



# Issuing Eligibility Numbers for Practitioners living outside KSA

In this service SCFHS provides the exam and data flow verification eligibility numbers for overseas practitioners




1. After you create your account successfully, Log into your Mumaris account, by enter your email as a username and the password then click on the " Login" button.



اللغة العربية

الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties

 **ممارس**  
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 Username

 Password


[New Account](#)  [Forgot your password?](#) 

**Login**





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## 1. Place the pointer on 'Classification and Registration Services' from the list of 'E-Services'. Click on the "Issuing of Eligibility Numbers"



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عربي  Contact Us  Change Password  Log In/Out 

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Welcome YouSara Bader In the Saudi Commission for Health Specialties | 03/16/2015

### Query Services


- ▶ My Requests
- ▶ My Eligibility Number and Examination Results
- ▶ My Eligibility Number and Certificate Verification Results
- ▶ My CME Hours
- ▶ My Restrictions
- ▶ My Issued Certificates

### E-Services

- Classification and Registration
  - Issuing of eligibility Numbers
  - Activation of Eligibility Number -Outside Ksa

Update Profile Photo

My Account



All Fields with (\*) are mandatory

#### Classification Information

Registration and Classification Number:

Issue Date:  Issue Date Hijri:

Expiry Date:  Expiry Date hijri:

#### Communication Methods

Mobile Number:

E-mail Address:

#### My Account Information

Name - ARA:

Name - ENU: Sara Bader

File Number:  File Status:

## 2. The information page will appear, read the general instruction for ‘Registration Card Extension’ carefully, then click on the “Done” button.

The screenshot displays the SCFHS portal interface. At the top, there is a dark green header with the SCFHS logo on the left and navigation links in Arabic and English: 'Contact Us', 'ChangePassword', and 'Log In/Out'. Below the header, a white navigation bar contains a list of links: 'My Eligibility Number and Examination Results', 'My CME Hours', 'My Restrictions', and 'My Issued Certificates'. A welcome message 'Welcome YouSara Bader In the Saudi Commission for Health Specialties' and the date '03/16/2015' are visible on the right. The main content area is light blue and titled 'Issuing of eligibility Numbers - (General Instructions)'. It features a dark green box with the heading 'General Instructions'. The text explains that the SCFHS provides eligibility numbers for overseas practitioners to attend the Saudi licensing examination. A bulleted list of requirements is provided: 'The certificate to be classified and previous qualifications if exist.', 'Academic transcript, Log book or Training program content.', 'Personal Photo (4 X 6)', 'Passport Copy', and 'National ID if available'. A note states, 'You can check your application status through your account at SCFHS Portal.' At the bottom right, there are two buttons: an orange 'Back' button and a green 'Done' button with a checkmark icon.

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My Eligibility Number and Examination Results  
My CME Hours  
My Restrictions  
My Issued Certificates

### Issuing of eligibility Numbers - (General Instructions)

#### General Instructions


The Saudi Commission for Health Specialties provides the service of issuing eligibility numbers for overseas practitioners to attend the Saudi licensing examination and to verify their certificates as this is considered an essential prerequisite before they are allowed to work in the kingdom

- The certificate to be classified and previous qualifications if exist.
- Academic transcript, Log book or Training program content.
- Personal Photo (4 X 6)
- Passport Copy
- National ID if available

You can check your application status through your account at SCFHS Portal.

Back Done

3. You will be directed to the 'Practitioner Information' screen and pertaining data will be displayed. Complete the (Contact Information) section, then tick the checkbox acknowledging the validity of the information you have provided. Click on the "Next" button to proceed.



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Request Reference No:

Account Information

First Name - ARA:

Middle Name - ARA:

Third Name - ARA:

Last Name - ARA:

First Name - ENU:

Middle Name - ENU:

Third Name - ENU:

Last Name - ENU:

Date of Birth:

Date of Birth Hijri:

Gender:

Nationality:

Place of Birth:

Marital Status:

Religion:

Country of current resident:

Contact Information

E-mail Address:\*

E-mail Address Confirmation:\*

Mobile Number:\*

saram1bader@gmail.com

saram1bader@gmail.com


+966333673273

☒ I clarify my contact information is correct

Next



#### 4. Please enter all of your certificates and qualifications based on the date obtained by pressing on “New” button for each certificate.



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### Issuing of eligibility Numbers - (Qualifications)

Request Reference No:


Do you have a national Board or Professional Registration from your country?:

Please enter the information of all your certificates



Country	Educational Institution	College	Degree	Certificate Title	The period of study / training years	Graduation Date	Graduation Date Hijri	Delete
---------	-------------------------	---------	--------	-------------------	--------------------------------------	-----------------	-----------------------	--------

Please select the certificate to be classified - (Only one Certificate)


Certificate Title	Selected Certificate
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## 5. Upon data entry completion, press the “Save” button.



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GENERAL INSTRUCTIONS1 PRACTITIONER INFORMATION2 QUALIFICATIONS3 EXPERIENCES4 ATTACHMENTS5 REVIEW DATAEND

Eligibility Issuance - Outside -New - (Qualifications)

Request Reference No:15281017196

Do you have a national Board or Professional Registration from your country?:-Select-

Please enter the information of all your certificates


Country:★ Jordan	Educational Institution:★ university of jordan	College:★ medicine
Degree:★ Bachelor	Certificate Title:★ general medicine	The period of study / training years:★ 6
Graduation Date:★ 16/03/2006	Graduation Date Hijri:★ 16/02/1427	Specialty:★ general medicine

SaveCancel

Please select the certificate to be classified - (Only one Certificate)


Certificate Title	Selected Certificate
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6. After completing the data entry of all of your certificates, you need to select only one certificate for classification. Then press the “Next” button.



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Do you have a national Board or Professional Registration from your country?: NoWelcome YouSara Bader In the Saudi Commission for Health Specialties | 03/16/2015

Please enter the information of all your certificates


NewEdit

	Country	Educational Institution	College	Degree	Certificate Title	The period of study / training years	Graduation Date	Graduation Date Hijri	Delete
>	Jordan	university of jordan	medicine	Bachelor	general medicine	6	16/03/2006	16/02/1427	Delete
>	Japan	university of jordan	medicine	Masters	dermatology	3	13/04/2009	17/04/1430	Delete



Please select the certificate to be classified - (Only one Certificate)

	Certificate Title	Selected Certificate
>	general medicine	<input type="checkbox"/>
>	dermatology	<input checked="" type="checkbox"/>

PreviousNext




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## 7. Enter your practical experiences by pressing “New” button.



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GENERAL INSTRUCTIONS 1 PRACTITIONER INFORMATION 2 QUALIFICATIONS 3 EXPERIENCES Welcome YouSara Bader In the Saudi Commission for Health Specialties | 03/16/2015

Eligibility Issuance - Outside -New - (Experiences)

Request Reference No: 15281017196


Do you have a job contract or currently working?: -Select-

Experiences of the last five years after getting qualification to be Classified until the date of submission of the application (if any)



New Edit Search Delete

Hospital / Center Name	From Date	From Date Hijri	To Date	To Date Hijri	Academic / Professional Title	Full / Part Time	Specialty
------------------------	-----------	-----------------	---------	---------------	-------------------------------	------------------	-----------

Previous Next



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8. Upon data entry completion, press the “Save” button. After completing the data entry of all of your experiences click on “Next” button.

The screenshot displays the Mumaris web portal interface for the Saudi Commission for Health Specialties. The header includes the commission's logo, name in Arabic and English, and navigation links for 'Contact Us', 'ChangePassword', and 'Log In/Out'. A user welcome message and the date '03/16/2015' are shown in the top right.

The main form is titled 'Eligibility Issuance - Outside -New - (Experiences)'. It contains the following fields and options:

- Request Reference No:** 15281017196
- Do you have a job contract or currently working?:** No (selected from a dropdown)
- Experiences of the last five years after getting qualification to be Classified until the date of submission of the application (if any)**
  - Hospital / Center Name:** Derma Hospital
  - Full / Part Time:** Full (selected from a dropdown)
  - Specialty:** Please Click The Icon Image (with a dropdown arrow)
  - From Date:** 01/03/2009
  - From Date Hijri:** 04/03/1430
  - Current:** ☒
  - To Date:** 16/03/2015
  - To Date Hijri:** 26/06/1437
  - Academic / Professional Title:** dermatologist

At the bottom of the form are 'Save' and 'Cancel' buttons. Below the form area are 'Previous' and 'Next' buttons. The footer contains the commission's logo, copyright notice 'All rights reserved to the Saudi Commission for Health Specialties © 1435', and W3C XHTML 1.0 and CSS validation logos.

9. In the ‘Attachments’ screen, you can upload the required attachments but please make sure to upload the attachments as per the format and size displayed on your screen. Use the “Select” button to add an attachment. To proceed, press the “Next” button.

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Dear practitioner please upload the attachment based on the identified format within the allow

Note that all data and attachments that are uploaded to the system are auto saved. You can come back to your request and upload any missing attachment(s).

Upload All Reload Please Press Reload Button To Display All Uploaded files

★	تحميل	إختيار
✓	Personal Photo (Passport Size) (JPG - 1MB)	sara.jpg
✓	Qualifications Certificate - general medicine (PDF - 1MB)	sara.pdf
✓	Qualifications Certificate (PDF - 1MB)	sara.pdf
✓	Passport Copy (PDF - 1MB)	sara.pdf
	Academic Transcript/ Log book / Training program content (PDF - 2MB)	
✓	Experience Certificate - Derma Hospital (PDF - 1MB)	sara.pdf

Previous Next

10. Select your profession type and your exam general specialty , Read the clarification statement and accept it. Add any remark you may have regarding your application by pressing the “New” button and then press the “Next” button.

The screenshot displays the Saudi Commission for Health Specialties (SCFHS) portal. At the top, the SCFHS logo and name are visible in Arabic and English. The user is logged in as 'YouSara Bader' on 03/16/2015. The 'Request Reference No.' is 15281017196. The 'General Information' section contains fields for First Name, Middle Name, Third Name, and Last Name in both Arabic (ARA) and English (ENU). The user's first name is 'Sara' and last name is 'Bader'. Birth date is 16/03/1990 (Gregorian) and 19/08/1410 (Hijri). Place of birth is 'United Arab Emirates' and gender is 'Female'. Nationality is 'Jordan' and country of current resident is 'Jordan'. Religion is 'Other' and email address is 'sara11bader@gmail.com'. The 'More Information' section shows 'Profession Type' as 'Medical' and 'Exam General Specialty' as 'Dermatology'. The 'Exam Code' is 'DERM'. A checkbox is checked, indicating the user confirms the information is correct. Below this, there is a section to add remarks with a 'New' button and a 'Search' button. The background features a large watermark of the SCFHS logo and various medical icons at the bottom.

Request Reference No: 15281017196

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### General Information

First Name - ARA:	Middle Name - ARA:	Third Name - ARA:	Last Name - ARA:
First Name - ENU:	Middle Name - ENU:	Third Name - ENU:	Last Name - ENU:
Sara			Bader
Date of Birth:	Date of Birth Hijri:	Place of Birth:	Gender:
16/03/1990	19/08/1410	United Arab Emirates	Female
Nationality:	Country of current resident:	Religion:	E-mail Address:*
Jordan	Jordan	Other	sara11bader@gmail.com

### More Information

Profession Type:*	Exam General Specialty:*	Exam Code:
Medical	Dermatology	DERM

☒ I clarify that all information entered is correct and if proven otherwise the SCFHS has the right to suspend my request and take legal action

You can add any remark on your request

New Search Edit Delete

11. In the end, the screen will display your application reference number and shows your request status as 'Submitted to SCFHS', click on the “Finish” button. Note: You will receive an email after reviewing your request

The screenshot shows the Mumaris e-Service system interface. At the top, there is a header with the Saudi Commission for Health Specialties logo and name in Arabic and English. Navigation links include 'Contact Us', 'Change Password', and 'Log In/Out'. A welcome message for 'YouSara Bader' is displayed. The main content area is divided into three sections: 'Query Services' with links to 'My Requests', 'My Eligibility Number and Examination Results', 'My Eligibility Number and Certificate Verification Results', 'My CME Hours', 'My Restrictions', and 'My Issued Certificates'; 'E-Services' with a link to 'Classification and Registration'; and a profile section with 'Update Profile Photo' and 'My Account' next to a placeholder photo. Below these is a progress bar with steps: 'GENERAL INSTRUCTIONS', 'PRACTITIONER INFORMATION', 'QUALIFICATIONS', 'EXPERIENCES', 'ATTACHMENTS', 'REVIEW DATA', and 'END'. The current step is 'Eligibility Issuance - Outside -New - (End)'. It displays 'Request Reference No: 15281017196' and 'Request Status: Submitted to SCFHS'. A message states: 'Thank you for using Mumaris e-Service system, your application will take 3-5 working days to be processed. You can check your application status online through your account.' A green 'Finish' button is at the bottom.

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**Query Services**

- ▶ My Requests
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- ▶ My CME Hours
- ▶ My Restrictions
- ▶ My Issued Certificates

**E-Services**

- ▶ Classification and Registration

Update Profile Photo  
My Account

GENERAL INSTRUCTIONS 1 PRACTITIONER INFORMATION 2 QUALIFICATIONS 3 EXPERIENCES 4 ATTACHMENTS 5 REVIEW DATA END

Eligibility Issuance - Outside -New - (End)

Request Reference No: 15281017196 Request Status: Submitted to SCFHS

Thank you for using Mumaris e-Service system, your application will take 3-5 working days to be processed. You can check your application status online through your account.

Finish





**Thank you for using “Mumaris” E-services System**

For more information, please visit SCFHS website

[www.scfhs.org.sa](http://www.scfhs.org.sa)