Service Fees		Service Provision Timings		
AED 310		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				
Action / Procedure			Responsibility	
1. Submitting the application			Customer	
2. Studying the application and verifying the documents		ne documents	gulation, Licensing & Advertising Dept.	
3. Issuing the license		,	gulation, Licensing &	

Service Provision Requirements (Required Documents)

- A copy of the Graduation Certificate (Bachelor of Pharmacy) attested by the embassy
 of the issuing country or its consulate in the UAE, with the stamp of the UAE Ministry
 of Foreign Affairs.
- A copy of minimum two-year experience certificate later to the graduation date attested by the embassy of the issuing country or its consulate in the UAE, with the stamp of the UAE Ministry of Foreign Affairs.
- o A copy of the transcript of the academic degrees obtained during the study years.
- A certificate stating that the pharmacist has passed the examinations Doneby the MOH
 for the (scientific, legal and Arabic language for non-Arabs) licensing, or passing the
 technical interview Done by the MOH (for pharmaceutical factories and scientific
 offices).
- Two copies of the valid passport with the valid residency visa issued by the pharmaceutical facility to be licensed for.
- (Original) Good Standing Certificate issued by the Intelligence & Criminal Research
 Department for residents in the UAE for more than 6 months. Residents in the UAE for
 less than 6 months shall submit a Good Standing Certificate attested by the consulate or
 embassy of their home country
- A copy of the employment contract at the facility with the job title "pharmacist" duly attested by the Ministry of Labor (unattested employment contract may be submitted under the condition of filling out a form undertaking submitting the employment contract from Registration Medical Control Department signed by the pharmacist and the pharmacy owner and stamped by the pharmaceutical facility, along with attaching a copy of the employment contract unattested by the Ministry of Labor and a copy of the payment receipt issued by the Ministry of Labor)
- o A copy of the valid trade license of the pharmaceutical facility
- A copy of the MOH license

Advertising Dept.

- Payment receipt of the license fees + payment receipt of the license application fees (the payable fees for issuing pharmacist license are AED 300 + AED 10 form price)
- o 6 recent colored personal photographs
- o Filling out the Data Form "(Introductory Statement)" (the pharmacist shall appear in person to the Regulation, Licensing & Advertising Department or the Medical Zone to fill out the form).
- A copy of the appointment letter signed by the employer with the facility stamp, including the appointment date, the job title "second pharmacist" on the facility's letterhead
- A copy of the list of facility staff including pharmacist and assistants showing their designations and nationalities, signed by the employer with the facility stamp, including the name of the new pharmacist to whom the license is to be issued.
- o Two copies of the valid UAE Identity Card.

- The applicant shall be holder of bachelor degree in pharmacy specialization from a recognized university (with minimum 4-year study period)
- He shall have practiced the profession under the job title "pharmacist" after the graduation date
- He shall pass the examinations prescribed by the MOH (scientific, legal and Arabic language for non-Arabs)
- He shall be nominated for the pharmacist job by a facility licensed by the MOH (i.e. having an employment contract with the pharmaceutical facility attested by the Ministry of Labor)
- o He shall be sponsored by the pharmaceutical facility he is going to work with
- o He shall obtain the approval of the security authorities

Name of Service	Second Pharmacist	Service Strategic	Supplementary	
Name of Service	License Renewal	Value		
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional	
	Service Description			
	Issuing second pharm	nacist license renewal		
Service Provision Authority in the MOH Service Provision Channels				
Regulation, Licens	ing & Advertising Dept.	Traditional (Non – Electronic)		
Average Servi	ce Processing Time	Category of Targeted Customers		
,	/ 0 / 0) Hour / Min	Individuals		
Service Fees		Service Provision Timings		
AED 200		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				
Action / Procedure Responsibility			Responsibility	
1. Submitting the application			Customer	
2. Studying the application			llation, Licensing & .dvertising Dept.	
3. Issuing the license		Regi	lation, Licensing & .dvertising Dept.	
Sei	Service Provision Requirements (Required Documents)			
License renewal form of the pharmacist signed by the pharmacy owner ,with the				
pharmaceutical facility stamp				
 A copy of the license 				
 Two copies of the valid passport 				
 1 recent colored personal photograph 				
 A formal letter by the owner approving renewal 				
o 20 credited hours of continuous medical education (CME) for the renewal year Terms & Conditions				
O 20 credited in			Telle war year	

The pharmacist shall practice the profession in the pharmaceutical facility he is licensed

for

Name of Service	Second Pharmacist License Transfer	Service Strategic Value	Supplementary
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional

Submitting an application to transfer the second pharmacist's license from one facility to another

1122 1222			
Service Provision Authority in the MOH	Service Provision Channels		
Regulation, Licensing & Advertising Dept.	Traditional (Non – Electronic)		
Average Service Processing Time	Category of Targeted Customers		
Nil	Individuals		
Service Fees	Service Provision Timings		
Payment of non-renewal penalties in case renewal exceeded expiry date	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Submitting the application	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Issuing the license	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- The pharmacy profession practicing certificate of the transfer applicant issued by the MOH (the original certificate and a copy of it)
- Clearance certificate from the last employer (a formal letter from the pharmaceutical facility he was working with, stating the date of clearance and including the signature of the owner and the stamp of the facility).
- Original Good Standing Certificate issued by the Intelligence & Criminal Research Department
- A copy of the valid passport with the valid residency visa issued by the new pharmaceutical facility under the job title "Pharmacist"
- o Payment receipt of the latest license renewal
- o Filling out the Data Form " (Introductory Statement)" (the pharmacist shall appear in person to the Regulation, Licensing & Advertising Department or the Medical Zone to fill out the form).
- o A copy of the facility license
- o Two copies of the valid UAE Identity Card
- o 6 recent colored personal photographs
- o A copy of the valid trade license of the pharmaceutical facility
- A copy of the appointment letter (signed by the employer with the facility stamp, including the appointment date, the job title "second pharmacist" on the facility's letterhead)
- A copy of the employment contract at the facility with the job title "pharmacist" duly attested by the Ministry of Labor (unattested employment contract may be submitted under the condition of filling out a form undertaking submitting the employment contract from Regulation, Licensing & Advertising Department signed by the assistant

- pharmacist and the pharmacy owner and stamped by the pharmaceutical facility, along with attaching a copy of the employment contract unattested by the Ministry of Labor and a copy of the payment receipt issued by the Ministry of Labor)
- O A copy of the statement of facility staff (including his name) with the names of all pharmacists and assistants with their designations and nationalities. The statement shall be written on the facility's letterhead dated and signed by the pharmaceutical facility owner with the facility stamp)

- The applicant shall be holder of the profession practice certificate issued by the MOH
- o His license shall be valid
- He shall submit an attested clearance certificate and resignation issued by the last pharmaceutical facility he was employed by. He shall attest the same from the Medical Zone wherein the facility he was licensed for is located (as per the MOH conditions stated in the Manual)
- He shall be nominated for a job by a pharmaceutical facility licensed by the MOH (i.e. having an employment contract with the pharmaceutical facility he intends to transfer his license to).
- He shall be sponsored by the pharmaceutical facility he is going to work with (transactions of the female pharmacist under the sponsorship of their fathers or husbands is accepted)

Name of Service	Second Pharmacist Provisional License Transfer	Service Strategic Value	Supplementary
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional

Submitting an application to transfer the second pharmacist's license to another facility with the same owner

Service Provision Authority in the MOH	Service Provision Channels	
Regulation, Licensing & Advertising Dept.	Traditional (Non – Electronic)	
Average Service Processing Time	Category of Targeted Customers	
Nil	Individuals	
Service Fees	Service Provision Timings	
Nil	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Submitting the application	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Issuing the license	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- Filling out the provisional transfer form with the names of all pharmacists and pharmacist assistants working in the pharmaceutical facilities including the pharmacist to be transferred (his name should be added to the pharmaceutical facility he is transferred to)
- Copies of the pharmacists and pharmacist assistants working in these pharmaceutical facilities
- A letter by the transferred pharmacist undertaking his attendance in the pharmacy during the provisional transfer period

- The in-charge pharmacist is not permitted to be provisionally transferred from one pharmaceutical facility to another
- No pharmacist is permitted to be transferred as an in-charge pharmacist in another pharmaceutical facility
- o Provisional transfer is only permitted to pharmacists and assistant pharmacists working in the pharmaceutical facility with the same owner
- The maximum permitted period of provisional transfer shall be (3) three months
- o The reason behind provisional transfer request shall be convincing

Name of Service	Second Pharmacist License Re-Issue	Service Strategic Value	Supplementary
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional
Service Description			
Submi	tting an application to re-iss	sue the second pharmacist'	s license
Service Provision Authority in the MOH		Service Provision Channels	
Regulation, Licensing & Advertising Dept.		Traditional (Non	– Electronic)
Average Service Processing Time		Category of Targe	eted Customers
Nil		Individuals	
Service Fees		Service Provision Timings	
AED 300 + payment of delay penalties (if any)		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures			

Action / Procedure	Responsibility
1. Submitting the application	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Issuing the license	Regulation, Licensing & Advertising Dept.

- License form (must be typed)
- o A copy of the valid passport
- o A copy of the valid residency visa
- o A copy of the valid UAE Identity Card
- o 4 recent colored personal photographs
- o The original license
- o A formal letter from the pharmaceutical facility employing the pharmacist approving reissue of the license
- o 20 credited hours of continuous medical education (CME) for the renewal year

Terms & Conditions

o Payment of new license form in addition to the delay penalty for a maximum of 6 months

Name of Service	Assistant Pharmacist License	Service Strategic	Sub
		Value	
Package	Assistant Professions Specialists – Pharmacies	Type of Service Transactions	
	Service D	escription	
Issuing new	assistant pharmacist license	for practicing the profe	ession in the UAE
Service Provision	Authority in the MOH	Service Prov	vision Channels
Regulation, Licensing & Advertising Dept.		Traditional (Non – Electronic)	
Average Service Processing Time		Category of Targeted Customers	
(60 / 0 / 0) Day / Hour / Min		Individuals	
Service Fees		Service Pro	vision Timings
AED 160		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures			
Action / Procedure			Responsibility
1. Submitting the application			Customer
2. Studying the application		Re	egulation, Licensing & Advertising Dept.
3. Issuing the license		Re	egulation, Licensing &

- A copy of the Graduation Certificate (Diploma in Pharmacy) for a minimum two years in a recognized university or institution attested by the embassy of the issuing country or its consulate in the UAE, with the stamp of the UAE Ministry of Foreign Affairs.
- A copy of minimum two-year experience certificate after the graduation date attested by the embassy of the issuing country or its consulate in the UAE, with the stamp of the UAE Ministry of Foreign Affairs.
- o A certificate stating that the assistant pharmacist has passed the examinations Done by the MOH for the (scientific, legal and Arabic language for non-Arabs) licensing
- Two copies of the valid passport with the valid residency visa issued by the pharmaceutical facility to be licensed for
- o Two copies of the valid UAE Identity Card
- o A copy of the pharmaceutical facility license he will be licensed for
- Original Good Standing Certificate issued by the Intelligence & Criminal Research
 Department for residents in the UAE for more than 6 months. Residents in the UAE for
 less than 6 months shall submit a Good Standing Certificate attested by the consulate or
 embassy of their home country
- O A copy of the employment contract with the job title duly attested by the Ministry of Labor (unattested employment contract may be submitted under the condition of filling out and attaching a form undertaking submitting the employment contract signed by the assistant pharmacist and the pharmacy owner and stamped by the pharmaceutical facility, along with attaching a copy of the employment contract payment receipt issued by the Ministry of Labor).
- o Copies of the valid trade license of the pharmaceutical facility
- o A copy of the license by the pharmaceutical facility to be licensed for
- o A copy of the list of facility staff including pharmacist and assistants showing their designations and nationalities, signed by the employer with the facility stamp, including

Advertising Dept.

- the name of the new pharmacist to whom the license is to be issued
- A copy of the appointment letter signed by the employer with the facility stamp, including the appointment date, the job title "in-charge pharmacist" on the facility's letterhead
- Payment receipt of the license fees + payment receipt of the license application fees (the payable fees for issuing assistant pharmacist license are AED 150 + AED 10 form price)
- o 6 recent colored personal photographs
- Filling out the Data Form "(Introductory Statement)" (the assistant pharmacist shall appear in person to the Regulation, Licensing & Advertising Department or the Medical Zone to fill out the form)

- The applicant shall be holder of a diploma degree in pharmacy specialization from a recognized university (with minimum 2-year study period)
- He should have practiced the profession under the job title "assistant pharmacist" after the graduation date
- He shall pass the examinations prescribed by the MOH (scientific, legal and Arabic language for non-Arabs)
- He shall be nominated for the assistant pharmacist job by a facility licensed by the MOH (i.e. having an employment contract with the pharmaceutical facility attested by the Ministry of Labor)
- He shall be sponsored by the pharmaceutical facility he is going to work with.

Name of Service	Assistant Pharmacist License Renewal	Service Strateg Value	Supplementary
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional
	Service D	escription	
	Issuing assistant phar	macist license renew	al
Service Provision Authority in the MOH		Service P	rovision Channels
Regulation, Licensing & Advertising Dept.		Traditional (Non – Electronic)	
Average Service Processing Time		Category of Targeted Customers	
Nil		Individuals	
Service Fees		Service Provision Timings	
Nil S		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures			
Action / Procedure Responsibility			Responsibility
1. Submitting the application			Customer
2. Studying the application			Regulation, Licensing & Advertising Dept.
3. Issuing the license			Regulation, Licensing & Advertising Dept.
Service Provision Requirements (Required Documents)			
A well-decorated I.A.E. Identity Cond			

- o A valid copy of U.A.E Identity Card
- o A copy of the valid passport
- o A copy of the valid visas sponsored by the facility
- o 4 recent colored personal photographs
- o The original license
- o A formal letter issued by the pharmaceutical facility approving renewal
- o Payment receipt of the assistant pharmacist license
- o Payment receipt of the assistant pharmacist license form fees at the sum of AED 10
- o 15 approved classes of continuous medical education (CME) for the renewal year

Terms & Conditions

 Payment of the new license fees in addition to the delay penalty for a maximum of 6 months

Name of Service	Assistant Pharmacist License Transfer	Service Strategic Value	Supplementary
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional

Submitting an application to transfer the assistant pharmacist's license from one facility to another

1122 1222			
Service Provision Authority in the MOH	Service Provision Channels		
Regulation, Licensing & Advertising Dept.	Traditional (Non – Electronic)		
Average Service Processing Time	Category of Targeted Customers		
Nil	Individuals		
Service Fees	Service Provision Timings		
Payment of non-renewal penalties in case renewal exceeded expiry date	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Submitting the application	Customer
2. Studying the application	Regulation, Licensing & Advertising Dept.
3. Issuing the approval	Regulation, Licensing & Advertising Dept.

Service Provision Requirements (Required Documents)

- The pharmacy profession practicing certificate of the transfer applicant issued by the MOH (the original certificate and a copy thereof)
- Clearance certificate from the last employer (a formal letter from the pharmaceutical facility he was working with, stating the date of clearance and including the signature of the owner and the stamp of the facility)
- Original Good Standing Certificate issued by the Intelligence & Criminal Research Department
- A copy of the valid passport with the valid residency visa issued by the new pharmaceutical facility under the job title "Pharmacist".
- o Payment receipt of the latest license renewal
- Filling out the Data Form "(Introductory Statement)" (the assistant pharmacist shall appear in person to the Regulation, Licensing & Advertising Department or the Medical Zone to fill out the form)
- o A copy of the facility license
- o Two copies of the valid UAE Identity Card
- o 6 recent colored personal photographs
- o A copy of the valid trade license of the pharmaceutical facility.
- A copy of the appointment letter (signed by the employer with the facility stamp, including the appointment date, the job title "assistant pharmacist" on the facility's letterhead).
- A copy of the employment contract at the facility with the job title "assistant pharmacist" duly attested by the Ministry of Labor (unattested employment contract may be submitted under the condition of filling out a form undertaking submitting the employment contract from Regulation, Licensing & Advertising Department signed by

- the assistant pharmacist and the pharmacy owner and stamped by the pharmaceutical facility, along with attaching a copy of the employment contract unattested by the Ministry of Labor and a copy of the payment receipt issued by the Ministry of Labor)
- O A copy of the statement of facility staff (including his name) with the names of all pharmacists and assistants with their designations and nationalities. The statement shall be written on the facility's letterhead dated and signed by the pharmaceutical facility owner with the facility stamp)

- o The applicant shall be holder of the profession practice certificate issued by the MOH
- o His license shall be valid
- He shall submit an attested clearance certificate and resignation issued by the last pharmaceutical facility he was employed by. He shall attest the same from the Medical Zone wherein the facility he was licensed for is located (as per the MOH conditions stated in the Manual)
- He shall be nominated for a job by a pharmaceutical facility licensed by the MOH (i.e. having an employment contract with the pharmaceutical facility he intends to transfer his license to)
- He shall be sponsored by the pharmaceutical facility he is going to work with (transactions of the female pharmacist under the sponsorship of their fathers or husbands is accepted)

Name of Service	Assistant Pharmacist	Service Strate	egic	G 1	
Name of Service	License Re-issue	Value		Supplementary	
Package	Assistant Professions Specialists – Pharmacies	Type of Serv	ice	Transactional	
	Service D	escription			
Su	bmitting an assistant pharm	acist license reissu	e applic	ation	
Service Provision	Authority in the MOH	Service	Provisi	on Channels	
Regulation, Licen	sing & Advertising Dept.	Tradition	al (Non	– Electronic)	
Average Serv	ice Processing Time	Category o	f Targe	eted Customers	
	Nil		Individ	uals	
Se	rvice Fees	Service	Provisi	on Timings	
AED 160 Sun. to Thur.				0 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedu	ıres		
	Action / Procedure		F	Responsibility	
Submitting the application an assistant pharmacist license reissue, enclosing the required documents and paying the fees				Customer	
2. Studying the		_	lation, Licensing & dvertising Dept.		
3. Re-issuing t	he license		_	lation, Licensing & dvertising Dept.	
Se	ervice Provision Requiren	nents (Required I	Docume	ents)	
o A copy of the	ne valid UAE Identity Card				
1	ne valid passport				
 A copy of the valid visas sponsored by the facility 					
1	ored personal photographs				
 The original 					
	ter issued by the pharmaceu		ying the	e assistant pharmacist	
	eipt of the assistant pharma				
o 15 Credited	hours of continuous medica	al education (CME) for the	re- issue year	
Terms & Conditions					

Payment of new license fees in addition to the delay penalty for a maximum of 6

months

Name of Service	Government Employee	Service Strategic	Sub	
Ivalile of Service	Pharmacist License	Value	Sub	
Package	Assistant Professions Specialists – Pharmacies	Type of Service	Transactional	
	Service D	escription		
Submitting	an application to obtain a go	overnment employee phar	macist license	
Service Provision	Authority in the MOH	Service Provisi	ion Channels	
Regulation, Licens	sing & Advertising Dept.	Traditional (Nor	n – Electronic)	
Average Servi	ce Processing Time	Category of Targ	eted Customers	
	Nil	Individ	luals	
Ser	vice Fees	Service Provis	ion Timings	
Nil Sun. to Thur.			30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedures		
	Action / Procedure	1	Responsibility	
			Customer	
1. Submitting the	he application		Customer	
 Submitting t Verifying the 			lation, Licensing &	
	e documents	A Regu		
2. Verifying the3. Issuing the li	e documents	A Regu	lation, Licensing & dvertising Dept. lation, Licensing & dvertising Dept.	
 2. Verifying the 3. Issuing the li See A letter from 	e documents cense	Regularied A A A A A A A A A A A A A A A A A A A	alation, Licensing & dvertising Dept. alation, Licensing & dvertising Dept. alation, Licensing & dvertising Dept.	
 2. Verifying the 3. Issuing the line Ser A letter from applicant 	e documents cense rvice Provision Requirem the employer stating the co	Regularied A A A A A A A A A A A A A A A A A A A	alation, Licensing & dvertising Dept. alation, Licensing & dvertising Dept. alation, Licensing & dvertising Dept.	
 2. Verifying the 3. Issuing the li Set A letter from applicant A copy of th 	e documents cense rvice Provision Requirem the employer stating the co	Regularity of service, showing the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service in the service is shown in the service in the s	alation, Licensing & dvertising Dept. Alation, Licensing & dvertising Dept. Advertising Dept. ents) Ing the job title of the	
2. Verifying the 3. Issuing the li See A letter from applicant A copy of th A copy of th	e documents cense rvice Provision Requirem the employer stating the concervation passport e valid passport e entry extract Family book	Regularity of service, showing the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service in the service is shown in the service in the s	alation, Licensing & dvertising Dept. Alation, Licensing & dvertising Dept. Advertising Dept. ents) Ing the job title of the	
2. Verifying the 3. Issuing the li See A letter from applicant A copy of th A copy of th A copy of th	e documents cense rvice Provision Requirem the employer stating the co e valid passport e entry extract Family book e valid UAE Identity Card	Regularity of service, showing the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service in the service is shown in the service in the s	alation, Licensing & dvertising Dept. Alation, Licensing & dvertising Dept. Advertising Dept. ents) Ing the job title of the	
2. Verifying the 3. Issuing the li See A letter from applicant A copy of th A copy of th A copy of th	e documents cense rvice Provision Requirem the employer stating the concept valid passport e entry extract Family book e valid UAE Identity Card ored personal photographs	Regularity of service, showing the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service is shown in the service in the service in the service in the service is shown in the service in the s	alation, Licensing & dvertising Dept. Alation, Licensing & dvertising Dept. ents) Ing the job title of the	

o Nil

Name of Service	Government Employee Assistant Pharmacist License Assistant Professions	Service Strateg	Sub		
Package	Specialists – Pharmacies	Type of Service	Transactional		
	Service D	escription			
Submitting an ap	oplication to obtain a govern	nment employee ass	istant pharmacist license		
Service Provision	Authority in the MOH	Service P	rovision Channels		
Regulation, Licens	sing & Advertising Dept.	Traditiona	l (Non – Electronic)		
Average Servi	ce Processing Time	Category of	Targeted Customers		
	Nil	I	ndividuals		
Ser	vice Fees	Service P	Provision Timings		
Nil Sun. to Thur.			m 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedur	es		
	Action / Procedure		Responsibility		
1. Submitting the	he application		Customer		
2. Studying the	application		Regulation, Licensing & Advertising Dept.		
3. Issuing the li	cense		Regulation, Licensing & Advertising Dept.		
Se	rvice Provision Requiren	nents (Required De	ocuments ₎		
1 2	e valid UAE Identity Card				
 A copy of the valid passport (with valid visa if the assistant pharmacist is an expatriate) 					
	The state of the s				
 A copy of the entry extract Family book if the applicant is a UAE national 					
1.0		$oldsymbol{G}$			
o A letter from	the employer stating the co	ontinuity of service,	showing the job title of the		
1 *		Conditions	showing the job title of the		

o Nil

Name of Service	Techr	nician License	Service Stra Value	tegic	Sub
Package		ant Professions pecialists	Type of Ser	vice	Transactional
		Service D	escription		
		and academic cert			
	technicians specializations to work in the private sector Service Provision Authority in the MOH Service Provision Channels				
Regulation, Licens		•			– Electronic)
Average Servi				•	eted Customers
,	0 / 0) Hour / M			Individ	uals
Ser	vice Fees		Servio	ce Provis	ion Timings
A	ED 300		Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.
	Ser	vice Provision A	ctions & Proced	lures	
	Action /	Procedure		Responsibility	
1. Submitting th	1. Submitting the application			The facility employing the customer	
2. Studying the	applicatio	on and verifying th	ne documents	Regulation, Licensing & Advertising Dept.	
3. Issuing the in	nitial licen	se notice			lation, Licensing & dvertising Dept.
4. Issuing the li	cense				lation, Licensing & dvertising Dept.
Sei	rvice Pro	vision Requiren	nents (Required	Docum	ents ₎
Required documents	for issuir				
o MOH evaluation		Approved me drawings	edical facility	o A co	ppy of customer's port
 Valid facility lice 		o A list of the f			tomer's experience ficates
 A letter from the indicates the customerloyment 	tomer	 A "Professio Standing Cer employees in 	rtificate" for the UAE		
Required docume	ents for iss	suing the final lice	ense		
 A copy of U.A.E Identity Card A copy of the labor card 			e labor card	o Insu erro	rance against medical rs
Terms & Conditions					
The customer's service should not be interrupted for more than two years					

Name of Service		ician License Renewal	Service Stra Value	tegic	Supplementary
Package		nt Professions pecialists	Type of Service		Transactional
		Service D	escription		
Verifying the scientific and academic certificates and the practical experience for the technicians specializations in order to renew license					
Service Provision A	Authority	y in the MOH	Servic	e Provisi	on Channels
Regulation, Licensi	ng & Adv	ertising Dept.	Traditio	onal (Non	– Electronic)
Average Servic	e Proces	sing Time	Category	of Targe	eted Customers
(7 / 0 / 0)	Day / Ho	our / Min		Individ	uals
Serv	ice Fees		Servi	ce Provisi	ion Timings
AE	ED 300		Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.
	Serv	rice Provision A	ctions & Proced	dures	
	Action /	Procedure		Responsibility	
1. Submitting the application			The facility employing the customer		
2. Studying the a	applicatio	n and verifying th	ne documents	Regulation, Licensing & Advertising Dept.	
3. Issuing the lic	ense			Regulation, Licensing & Advertising Dept.	
Ser	vice Prov	vision Requiren	nents (Required	Docum	ents ₎
o Previous license		 Approved me drawings 	edical facility	o A co	opy of customer's port
 Valid facility licen 	ise	A list of the facility staff		Stan	Professional Good ding Certificate" for loyees in the UAE
 A letter from the findicates the customer employment 		A copy of U.A.E Identity Card		• A co	opy of the labor card
Insurance against a errors	medical	 Approved certificates for 15- credited hours of continuous medical education 			
		Terms & (Conditions		
Penalties (if any) shall be added in case renewal exceeded expiry date					

			G • G:			
Name of Service		nician License Transfer	Service Strategic Supplemen		Supplementary	
Package		ant Professions	Type of Service		Transactional	
1 ackage	S	pecialists	Type of Ser	· VICC	Transactionar	
Service Description						
Submitting ap	plication	to transfer technic	cian's license fro	m one fac	cility to another	
Service Provision		•			on Channels	
Regulation, Licens					– Electronic)	
Average Servi			Category	of Targo	eted Customers	
(7 / Day /	0 / 0) Hour / Mi			Individ	luals	
Ser	vice Fees		Servi	ce Provis	ion Timings	
A	ED 100		Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.	
	Serv	vice Provision A	ctions & Proced	dures		
	Action /	Procedure]	Responsibility	
1. Submitting the application				The facility employing the customer		
2. Studying the application and verifying the documents				Regulation, Licensing & Advertising Dept.		
3. Issuing the initial license notice				Regulation, Licensing & Advertising Dept.		
4. Issuing the li	cense			Regulation, Licensing & Advertising Dept.		
Sei	rvice Pro	vision Requiren	nents (Required	Docum	ents)	
Required documents	for issuin	g initial notice				
o A letter from the	new	o Approved me	dical facility		tomer's latest medical	
facility		drawings		licer		
 Valid facility lice 	nse	o A list of the f	acility staff	certi	tomer's experience ificates	
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 			Rep prev	Medical Fitness ort" from the rentive medicine for yrs. Physicians		
o "No Objection Co				•	-	
		suing the final lice				
 A copy of the val Identity Card 	id UAE	 A copy of the card 	valid labor	o Insu	rance against medical	
o A copy of the p	assport an	d residency visa				
		Terms & 0	Conditions			
 License should no 	License should not have been expired for more than 6 months					

	Issue	Value					
Package	Assistant Professions Specialists	Type of Service		Transactional			
	Service D	escription					
Submitting an	Submitting an application to re-issue a license for a technician with cancelled license						
Service Provision Authority in the MOH Service Provision Channels							
Regulation, Licens	ing & Advertising Dept.	Traditio	onal (Non	– Electronic)			
	ce Processing Time	Category		eted Customers			
(7 / 0 / 0) Day / Hour / Min		Individ	luals			
Ser	vice Fees	Servio	ce Provis	ion Timings			
A	ED 300	Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.			
	Service Provision A	ctions & Proced	lures				
	Action / Procedure		Responsibility				
1. Submitting th	The facility employing the customer						
2. Studying the	Regulation, Licensing & Advertising Dept.						
3. Issuing the in	nitial license notice		Regulation, Licensing & Advertising Dept.				
4. Issuing the li	cense		_	lation, Licensing & dvertising Dept.			
Ser	rvice Provision Requiren	nents (Required	Docum	ents)			
Required documents	for issuing initial notice						
o MOH evaluation	Approved medical drawings	edical facility		opy of customer's			
 Valid facility lice 	onse	acility staff		tomer's experience ificates			
 A letter from the facility indicates the customer employment A "Professional Good Standing Certificate" for employees in the UAE 				sician's latest cellation notice			
	for issuing the final license	2					
 A copy of U.A.E Identity Card 	o A copy of the	e labor card	o Insu erro	rance against medical rs			
	Terms &	Conditions					
 The customer's service should not be interrupted for more than two years, and the penalties (if any) shall be added 							

Name of Service	Technician Job Title Change	Service Stra Value	Service Strategic Value Supplementa		
Package	Assistant Professions Specialists	Type of Service		Transactional	
	Service 1	Description			
Issuing approvals on technician job title change					
	Authority in the MOH			on Channels	
	ing & Advertising Dept.	Traditio	onal (Non	– Electronic)	
	ce Processing Time	Category	of Targo	eted Customers	
,	(0 / 0) Hour / Min		Individ	uals	
Ser	vice Fees	Servio	ee Provis	ion Timings	
	100	Sun. to Thur.	from 07:3	30 a.m. to 02:30 p.m.	
	Service Provision A	Actions & Proceed	lures		
		Responsibility			
1. Submitting th	ne application		The facility employing the customer		
2. Studying the	application and verifying	the documents	Advertising Dept.		
3. Issuing the li	cense with the new job titl	e Regulation, Licensing & Advertising Dept.		,	
Ser	vice Provision Require	ments (Required	Docum	ents)	
 A copy of the pre evaluation certific 		e new evaluation	A copy of the previous medical license		
 Valid facility lice 	nse o A list of the	o A list of the facility staff		opy of the customer's E Identity Card	
 Application letter the facility reques title change 					
Terms & Conditions					

Name of Service		nician License ancellation	Service Strat Value	tegic	Supplementary	
Package	P	hysicians	Type of Ser	vice	Transactional	
	Service Description					
Submitting an application to cancel the license of a physician employed by a medical facility					by a medical facility	
Service Provision	Authorit	ty in the MOH	Service	Provisio	on Channels	
Regulation, Licens	sing & Ad	lvertising Dept.	Traditio	nal (Non	– Electronic)	
Average Servi	ice Proce	ssing Time	Category	of Targe	ted Customers	
(7 / 0 / 0)) Day / H	lour / Min		Individu	ıals	
Ser	vice Fees		Service	e Provisi	on Timings	
A	ED 100		Sun. to Thur. fr	om 07:30	0 a.m. to 02:30 p.m.	
	Ser	vice Provision A	ctions & Procedu	ıres		
	Action	Procedure		R	Responsibility	
1. Submitting t	he applica	ation		The facility employing the customer		
2. Studying the	applicati	on and verifying t	he documents	_	ation, Licensing & lvertising Dept.	
3. Issuing the l	icense car	ncellation notice		_	ation, Licensing & lvertising Dept.	
Se	ervice Pro	ovision Requirem	ents (Required I	Documer	nts)	
 A license cancellation application from the facility A copy of the cancelled labor card 				tomer's latest ical license		
o A copy of the car	ncelled er	nployment visa				
Terms & Conditions						
o Penalties (if any) shall be added						

Name of Service	Clearance Certificate Request at the End of Supervision Period	Service Strategic Value		Sub	
Package	Paramedical Professions Specialists – Pharmacies	Type of Ser	vice	Transactional	
	Service D	escription			
Req	uesting clearance certificate	at the end of sup	ervision j	period	
Service Provision	Authority in the MOH	Service	e Provisi	on Channels	
Regulation, Licens	sing & Advertising Dept.	Т	raditional	l offline	
Average Servi	ce Processing Time	Category	of Targe	eted Customers	
(0 / 0 / 5	(i) Day / Hour / Min	Indiv	viduals / C	Companies	
-				ce Provision Timings	
	Nil	Sun. to Thur. 1	from 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	lures		
	Action / Procedure		Responsibility		
1. Submitting t	he application		Customer		
2. Reviewing th	ne application		_	lation, Licensing & dvertising Dept.	
3. Approval				lation, Licensing & dvertising Dept.	
Se	rvice Provision Requirem	nents (Required	Docume	ents)	
_	e end of supervision period				
 Handing over and receiving the controlled drugs custody 					
	Terms & 0	Conditions			
0					

Chapter Four

Control & Inspection

- 1.
- Control on Compliance with Medicine Prices Inspection of Controlled & Mentally Influencing Medicinal Items Inspection of Medical and Pharmaceutical Firms 2.
- **3.**

	I	l		
Name of Service	Control on Compliance with Medicine Prices	Service Strate Value	gic	Sub
Package	Pharmacies	Type of Service		Disciplinary
	Service D	escription		
Controlling the e	xtent of compliance with th decisions aga	e list of unified pricainst violators	ces in th	ne UAE and taking
Service Provision Authority in the MOH Service Provision Channels			on Channels	
Medical Empowern	nent & Compliance Dept.	Traditional offline		offline
Average Servi	ce Processing Time	Category of	f Targe	eted Customers
	Nil		Compa	nies
Ser	vice Fees	Service 1	Provisi	on Timings
	Nil	Sun. to Thur. from 07:30 a.m. to 02:30 p.		0 a.m. to 02:30 p.m.
	Service Provision A	ctions & Procedu	res	
	Action / Procedure		F	Responsibility
1. Forming the	inspection team			al Empowerment & ompliance Dept.
2. Reviewing the history	ne pharmaceutical firm's fil	e / violations		al Empowerment & ompliance Dept.
_	inspection, filling out inspection in spection, filling out inspection in spection.			al Empowerment & ompliance Dept.
remaining pr	the inspection report and processing the procedures when required (investigation, to the competent committees) Medical Empowerme Compliance Dept.		•	
Se	rvice Provision Requiren	nents (Required D	ocume	ents)
* *	pharmacist license			
 License rene 	wal with the pharmacy / ph			
	Terms & (Conditions		
 Inspecting th 	ne medicines prices			

Name of Service	Inspection of monitored & Mentally Influencing Medicinal Items	Service Strat Value	egic	Sub	
Package	Pharmacies	Type of Ser	vice	Disciplinary	
Service Description					
Inspecting the extent of compliance with the controlled and mentally influencing medicinal items and the bylaws related to providing them in the UAE, as well as taking decisions against violators					
Service Provision	Authority in the MOH	Service	Provisi	on Channels	
	nent & Compliance Dept.	Tı	aditional	offline	
Average Servi	Average Service Processing Time Category of Targeted Customers		eted Customers		
Nil Companie		nies			
Ser	Service Fees Service Provision Timings		on Timings		
	Nil	Sun. to Thur. f	rom 07:3	0 a.m. to 02:30 p.m.	
	Service Provision Actions & Procedures				
Action / Procedure			F	Responsibility	
1. Forming the	inspection team			al Empowerment & ompliance Dept.	
2. Reviewing the history	ne pharmaceutical firm's file	e / violations		al Empowerment & ompliance Dept.	
	nspection, filling out inspect e signature of the in-charge			al Empowerment & ompliance Dept.	
remaining pr	 approving the signature of the in-charge pharmacist 4. Writing the inspection report and processing the remaining procedures when required (investigation, referring to the competent committees) 			al Empowerment & ompliance Dept.	

- O Pharmacy / pharmacist license
- License renewal with the pharmacy / pharmacist receipts

Terms & Conditions

o Concentrating on the controlled medicines

Name of Service	Inspection of Medical and Pharmaceutical Firms	Service Stra	tegic	Sub
Package	Pharmacies	Type of Service Disciplina		Disciplinary
	Service D	escription		
Inspecting the medical and pharmaceutical firms and verifying their application of the related criteria and conditions				
Service Provision Authority in the MOH Service Provision Channels			on Channels	
Medical Empowern	nent & Compliance Dept.	T	raditional	offline
Average Servi	ce Processing Time	Category	of Targe	eted Customers
	Nil		Compa	nies
Ser	vice Fees	Service	e Provisi	on Timings
	Nil	Sun. to Thur. f	From 07:3	0 a.m. to 02:30 p.m.
	Service Provision A	ctions & Proced	lures	
	Action / Procedure		I	Responsibility
1. Forming the	inspection team			cal Empowerment & ompliance Dept.
2. Reviewing the history	ne pharmaceutical firm's file	e / violations		cal Empowerment & ompliance Dept.
_	nspection, filling out inspect e signature of the in-charge			eal Empowerment & ompliance Dept.
remaining pr	Writing the inspection report and processing the remaining procedures when required (investigation, referring to the competent committees)			cal Empowerment & ompliance Dept.
	rvice Provision Requiren	nents (Required	Docum	ents)
* *	oharmacist license wal with the pharmacy / ph	armacist receipts		
	Terms & 0	Conditions		
0				

Chapter Five

Medical Reports & Leaves

- 1. Approval of Sick Leaves (Inside UAE More than 5 Days)
- 2. Approval of Sick Leaves (Outside UAE at the Government Expense)
- 3. Approval of Sick Leaves (Outside UAE at the Personal Expense)
- 4. Patient Companion Leave (Inside the UAE)
- 5. Patient Companion Leave (Outside the UAE)
- 6. Approval of Sick Leaves and Medical Reports (in the Private Sector) Less than 5 Days
- 7. Pregnant Woman Medical Fitness Report for Travel Purpose
- 8. Approval of Sick Leaves (which are Inside UAE, and exceeds 5 Days)
- 9. Approval of Sick Leaves (which are abroad, and at the Government Expense)
- 10. Approval of Sick Leaves (which are abroad, and at the Personal Expense)
- 11. Patient Companion Leave (Inside UAE)
- 12. Patient Companion Leave (Abroad)
- 13. Approval of Sick Leaves and Medical Reports (in the Private Sector) which are Less than 5 Days
- 14. Pregnant Women Medical Fitness Report for Travel Purpose

Name of Service	Approval of Sick Leaves (Inside UAE More than 5 Days)	Service Strategic Value	Sub		
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional		
	Service Description				
Approva	al application of sick leaves	inside the UAE for more t	han 5 days		
Service Provision Authority in the MOH Service Provision Channels			on Channels		
Med	Medical Board Traditional offline		l offline		
Average Servi	ce Processing Time	Category of Targe	eted Customers		
\	/ 0 / 0) Hour / Min	Individuals			
Ser	vice Fees	Service Provisi	ion Timings		
	Nil	Sun. to Thur. from 07:3	30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedures			
	Action / Procedure	I	Responsibility		
1. Submitting the application			Customer		
2. Studying	the application	Me	edical Sub-Board		
3. Issuing t	he resolution (approval / rej	ection).	edical Sub-Board		
Se	rvice Provision Requiren	nents (Required Docum	ents)		
	ick leave approval form fror				
	eport issued by the hospital	<u> </u>			
o A copy of th	e patient's UAE identity car				
	Terms & (Conditions			
	ve should be submitted to the	e medical board if it excee	eded 5 working days		
each time o The sick leave should be submitted to the medical board if it exceeded 15 working days per annum					
o The exclude	d conditions should be acco	rding to the cabinet resolu	tion No. 6 of 2002		

Name of Service	Approval of Sick Leaves (Outside UAE at the Government Expense)	Service Strategic Value	Sub
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional

Approval application of sick leaves for patients to be sent outside the UAE at the government expense

Service Provision Authority in the MOH	Service Provision Channels
Medical Board	Traditional offline
Average Service Processing Time	Category of Targeted Customers
(10 / 0 / 0) Day / Hour / Min	Individuals
Service Fees	Service Provision Timings
AED 50	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

	Action / Procedure	Responsibility
1.	Submitting the application	Customer
2.	Studying the application	Medical Sub-Board
3.	Issuing the resolution (approval / rejection)	Medical Sub-Board

Service Provision Requirements (Required Documents)

- O Approval letter for the sick leave issued by the employer
- o A medical report issued by the hospital treating the patient and attested by the UAE embassy + attestation of the UAE Ministry of Foreign Affairs + Ministry of Health
- o A copy of the passport including the entry / exit stamps of the UAE and the country wherein the patient was treated
- A leave from the doctor to the companion issued by the hospital treating the patient and attested by the UAE embassy + attestation of the UAE Ministry of Foreign Affairs + Ministry of Health

Terms & Conditions

• The leave is granted only to the UAE nationals

Name of Service	Approval of Sick Leaves (Outside UAE at the Personal Expense)	Service Strategic Value	Sub		
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional		
	Service Description				
A pproved applie	estion of siely leaves for noti	ants to be sent outside the	IIAE at thair ayun		

Approval application of sick leaves for patients to be sent outside the UAE at their own expense

Service Provision Authority in the MOH	Service Provision Channels
Medical Board	Traditional offline
Average Service Processing Time	Category of Targeted Customers
(10 / 0 / 0) Day / Hour / Min	Individuals
Service Fees	Service Provision Timings
Nil	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

	Action / Procedure	Responsibility
1.	Submitting the application	Customer
2.	Studying the application	Medical Sub-Board
3.	Issuing the resolution (approval / rejection)	Medical Sub-Board

Service Provision Requirements (Required Documents)

- o Filling out sick leave approval form from the medical board
- o A medical report issued by the hospital treating the patient and attested by the UAE embassy + attestation of the UAE Ministry of Foreign Affairs + Ministry of Health
- o A copy of the passport including the entry / exit stamps of the UAE and the country wherein the patient was treated
- o The medical report granted to the patient from the treating doctor before travelling
- o A copy of the patient's UAE identity card

- o The excluded conditions shall be according to the cabinet resolution No. 6 of 2002
- o The patient shall be referred to the medical examination in the hospital

Name of Service	Patient Companion Leave (Inside the UAE)	Service Stra	tegic	Sub
Package	Supporting Services of Patients & Individuals	Type of Ser	vice	Transactional
	Service Description			
Application	on of companion leaves with	n patients to be tre	eated insi	de the UAE
Service Provision Authority in the MOH Service Provision Channels		on Channels		
Med	ical Board	Traditional offline		offline
Average Servi	ce Processing Time	Category	of Targe	eted Customers
`	/ 0 / 0) Hour / Min	Individuals		uals
Ser	vice Fees	Service	e Provisi	on Timings
	Nil	Sun. to Thur. f	From 07:3	0 a.m. to 02:30 p.m.
	Service Provision A	ctions & Proced	lures	
	Action / Procedure		F	Responsibility
1. Submitting the application			Customer	
2. Studying	ng the application Medical		edical Sub-Board	
3. Issuing the	ne resolution (approval / rej	ection)	Мє	edical Sub-Board
Se	rvice Provision Requiren	nents (Required	Docum	ents)
 Filling out sick leave approval form from the medical board Companion's birth certificate (for sons) A medical report issued by the hospital treating the patient showing that the concerned person is the companion of the patient (inside the UAE) Filling out the patient data form A copy of the UAE identity card Terms & Conditions				
a The leave is				
o The leave is	granted only to the UAE na	uionais		

N. 60 .	Patient Companion	Service Strategic			
Name of Service	Leave (Outside the UAE)	Value	Sub		
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional		
	Service Description				
Application of companion leaves with patients to be treated inside the UAE					
Service Provision Authority in the MOH Service Provision Channels			on Channels		
Med	lical Board	Traditional	offline		
Average Servi	ce Processing Time	Category of Targe	eted Customers		
`	/ 0 / 0) / Hour / Min	Individuals			
Ser	vice Fees	Service Provision Timings			
	Nil	Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Procedures			
	Action / Procedure	F	Responsibility		
1. Submitting the application			Customer		
2. Studying	2. Studying the application		dical Sub-Board		
3. Issuing the resolution (approval / rejection)					
3. Issuing t	he resolution (approval / rej	ection) Me	edical Sub-Board		
	he resolution (approval / rejection Requirem	,			
Se o Filling out si	rvice Provision Requiremark ick leave approval form from	nents (Required Document the medical board	ents)		
Se o Filling out si o A detailed m	rvice Provision Requirement ick leave approval form from the dical report attested by the	nents (Required Document the medical board	ents)		
 Se Filling out si A detailed m patient is ser 	rvice Provision Requiremant ick leave approval form from the dical report attested by the int (outside the UAE)	nents (Required Documenth the medical board to UAE embassy in the country)	ents) ntry to which the		
 Se Filling out si A detailed m patient is sen A medical re 	rvice Provision Requiremant ick leave approval form from the dical report attested by the not (outside the UAE) export issued by the hospital to	nents (Required Documenth the medical board to UAE embassy in the country)	ents) ntry to which the		
 Se Filling out si A detailed medical respective person is the 	rvice Provision Requirement ick leave approval form from the dical report attested by the net (outside the UAE) export issued by the hospital to companion of the patient	nents (Required Documenth the medical board to UAE embassy in the country)	ents) ntry to which the		
 Se Filling out si A detailed mention patient is sen A medical responsion is the Filling out the 	rvice Provision Requiremant ick leave approval form from the dical report attested by the not (outside the UAE) export issued by the hospital to	nents (Required Documenth the medical board to UAE embassy in the country)	ents) ntry to which the		
 Se Filling out si A detailed mention patient is serent in patient is serent person is the person is the person is the A copy of the person of the person of the person is t	rvice Provision Requirement ick leave approval form from the dical report attested by the not (outside the UAE) export issued by the hospital to companion of the patient the patient data form	nents (Required Documents) In the medical board In the medical board In the country of the country of the country of the patient showing	ents) ntry to which the g that the concerned		
Se Filling out si A detailed magnification patient is ser A medical responsis the Filling out the A copy of the A copy of the simulations.	rvice Provision Requiremant ick leave approval form from the dical report attested by the net (outside the UAE) export issued by the hospital the companion of the patient the patient data form the UAE identity card	nents (Required Document the medical board to UAE embassy in the countreating the patient showing try / exit stamps of the UAI	ents) Intry to which the g that the concerned E and the country		

- A copy of the delegating authority's letter showing the date of travel and return.
 Terms & Conditions
- o The leave is granted only to the UAE nationals

Name of Service	Approval of Sick Leaves and Medical Reports (in the Private Sector) Less than 5 Days	Service Strat Value	tegic	Sub
Package	Supporting Services of Patients & Individuals	Type of Ser	vice	Transactional
Service Description				
Approval application of sick leaves and medical reports issued by the medical firms in the private sector for the sick leaves of less than 5 days				
Service Provision Authority in the MOH		Service	Provisi	on Channels
Medical Board		Tı	raditional	offline
Average Service Processing Time		Category	of Targe	eted Customers
(1 / 0 / 0) Day / Hour / Min			Individ	uals
Service Fees		Service Provision Timings		
Nil		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
	Service Provision Actions & Procedures			
Action / Procedure Responsibility			Responsibility	

	Action / Procedure	Responsibility
1.	Submitting the application	Customer
2.	Studying the application	Medical Sub-Board
3.	Issuing the resolution (approval / rejection)	Medical Sub-Board

- o Filling out sick leave approval form from the medical board
- o A medical report issued by the hospital treating the patient
- o A copy of the patient's UAE identity card

- The sick leave should be submitted to the medical board if it exceeded 15 working days per annum.
- o The excluded conditions should be according to the cabinet resolution No. 6 of 2002

Name of Service Package	Pregnant Woman Medical Fitness Report for Travel Purpose Supporting Services of Patients & Individuals	Service Strat Value Type of Serv		Sub Transactional
		escription		
Pre	egnant Woman Medical Fit	ness Report for Ti	ravel Pur	pose
Service Provision	Authority in the MOH	Service	Provisi	on Channels
Special Medi	cal License Section	Tr	aditional	offline
Average Servi	ce Processing Time	Category	of Targe	eted Customers
2 –	5 Minutes	Individuals		
Service Fees		Service Provision Timings		
AED 50 Sun. to Th		Sun. to Thur. f	rom 07:3	0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
Action / Procedure Responsibility				
1. Submitti	ng the report			Customer
2. Verifying	g the medical report		A	Attestation Staff
3. Collectin	g fees		A	Attestation Staff
4. Approving the report			A	Attestation Staff
Service Provision Requirements (Required Documents)				
o Pregnant Wo	oman Medical Fitness Repo	ort for Travel Purp	ose	
Terms & Conditions				

Name of Service	Approval of Sick Leaves (Inside UAE that exceeds 5 Days)	Service Strategic Value	Sub	
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional	
	Service D	escription		
Approva	al application of sick leaves	inside the UAE for more t	han 5 days	
Service Provision	Authority in the MOH	Service Provisi	on Channels	
Med	lical Board	Traditional (Nor	– Electronic)	
Average Servi	ce Processing Time	Category of Targe	eted Customers	
(10 / 0 /	0)Day / Hour / Min	Individ	luals	
Ser	vice Fees	Service Provis	ion Timings	
Nil Sun. to Thur.			30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedures		
Action / Procedure Responsibility				
4. Submitting the application Customer			Customer	
5. Studying	5. Studying the application		edical Sub-Board	
6. Issuing t	he resolution (approval / rej	ection).	edical Sub-Board	
Se	rvice Provision Requiren	nents (Required Docum	ents ₎	
 Filling out sick leave approval application form from the medical board A medical report issued by the hospital treating the patient A copy of the patient's UAE identity card 				
	Terms & Conditions			
each time	each time			
 The sick leave should be submitted to the medical board if it exceeded 15 working days per year 				

o The excluded conditions should be according to the cabinet resolution No. 6 of 2002

Name of Service	Approval of Sick Leaves (which are abroad, and at the Government Expense	Service Strategic Value	Sub
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional

Approval application of sick leaves for patients to be sent outside the UAE at the government expense

Service Provision Authority in the MOH	Service Provision Channels	
Medical Board	Traditional (Non – Electronic)	
Average Service Processing Time	Category of Targeted Customers	
(10 / 0 / 0) Day / Hour / Min	Individuals	
Service Fees	Service Provision Timings	
AED 50	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

	Action / Procedure	Responsibility
4.	Submitting the application	Customer
5.	Studying the application	Medical Sub-Board
6.	Issuing the resolution (approval / rejection)	Medical Sub-Board

Service Provision Requirements (Required Documents)

- o Approval letter for the sick leave issued by the employer
- o A medical report issued by the hospital treating the patient and attested by the UAE embassy + attestation of the UAE Ministry of Foreign Affairs + Ministry of Health
- o A copy of the passport including the entry / exit stamps of the UAE and the country wherein the patient was treated
- A leave from the doctor to the companion issued by the hospital treating the patient and attested by the UAE embassy + attestation of the UAE Ministry of Foreign Affairs + Ministry of Health

Terms & Conditions

o The leave is granted only to the UAE nationals

Name of Service	Approval of Sick Leaves (which are abroad, and at the Personal Expense))	Service Strategic Value	Sub
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional
Service Description			

Approval application of sick leaves for patients to be sent outside the UAE at their own expense

Service Provision Authority in the MOH	Service Provision Channels	
Medical Board	Traditional (Non – Electronic)	
Average Service Processing Time	Category of Targeted Customers	
(10 / 0 / 0) Day / Hour / Min	Individuals	
Service Fees	Service Provision Timings	
Nil Sun. to Thur. from 07:30 a.m. to 02:30		

Service Provision Actions & Procedures

	Action / Procedure	Responsibility
4.	Submitting the application	Customer
5.	Studying the application	Medical Sub-Board
6.	Issuing the resolution (approval / rejection)	Medical Sub-Board

Service Provision Requirements (Required Documents)

- o Filling out sick leave approval form from the medical board
- o A medical report issued by the hospital treating the patient and attested by the UAE embassy + attestation of the UAE Ministry of Foreign Affairs + Ministry of Health
- o A copy of the passport including the entry / exit stamps of the UAE and the country wherein the patient was treated
- o The medical report granted to the patient from the treating doctor before travelling
- A copy of the patient's UAE identity card

- o The excluded conditions shall be according to the cabinet resolution No. 6 of 2002
- The patient shall be referred to the medical examination in the hospital

Name of Service	Patient Companion Leave (Inside the UAE)	Service Strategic Value	Sub	
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional	
	Service Description			
Application	of companion leaves with	patients who are treated in	side the UAE	
Service Provision	Authority in the MOH	Service Provisi	on Channels	
Med	ical Board	Traditional (Non	Electronic)	
Average Servi	ce Processing Time	Category of Targe	eted Customers	
	0) Day / Hour / Min	Individ		
Ser	vice Fees	Service Provisi	vice Provision Timings	
Nil Sun. to Thur. from 07:30 a.m. to 02:30 p.m.				
	Service Provision A	ctions & Procedures		
Action / Procedure Responsibility				
4. Submitti	4. Submitting the application Customer			
5. Studying	5. Studying the application Medical Sub-Board			
6. Issuing the resolution (approval / rejection)		ection) Me	edical Sub-Board	
	are resolution (upproving rej	cetion) wie	dicai Sub-Doard	
Se	rvice Provision Requirem	, <u> </u>		
 Filling out si Companion' A medical reperson is the Filling out the 	rvice Provision Requirement ck leave approval form from s birth certificate (for sons) aport issued by the hospital accompanion of the patient (in patient data form to UAE identity card	nents (Required Document the medical board treating the patient showing	ents)	

Name of Service	Patient Companion Leave (Abroad)	Service Strategic Value	Sub
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional
Service Description			
Application of companion leaves with patients to be treated inside the UAE			
Service Provision Authority in the MOH		Service Provisi	on Channels
Medical Board		Traditional (Non	– Electronic)
Average Service Processing Time Category of Targeted Customers		eted Customers	
(10 / 0 / 0) Day / Hour / Min		Individuals	
Service Fees		Service Provision Timings	
Nil		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
Service Provision Actions & Procedures			

	Action / Procedure	Responsibility
4.	Submitting the application	Customer
5.	Studying the application	Medical Sub-Board
6.	Issuing the resolution (approval / rejection)	Medical Sub-Board

- o Filling out sick leave approval form from the medical board
- o A detailed medical report attested by the UAE embassy in the country to which the patient is sent (outside the UAE)
- o A medical report issued by the hospital treating the patient showing that the concerned person is the companion of the patient
- o Filling out the patient data form
- o A copy of the UAE identity card
- o A copy of the passport including the entry / exit stamps of the UAE and the country wherein the patient is delegated to (outside the UAE)
- o A copy of the delegating authority's letter showing the date of travel and return.

Terms & Conditions

o The leave is granted only to the UAE nationals

Name of Service	Approval of Sick Leaves and Medical Reports (in the Private Sector) which are less than 5 Days	Service Strategic Value	Sub	
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional	

Service Description

Approval application of sick leaves and medical reports issued by the medical firms in the private sector for the sick leaves of less than 5 days

Service Provision Authority in the MOH	Service Provision Channels	
Medical Board	Traditional (Non – Electronic)	
Average Service Processing Time	Category of Targeted Customers	
(1 / 0 / 0) Day / Hour / Min	Individuals	
Service Fees	Service Provision Timings	
Nil	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	

Service Provision Actions & Procedures

	Action / Procedure	Responsibility
4.	Submitting the application	Customer
5.	Studying the application	Medical Sub-Board
6.	Issuing the resolution (approval / rejection)	Medical Sub-Board

Service Provision Requirements (Required Documents)

- o Filling out sick leave approval form from the medical board
- o A medical report issued by the hospital treating the patient
- o A copy of the patient's UAE identity card

- The sick leave should be submitted to the medical board if it exceeded 15 working days per annum.
- o The excluded conditions should be according to the cabinet resolution No. 6 of 2002

Name of Service	Pregnant Women Medical Fitness Report for Travel Purpose	Service Strat Value	egic	Sub
Package	Supporting Services of Patients & Individuals	Type of Serv	vice	Transactional
	Service D	escription		
Pre	egnant Woman Medical Fit	<u> </u>		<u>* </u>
Service Provision	Authority in the MOH	Service	Provisi	on Channels
Special Medi	cal License Section	Traditio	nal (Non	– Electronic)
Average Servi	ce Processing Time	Category	of Targe	eted Customers
2 –	5 Minutes	Individuals		
Ser	vice Fees	Service Provision Timings		
AED 50		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
Service Provision Actions & Procedures				
Action / Procedure Responsibility			Responsibility	
5. Submitting the report				Customer
6. Verifying	g the medical report		A	Attestation Staff
7. Collectin	g fees		A	Attestation Staff
8. Approving the report			A	Attestation Staff
Service Provision Requirements (Required Documents)				
Pregnant Woman Medical Fitness Report for Travel Purpose				
Terms & Conditions				
o Nil				

Chapter Six

Customer Care

- 1.
- 2.
- Customers Inquiries Customers Suggestions Comments (Customers Complaints) **3.**
- 4.
- Medical Complaints
 Medical Cases Referred from Other Parties. **5.**

Name of Service	Customer Inquiries	Service Strat Value	tegic	Sub
Package	Supporting Services of Patients & Individuals	Type of Ser	vice	Transactional
	Service D	escription		
Submitting an inq	uiry application by custome scope o	ers to get the nece of MOH	essary inf	ormation within the
Service Provision	Authority in the MOH	Service	Provisi	on Channels
	es Centers Department		raditional	
Average Servi	ce Processing Time	Category	of Targe	eted Customers
,	0 / 10) Hour / Min	Indiv	viduals, C	Companies
Ser	vice Fees	Service	e Provisi	on Timings
Free Sun. t		Sun. to Thur. f	from 07:3	0 a.m. to 02:30 p.m.
	Service Provision A	ctions & Proced	lures	
Action / Procedure Responsibility		Responsibility		
Receiving and welcoming the customer			Recep	tionist / Call Center
2. Recognizing	the customer's need		Recep	tionist / Call Center
3. Directing the	e customer to the concerned	counter	Recep	tionist / Call Center
4. Replying the	customer's inquires		Counter	Staff / Receptionist / Call Center
5. Providing the	e customer with the required	d documents	Counter	Staff / Receptionist / Call Center
6. Directing the website	e customer to get the service	e from the	Counter	Staff / Receptionist / Call Center
Ser	rvice Provision Requiren	nents (Required	Docum	ents)
Browsing the website to determine the required service and its documents				
Terms & Conditions				
No conditions are required				

Name of Service	Customers Suggestions	Service Strat Value	egic	Sub
Package	Supporting Services of Patients & Individuals	Type of Serv	vice	Transactional
	Service D	escription		
Submitting	a suggestion to the MOH b	y customers relate	ed to the	MOH scope
Service Provision	Authority in the MOH	Service	Provisi	on Channels
Customer Servic	es Centers Department		Electro	onic
Average Servi	ce Processing Time	Category o	of Targe	eted Customers
(10 / 0 / 0) Day / Hour / Min		Individuals, Companies		
Ser	vice Fees	Service Provision Timings		
	Free	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.		
	Service Provision A	ctions & Proced	ures	
		F	Responsibility	
1. Receivin	g and welcoming the custor	mer	Recep	tionist / Call Center
 Directing the customer to submit his sug through (MY GOV) portal 		gestion	Recep	tionist / Call Center
Service Provision Requirements (Required Documents)				
o The suggestion				
Terms & Conditions				
The suggestion should be related to the MOH				

Name of Service	Comments (Customers Complaints)	Service Strategic Value	Sub
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional

Service Description

Submitting a comment or complaint by the customers to the MOH concerning the transactions or provided services, or in case of breaching any of the promises given by the MOH to its customers

Service Provision Authority in the MOH	Service Provision Channels
Customer Services Centers Department	Electronic
Average Service Processing Time	Category of Targeted Customers
(7 / 0 / 0) Day / Hour / Min	Individuals, Companies
Service Fees	Service Provision Timings
Free	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Receiving and welcoming the customer	Receptionist / Call Center
2. Inquiring the costumer about the nature of the complaint	Receptionist / Call Center
3. Registering the complaint and referring it to the competent department	Government Communications

Service Provision Requirements (Required Documents)

- o A copy of the UAE identity card
- o The Customer's details
- o The complaint filed by the customer

Terms & Conditions

No conditions are required

Name of Service	Medical Complains	Service Strateg	gic	Sub
	-	Value		
Package	Supporting Services of Patients & Individuals	Type of Service	ce	Transactional
	Service D	escription		
Submitting n	nedical complaints by custo	mers in case of med	lical en	ror occurrence
Service Provision	Authority in the MOH	Service P	rovisio	on Channels
Medical l	Liability Office	Trad	litional	offline
Average Servi	ce Processing Time	Category of	`Targe	ted Customers
	Nil	I	Individ	uals
Ser	vice Fees	Service F	Provisi	on Timings
	Free	Sun. to Thur. from	m 07:3	0 a.m. to 02:30 p.m.
Service Provision Actions & Procedures				
Action / Procedure			R	Responsibility
Receiving and welcoming the customer		•	Recep	tionist / Call Center
Inquiring the costumer about the nature of the complaint		of the	Recep	tionist / Call Center
3. Identifying the nature of the complaint (government of private hospital) / concerned emirate		government or	Recep	tionist / Call Center
 4. Registering the complaint: Referring it to the Medical Liability Office if it is related to a government hospital Referring it to the Regulation, Licensing & Advertising Dept. if it is related to a private hospital 		sing &	/ M Depar	nent Communications Medical Liability tment / Regulation, sing & Advertising Dept.
Service Provision Requirements (Required Documents)				
1	e UAE identity card			
o The Customer's details				
 The complaint filed by the customer The medical report (if any) 				
Terms & Conditions				

o No conditions are required

Name of Service	Medical Cases Referred from Other Parties	Service Strategic Value Sub		Sub
Package	Supporting Services of Patients & Individuals	Type of Service		Transactional
	Service D	escription		
Studying the med	dical cases referred from oth investig	ner authorities to t	he MOH	, such as courts, to
Service Provision	Authority in the MOH	Service	Provisi	on Channels
Medical	Liability Office		raditional Inhanced	
Average Servi	ce Processing Time	Category	of Targe	eted Customers
	Nil	Courts, C	Governme	ent Institutions
Ser	vice Fees	Service	Provisi	on Timings
	Free	Sun. to Thur. f	rom 07:3	0 a.m. to 02:30 p.m.
	Service Provision A			•
	Action / Procedure		F	Responsibility
related to the medical errors from the following authorities: The medical firms affiliated to the MOH (hospitals and health centers) The medical zone MOH (Government Communications or through complaints system), (Medical Liability Office)		Medical Liability Office Director		
 2. Ensuring the availability of the complaint requirements: The complaint shall be in writing on the approved form The complaint shall be signed, with clear name, address and telephone number to communicate with the complainant The complained case shall be clear in terms of the name of the patient, the medical firm and the medical treating staff (if possible) Clearly stating the reason of the complaint The complaints shall be filed within 12 months from the occurrence of the incident 		Comp	olaints Coordinators	
 3. Communicating with the complainant within 3 working days to ensure receiving the complaint, and providing him with a simplified explanation about the procedures and estimated time to address his complaint 4. Communicating with the insurance company within 3 working days from receiving the complaint 5. Studying and assessing all filed complaints, and 		and providing the procedures aint pany within 3 iint	Medi	cal Liability Office Director cal Liability Office
collecting the necessary information		Director cal Liability Office		
	n and putting the necessary	_		Director

the work plans. The file, notice of complainant and firm shall be archived.	
7. For medium complaints, an internal investigation shall	Madical Lightlity Office
be requested from the firm. According to the	Medical Liability Office
assessment results, forming an internal committee	Director
could be required	
8. For serious complaints and in some medium	
complaints, an investigations in the medical errors shall	Medical Liability Office
be requested to be conducted by specialized	Director
consultancy medical boards as required by the	
complaint status.	
9. <u>In case the error or negligence is proved by the</u>	
technical committee, the following steps shall be	
<u>taken</u> :	
a. Studying the final report	
b. Notifying the firm	Medical Liability Office
c. Notifying the complainant	Director
d. Submitting the suggested recommendations or	
improvements to the firm director, the	
undersecretary office and the hospitals sector	
department as periodical reports.	
10. In case the medical error is proved, the following steps	
shall be taken:	
a. Studying the final report	
b. A technical memo including the opinion and	Madiaal I iakiliaa 066
recommendations shall be submitted to the	Medical Liability Office
undersecretary to take the appropriate	Director
resolution by referring to the violations	
committee or the licenses committee	
c. Notifying the firm	
11. Notifying the resolution of the violations committee to	Medical Liability Office
the hospitals sector and the firm	Director
In case of receiving cases from the following authorities:	
• Courts	
Public Prosecution	
Tuone Prosecution	Undersecretary office and the
12. Receiving the complaint	legal consultant of MOH
	Medical Liability Office
13. Receiving the complaint or case for studying	Director
14. Communicating with the insurance company within 3	
	Medical Liability Office
working days from the date of receiving the case	Director
15. Investigating the complaint through specialized and	Investigation Committees
neutral technical committees, or referring to the higher	Investigation Committees
committee of medical liability for investigation	
16. Requesting a technical memo from the firm director	Medical Liability Office
concerning the filed complaint along with hearing the	Director
statements of the medical staff	
17. Submitting the technical memo with the investigation	Medical Liability Office
outcomes to the undersecretary office and the legal	Director
consultant	_ = == 5555

Service Provision Requirements (Required Documents)

- Policies and procedures to manage and address medical complaints.
- o Filing complaint form.
- Investigation form

- Receiving the formal complaints filed only by the patients, their relatives or their attorneys related to the diagnosis and treatment procedures through receiving services in the medical firms of the MOH.
- The firm or the department receiving the complaint shall be responsible for dealing with the complaint and coordinating with the other competent authorities to address the complaint
- o Providing a complaint system to all users of the service regardless of their racial, cultural backgrounds, sex, religion, disability, etc.
- Facilitating the process of filing complaints by the patient or the service users in terms of providing leaflets about how to file complaints or suggestions.
- Appointing or assigning officers or coordinators to receive medical complaints and deal with them as required by this policy.
- Complaints and communications related thereto shall be kept separately from the medical records of the patients.
- o Complaints files shall be kept up to 3 years.
- Medical complaints shall be filed within 12 months after the occurrence of the accident which led to filing the complaint.
- O Communication with the complainant (whether by telephone, email or interview) shall be conducted within **three working days** after receiving the complaint by the complaints receptionists, whether in the medical firms, medical zones or the medical liability office. If this does not happen, a reasonable excuse shall be presented for such delay in the complaint file. The following points shall be explained:
 - The manner of addressing the complaint
 - The time schedule expected for responding with the filed complaint
 - The complainant's expectations in terms of the result (compensation, prosecution, improving service, etc.)
- O The time schedule for addressing the medical complaints shall be within a maximum period of four weeks from the date of receiving the complaint until notifying the complainant with the final result unless the case is complicated (e.g. it necessitates referring the complaint to the medical liability office for investigation by specialized technical committee or to the higher committee of medical liability); in this case the complainant shall be contacted to explain the adopted procedures and the expected time schedule if possible.
- The works and conclusions of the technical committees and internal committees shall be deemed as confidential reports.
- The medical liability office in the MOH should not receive the complaints or cases of medical errors filed against firms that are not affiliated to the MOH (e.g. health authorities)

Chapter Seven

Medical Registration & Medical Files Services

- 1. Health Card Issuance
- 2. Health Card Renewal
- 3. Lost or Damaged Health Card Replacement
- 4. Transfer a Health Card to Center
- 5. Health Card Fees Refund
- 6. Health Card Amendment
- 7. Medical Advertisement License Fees Payment
- 8. Medical Advertisement Renewal Fees Payment

Name of Service	Health Card Issuance	Service Strategic Value	Sub
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional
	Service D	escription	
	Application for obt	aining a health card	
Service Provision	Authority in the MOH	Service Provisi	on Channels
Nil		Electronic	
Average Service Processing Time		Category of Targeted Customers	
(0 / 0 / 30) Day / Hour / Min		Individ	uals
Ser	vice Fees	Service Provisi	on Timings
 UAE nationals – GCC nationals – Diplomats (0 – 10 years AED 80, 11 – 18 years AED 100, older than 18 years AED 150) Expatriates AED 550 People with special needs AED 40 typing fees 		Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Typing the health registration form	Typist
2. Payment of the prescribed fees	Typist
3. Reviewing the typed information in the form by the customer	Customer
4. Submitting the form to the health registration section	Receptionist
5. Verifying and reviewing the details included in the form by the receptionist with the customer	Receptionist
6. Inputting the form to the system by the automatic reader and saving the same on the MOH system device	Receptionist
7. Issuing the card electronically by the device	Receptionist
8. Delivering the card to the customer personally	Receptionist

Service Provision Requirements (Required Documents)

- o **UAE national**: A copy of the family book, a copy of the identity card, a copy of the passport, a personal photograph
- o **GCC national**: A copy of the identity card, a copy of the passport, a copy of the tenancy contract, a personal photograph
- o **Expatriate**: A copy of the identity card, a copy of the passport with the visa, a copy of the tenancy contract, a personal photograph
- o **Diplomat**: A copy of the diplomatic passport, a copy of the card issued by the Ministry of Foreign Affairs in yellow color, a letter proving that he is still on job issued by the consulate, a personal photograph
- o **People with Special Needs**: A copy of the identity card, a copy of the passport, medical report issued by a government hospital proving that the applicant is one of those having

a special needs, approval letter on the medical report by the medical board, a personal photograph

- O Permanent residency in the UAE
- o The card issuance location shall be related to the residential area of the customer

Name of Service	Health Card Renewal	Service Strategic Value	Supplementary
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional
	Service D	escription	
	Application for a h	nealth card renewal	
Service Provision	Authority in the MOH	Service Provisi	on Channels
Nil		Electronic	
Average Service Processing Time		Category of Targeted Customers	
(0 / 0 / 30) Day / Hour / Min		Individ	uals
Ser	vice Fees	Service Provisi	on Timings
 UAE nationals – GCC nationals – Diplomats (0 – 10 years AED 80, 11 – 18 years AED 100, older than 18 years AED 150) Expatriates AED 550 People with special needs AED 40 typing fees 		Sun. to Thur. from 07:3	0 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Typing the health registration form	Typist
2. Payment of the fees	Typist
3. Reviewing typed information in the form by the customer	Customer
4. Submitting the form to the health registration section	Receptionist
5. Verifying and reviewing the details included in the form by the receptionist with the customer	Receptionist
6. Inputting the form to the system by the automatic reader and saving the same on the MOH system device	Receptionist
7. Issuing the card electronically from the device	Receptionist
8. Delivering the card to the customer personally	Receptionist

Service Provision Requirements (Required Documents)

- o **UAE national**: A copy of the family book, a copy of the identity card, a copy of the passport, a personal photograph
- o **GCC national**: A copy of the identity card, a copy of the passport, a copy of the tenancy contract, a personal photograph
- o **Expatriate**: A copy of the identity card, a copy of the passport with the visa, a copy of the tenancy contract, a personal photograph
- O **Diplomat**: A copy of the diplomatic passport, a copy of the card issued by the Ministry of Foreign Affairs in yellow color, a letter proving that he is still on job issued by the consulate, a personal photograph
- o **People with Special Needs**: A copy of the identity card, a copy of the passport, medical report issued by a government hospital proving that the applicant is one of those having

a special needs, approval letter on the medical report by the medical board, a personal photograph

- O Permanent residency in the UAE
- The card issuance location shall be related to the residential area of the customer

Name of Service	Lost or Damaged Health Card Replacement Application	Service Strategic Value Supple		Supplementary
Package	Supporting Services of Patients & Individuals	Type of Service Transactional		
	Service D	escription		
	Application for a lost or da	maged health card	issuanc	e
Service Provision	Authority in the MOH	Service l	Provisi	on Channels
	Nil		Electro	
Average Servi	ce Processing Time	Category o	f Targe	ted Customers
`	0 / 30) Hour / Min	Individuals		
Ser	vice Fees	Service Provision Timings		on Timings
 UAE nationals – GCC nationals – Diplomats AED 100 Expatriates AED 350 People with special needs AED 40 typing fees 		Sun. to Thur. from 07:30 a.m. to 02:30 p.m. Actions & Procedures		
	Action / Procedure			 Responsibility
	·			. ,
1. Payment of t	he fees			Receptionist
2. Issuing the ca	ard electronically from the	device	Receptionist	
3. Delivering th	3. Delivering the card to the customer personally			
Service Provision Requirements (Required Documents)				
A copy of the identity card and a personal photograph				
Terms & Conditions				
Valid health card				

Name of Service	Transfer a Health Card to a Center	Service Strategic Value	Supplementary
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional

Service Description

Transferring Health Card

- o Internal: Transferring the health card from one health center to another in the same emirate
- External: Transferring the health card from one health center to another (from one emirate to another)

Service Provision Authority in the MOH	Service Provision Channels
Health Registration & Medical Files	Traditional offline
Average Service Processing Time	Category of Targeted Customers
(1 / 0 / 0) Day / Hour / Min	Individuals, Companies
Service Fees	Service Provision Timings
Typing fees AED 50	Sun. to Thur. from 07:30 a.m. to 02:30 p.m.

Service Provision Actions & Procedures

Action / Procedure	Responsibility
1. Typing the health registration form	Typist
2. Payment of the prescribed fees	Typist
3. Reviewing typed information in the form by the customer	Customer
4. Submitting the form to the health registration section	Receptionist
5. Verifying and reviewing the details included in the form by the receptionist with the customer	Receptionist
6. Inputting the form to the system by the automatic reader and saving the same on the MOH system device	Receptionist
7. Issuing the card electronically by the device	Receptionist
8. Delivering the card to the customer personally	Receptionist

Service Provision Requirements (Required Documents)

- o Internal: A copy of the identity card and residence address
- o External:
- ✓ **UAE national**: A copy of the family book, a copy of the identity card, a copy of the passport, a personal photograph
- ✓ GCC national: A copy of the identity card, a copy of the passport, a copy of the tenancy contract, a personal photograph
- ✓ **Expatriate**: A copy of the identity card, a copy of the passport with the visa, a copy of the tenancy contract, a personal photograph
- ✓ **Diplomat**: A copy of the diplomatic passport, a copy of the card issued by the Ministry of Foreign Affairs in yellow color, a letter proving that he is still on job issued by the consulate, a personal photograph
- ✓ **People with Special Needs**: A copy of the identity card, a copy of the passport, medical

report issued by a government hospital proving that the applicant is one of those with special needs, approval letter on the medical report by the medical board, a personal photograph

Terms & Conditions

o Submitting the old health card

Name of Service	Health Card Fees Refund	Service Strategic Value		Supplementary	
Package	Supporting Services of	Type of Service		Transactional	
1 ackage	Patients & Individuals	Type of Sei	VICE	Transactional	
	Service D	escription			
	Refunding the fees rela				
	Authority in the MOH			on Channels	
	tion & Medical Files		'raditional		
	ce Processing Time	Category	of Targe	eted Customers	
,	0 / 0) Hour / Min	Indi	viduals, C	Companies	
Serv	vice Fees	Servic	e Provisi	on Timings	
	Free	Sun. to Thur.	from 07:3	0 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Proced	dures		
	Action / Procedure Responsibility				
Requesting the customer to deliver the typed form of health registration, attached with a copy of payment receipt to start refund procedures		• •		Registration Section Head / Deputy	
Inquiring about the reason of refund request		Health Registration Section Head / Deputy			
3. Inputting the transaction in the system				Receptionist	
4. Saving the tra Application)	ansaction on the system (Fe	ees Refund		Receptionist	
5. Submitting a	letter to the head of financi zone to refund the fees	ial affairs		Registration Section Head / Deputy	
_	e transaction to the custom affairs section in the zone	er to report to		Receptionist	
	Financial Affairs S	Section in the Zo	one		
1. Issuing a doc	ument to refund the fees		Financ	ial Affairs Section in the Zone	
2. Setting an appointment for the customer to receive the fees		to receive the	Financ	ial Affairs Section in the Zone	
Ser	vice Provision Requirem	nents (Required	Docume	ents)	
The typed form of health registration, attached with a copy of payment receipt					
Terms & Conditions					
 No Conditions are required 					

Name of Service	Health Card Amendment Application	Service Strategic Value	Supplementary
Package	Supporting Services of Patients & Individuals	Type of Service	Transactional
	Service D	escription	
Amending	g the health card in case erro	ors are found in the cu	stomer's details
Service Provision	Authority in the MOH	Service Pro	vision Channels
Health Registra	ntion & Medical Files	Traditi	ional offline
Average Servi	ce Processing Time	Category of T	argeted Customers
(1 / 0 / 0) Day / Hour / Min		Individuals, Companies	
Service Fees		Service Provision Timings	
Free		Sun. to Thur. from 07:30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Procedures	3
	Action / Procedure		Responsibility
1. Contacting the	ne health card system techni	ician	ealth Registration Section Head / Deputy
2. The technicis and corrects	an enters the system databas the error	se of the card	Health Card System Technician
3. Retyping the card and delivering it to the cus		e customer	Health Card System Technician
Service Provision Requirements (Required Documents)			
 Identification 	ı ID		
Terms & Conditions			
o No Condition	ns are required		

Chapter Eight

Advertising License

- 1. Medical Advertisement License Fees Payment
- 2. Medical Advertisement Renewal Fees Payment

Name of Service	Medical Advertisement	Service Stra	tegic	Sub
ivalile of Service	License Fees Payment	Value		Sub
Package	Supporting Services of Patients & Individuals	Type of Ser	vice	Transactional
	Service D	escription		
	Payment of medical ad	vertisement licen	se fees	
Service Provision	Authority in the MOH	Service	Provisi	on Channels
Regulation, Licens	ing & Advertising Dept.	T	raditional	offline
Average Servi	ce Processing Time	Category	of Targe	eted Customers
(5 / 0 / 0) Day / Hour / Min	Indiv	ividuals / Companies	
Service Fees Se		Servic	ce Provision Timings	
According to the required renewal period. Sun. to Thu		Sun. to Thur. f	from 07:30 a.m. to 02:30 p.m.	
	Service Provision Actions & Procedures			
Action / Procedure Responsibility				
1. Submitting tl	Submitting the required documents and paying the fees Customer			Customer
2. Studying the documents at	application and ensuing that re completed	at the	_	lation, Licensing & dvertising Dept.
3. Payment of fees			_	lation, Licensing & dvertising Dept.
Service Provision Requirements (Required Documents)				
 A copy of the advertisement to be licensed. A copy of the email approving the renewal from the Regulation, Licensing & Advertising Dept. (advertising section) A copy of the documents that are attached with the email to the Health Advertising Department. Payment of fees 				

		l		
Name of Service	Medical Advertisement	Service Stra	tegic	Cumplementery
rvanie of Service	Renewal Fees Payment	Value		Supplementary
Package	Supporting Services of Patients & Individuals	Type of Service Transaction		Transactional
	Service D	escription		
	Payment of medical adv	vertisement renew	val fees	
Service Provision	Authority in the MOH	Service	e Provisi	on Channels
Regulation, Licens	sing & Advertising Dept.	T	raditiona	l offline
Average Servi	ce Processing Time	Category	of Targe	eted Customers
(0 / 0 / 5) Day / Hour / Min	Indiv	viduals / (Companies
Ser	vice Fees	Servic	ce Provision Timings	
According to the required renewal period Sun. to Thur		Sun. to Thur. f	from 07:30 a.m. to 02:30 p.m.	
	Service Provision A	ctions & Proced	lures	
Action / Procedure Responsibility				
Submitting the required documents and paying the fees Customer			Customer	
2. Studying the	application and ensuing tha	at the	Regu	lation, Licensing &
documents a	re completed.			dvertising Dept.
3. Payment of f	ees		_	lation, Licensing & dvertising Dept.
Sen	rvice Provision Requiren	nents (Required	Docum	ents)
A copy of the advertise to be renewed				
	e email approving the renev			
o A copy of the documents that were attached with the email to the Health Advertising				
Department				
o Payment of fees				
Terms & Conditions				