

State of Qatar

Supreme Council
Of Health

Medical Licensing

Registration
Section



Re - Evaluation Requirements

For official use

For applicant use

For official use	For applicant use
<input type="checkbox"/> 1- Re- Evaluation Application Form	<input type="checkbox"/>
<input type="checkbox"/> 2-Copy of new Post graduation certificate (if any)	<input type="checkbox"/>
<input type="checkbox"/> 3-Curriculum - Vitae (C. V)	<input type="checkbox"/>
<input type="checkbox"/> 4- Two recent photos	<input type="checkbox"/>
<input type="checkbox"/> 5-Copy of valid passport + Page of valid residency (if any)	<input type="checkbox"/>
<input type="checkbox"/> 6-Copy of recent work experience certificates	<input type="checkbox"/>
<input type="checkbox"/> 7-Copy of valid medical license (if any)	<input type="checkbox"/>
<input type="checkbox"/> 8-Copy of the evaluation certificate or its equivalent	<input type="checkbox"/>
<input type="checkbox"/> 9-Copy of all academic & experience certificates	<input type="checkbox"/>
<input type="checkbox"/> 10- Original Certificate of Good Standing ,must be sent directly sent from the Registration authority of the last 5 years of work experience, to: Registration Section ,Medical Licensing ,Supreme Council of Health , P.O.Box : 7744 *	<input type="checkbox"/>
<input type="checkbox"/> 11- Personal Declaration (available on website)	<input type="checkbox"/>
<input type="checkbox"/> 12-Copy of receipt of fees payment (non - refundable)	<input type="checkbox"/>

Remarks

- * Please note that any incomplete request will not be processed
- * Please arrange your file according to the above mentioned requirements order .
- * Please be informed that Re-evaluation does not bind the Supreme Council of Health to promote the applicant to a certain grade.
- * New documents (that has not been submitted to verification company) ,has to be submitted in this stage.
- * Documentation necessary to support this application must be maintained and presented upon request .
- * Presented documents must be translated in to Arabic or English (attached to copy of the original documents)
- * It is the applicant's responsibility to follow up his/her verification report (dataflow) through the verification company & also to follow up Certificate of good standing status with the perspective parties
- * For more information & queries, visit [www.sch.gov.qa /Medical Licensing](http://www.sch.gov.qa/Medical Licensing) .

Name of applicant

Date

Signature

Submit Verification (dataflow) request to:

Counter 14,ground floor,
Supreme Council of Health
building.

Submit Evaluation request to:

Counter 13,ground floor,
Supreme Council of Health
building.

Follow up your Evaluation request with:(at least after 25 working days)

Counter 12,ground floor,
Supreme Council of Health
building.

Follow up Verification (dataflow) request with

Counter 14,ground floor,
Supreme Council of Health
building.

Follow up Certificate of Good Standing status with:

Counter 12,ground floor,
Supreme Council of Health
building.

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Date

Signature