



سلطة مدينة دبي الطبية  
DUBAI HEALTHCARE CITY AUTHORITY



DUBAI HEALTHCARE CITY AUTHORITY

PLD NEW PROFESSIONAL LICENSE

USER MANUAL

Submission Date: 10/24/2016



## Updates History

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## **Introduction**

This guide is prepared to PLD employees in order to start utilize the portal frontend site dedicated for each department. This guide also shows cases of system's screens and explains the steps each employee should follow in order to use services provided by the portal front end site.

## **About Professional License Department**

The purpose of this service is to grant a healthcare professional - who is interested in working in DHCC – a professional license or a Letter of Acceptance (LOA).

The professional license is only granted to the healthcare professional in case s/he has a healthcare operator that agreed to hire him/her.

The letter of acceptance (LOA) is only granted to the healthcare professional in case s/he has passed all the requirements of the license, yet still looking for a healthcare operator to hire him/her.

The Facility Licensing Department (FLD) is responsible for issuing a license for the healthcare operator. Then the ROC issue a Clinical Operational Permit (COP) for the healthcare operator. The COP lists all the services that this healthcare operator provides.

In the new healthcare professional application, the healthcare professional selects his/her specialty. The specialty should match one of the services provided by the healthcare operator – which is found in the healthcare operator's COP. This is a prerequisite for issuing a professional license. Otherwise the application will not be accepted.

Healthcare professionals can apply for a new professional license as a part time or a full time.

There are seven categories of healthcare professionals namely:

1. Medical License
2. Dental License
3. Complimentary Alternate Medicine (CAM)
4. Nursing
5. Faculty License (Academic Appointment)
6. Trainee License (Postgraduate Medical / Dental Education Program)
7. Allied Health Professional License

The workflow for the eight types is pretty much the same. The only difference will be the

- License fees
- Required documents
- Eligibility for part time: not all categories are eligible for part time.
- Eligibility for LOA; not all categories can issue the LOA

## Target Audience

The guide is specially designed to address the following of DHCA employees:

- Healthcare Operator
- Healthcare Professional
- IT Admin (CRM Admin)

## Guide Map

The following table indicates how this guide is categorized:

Chapter Title	Description
<b>Save as draft new request</b>	Readers of this chapter shall be introduced to detailed instructions about the phases that the saving as draft new request save as draft new request passes through.
<b>Submit a new license request by health professional with category Medical license.</b>	Readers of this chapter shall be introduced to detailed instructions about the phases that the submitting of a new license request by health professional with category Medical license passes through.
<b>Generate LOA for HC professional</b>	Readers of this chapter shall be introduced to detailed instructions about the phases that the generating of LOA for HC professional passes through.

## PLD Product Users

The following table sums up the PLD application process by mentioning the main concerned employees as well as the tasks assigned to each one of them:

Role Name	Assigned Tasks
Applicant	<ul style="list-style-type: none"><li>• Fill new professional licensure form</li><li>• Pays initial review fees</li><li>• Pays due fees</li><li>• Make an update with the required modifications</li><li>• Can appeal explaining the reason for that</li><li>• Specifies that he is ready for the prometric exam</li></ul>
Health care operator	<ul style="list-style-type: none"><li>• Pays for license issuance</li><li>• Approve his selection from health care professional</li></ul>
Health care professional	<ul style="list-style-type: none"><li>• Selects his healthcare operator</li></ul>
System	<ul style="list-style-type: none"><li>• Changes application statuses</li><li>• Fetches due fees</li><li>• Notifies applicant via sms and mail for any updates or modifications</li><li>• Update number of prometric exam trials, generate it and notifies the applicant</li><li>• Prometric update system with exam score</li></ul>

## PLD Application Statuses

During the phase of any PLD application, the system shall mark every phase with a status to indicate the current phase through which the application passes.

The following are the different application statuses:

- New
- Open
- Pending on license review payment
- Pending on initial review
- Pending on initial review modifications
- Pending on PSV
- Pending on PLD manual check
- Pending on running PSV
- Pending on PLD team member license approval
- license review rejected
- Pending on applicant appeal decision
- Pending on appeal decision
- Pending on employer selection
- Pending employer's approval
- Pending on payment
- Pending on courier submission
- Pending on MMI and BLS information submission
- Pending on PLD team member MMI and BLS approval
- Pending on PLD department head PSV exemption approval
- Pending on PLD prometric eligibility check
- Pending on applicant prometric readiness
- Pending on printing and delivery fees
- Closed
- Cancelled

## Glossary

The following table provides the reader with a definition to each unclear or ambiguous term or abbreviation used extensively throughout the document:

Term	Definition
<b>Applicant</b>	The one who initiates the new license request which can either be the healthcare operator or the healthcare professional
<b>BLS</b>	Basic Life Support Emergency procedures performed to sustain life that include cardiopulmonary resuscitation, control of bleeding, treatment of shock, stabilization of injuries and wounds, and first aid.
<b>PSV</b>	Primary Source Verification
<b>CAM</b>	Complementary alternative medicine
<b>COP</b>	Clinical Operational Permit It is the authorization issued by the Registry of Companies to a healthcare operator allowing it to conduct one or more Clinical Activities.
<b>DHCR</b>	Dubai Healthcare Regulatory
<b>FLD</b>	Facility Licensing Department
<b>Healthcare Operator</b>	Means a hospital, clinic, laboratory, pharmacy or other Entity providing Healthcare Services in DHCA, holding a Clinical Operating Permit duly issued by the Registry of Companies in accordance with the Healthcare Operators Regulation and the applicable Rules, Standards and Policies
<b>LOA</b>	Letter of Acceptance
<b>MMI</b>	Medical Malpractice Insurance Is a professional liability insurance which protects physicians and other licensed health care professionals from liability associated with wrongful practices resulting in bodily injury, medical expenses and property damage, as well

	as the cost of defending lawsuits related to such claims.
<b>PLD</b>	Professional License Department
<b>ROC</b>	Registry of Companies

## 1. Log On to DHCA Portal Frontend Site

The section is dedicated to Healthcare operators and Healthcare Professionals in order to help them know the steps required to log on to DHCA Portal frontend site.

- Start executing the following steps

1. In your browser, enter the URL of DHCA portal frontend site, **Authentication Required** window opens.



### Sign In

Please Enter your information below

E-mail

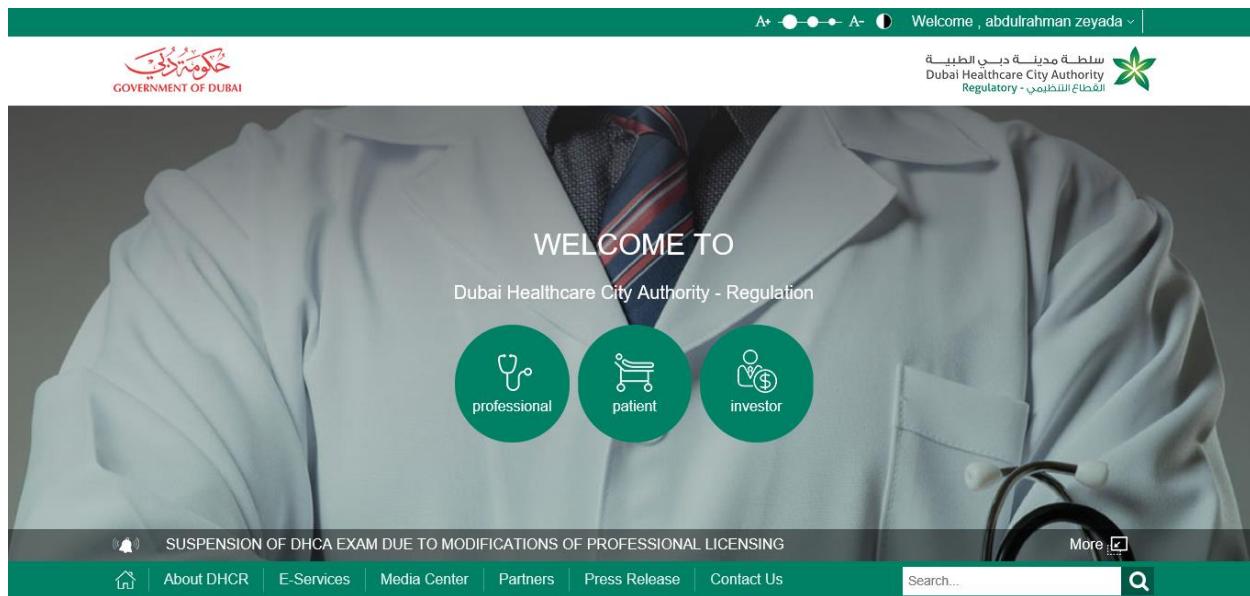
Password

[Forgot Password](#)

[Register](#)

[Sign In](#)

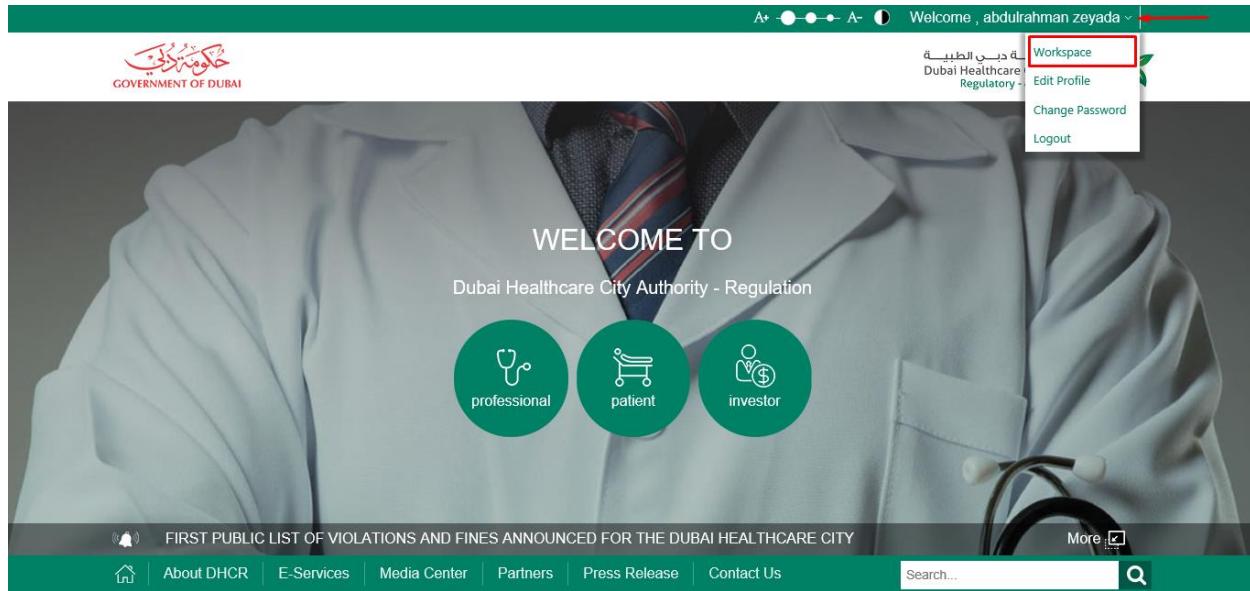
2. On **Authentication Required** window, in **E-mail** and **Password** text boxes, type your E-mail and password as a health care professional or a health care operator.
3. Click **Sign in**, portal home page will be displayed.



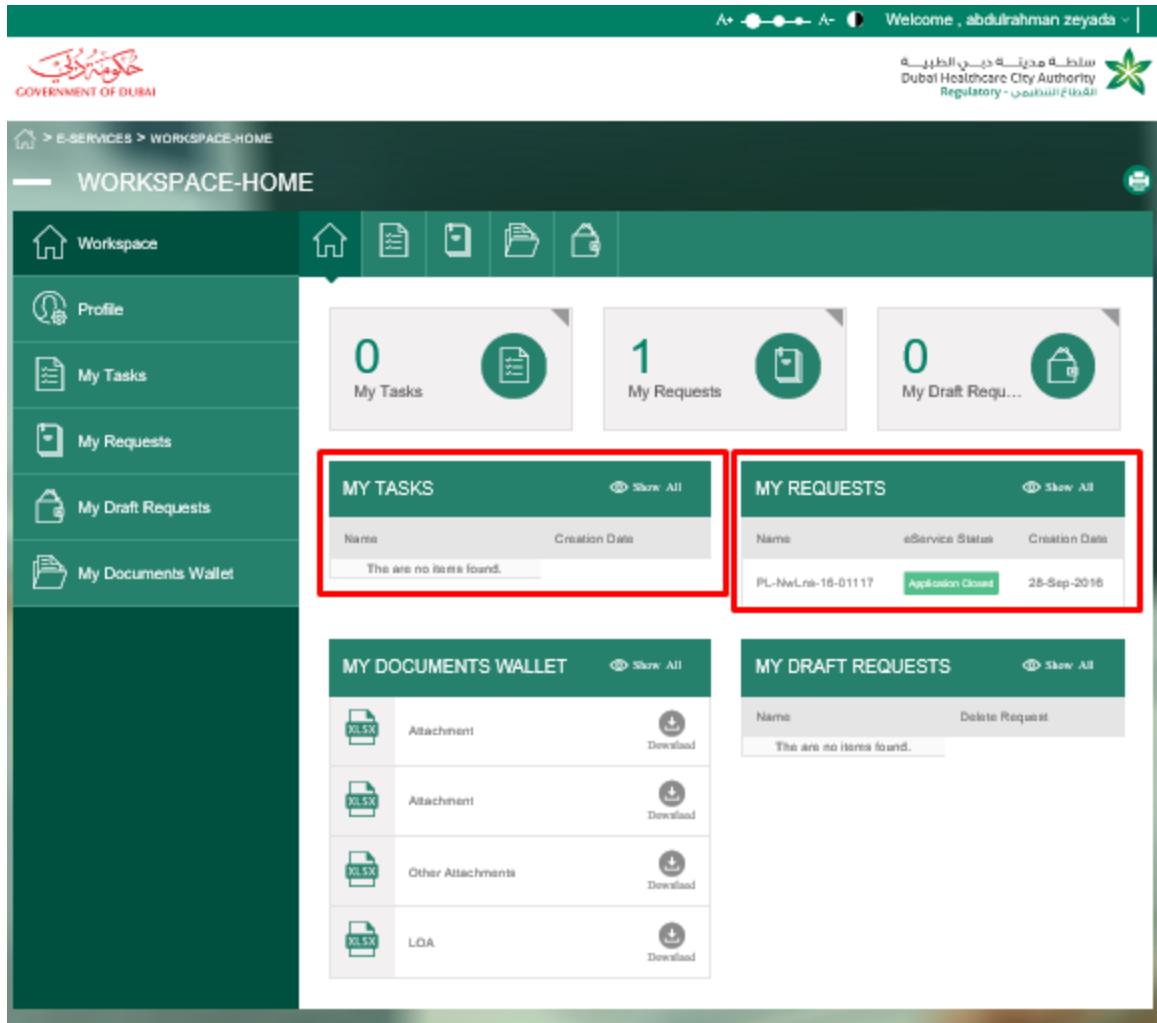
There are 2 scenarios:

a. **Navigating to workspace to see pending task or request scenario.**

1. Click on the upper arrow, then go to “workspace”, workspace home page opens.

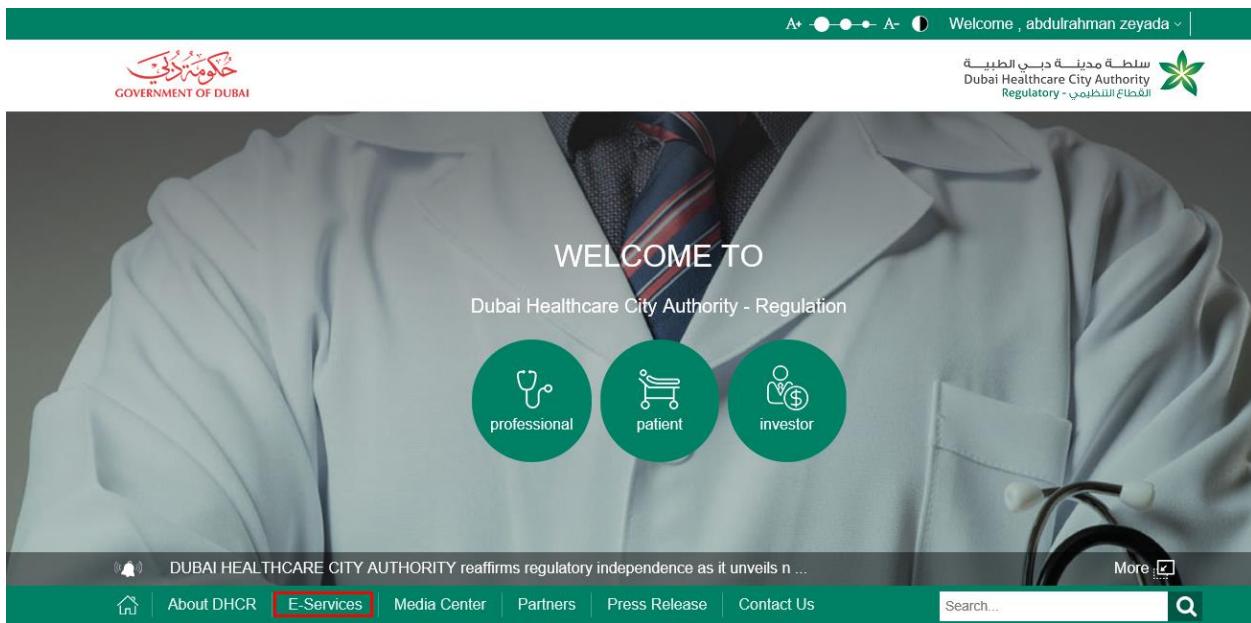


2. Go to the required task or payment and click to open.

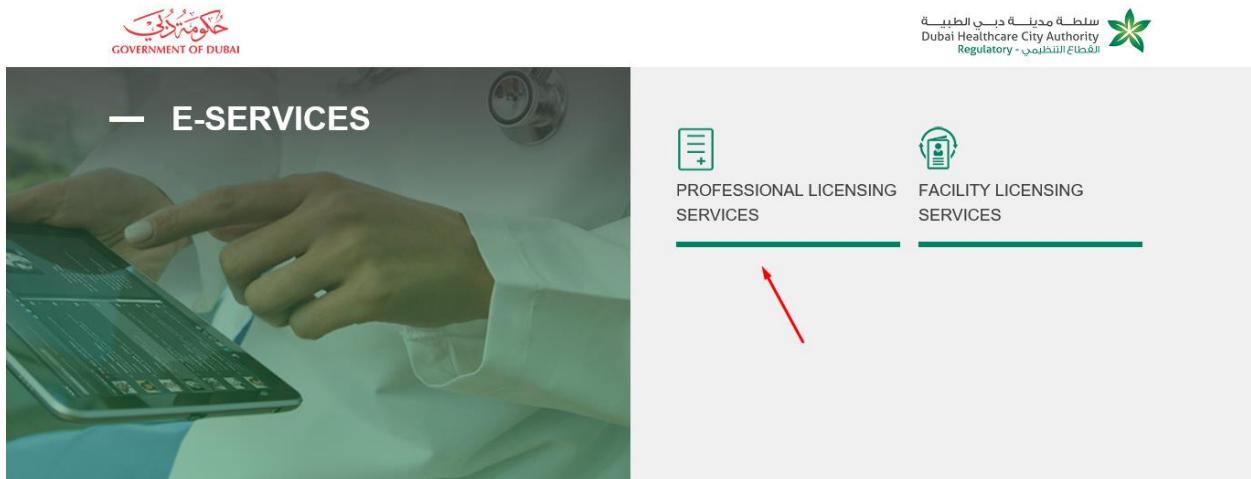


**b. Choose a specific category from new professional licensure scenario.**

1. Click “E-services” from portal homepage.



2. Go to “professional licensing services”



3. Click on “New Professional Licensure”

## SERVICES LISTING



### Professional Licensing Services



#### New Professional Licensure

Apply for a new professional license

[MORE DETAILS](#)



#### Part Time License

Apply for adding additional employers (Part-time)

[MORE DETAILS](#)



#### Renewal of license

Apply to renew your Professional License

[MORE DETAILS](#)



#### Reapplication

Apply to reapply for a license

[MORE DETAILS](#)



#### Letter Issuance

Request for Professional letter

[MORE DETAILS](#)



#### MMI, BLS, Title and Name Updates

Apply for MMI, BLS, Title and Name Updates

[MORE DETAILS](#)



#### Activating License or LOA

Apply for activating a License or LOA

[MORE DETAILS](#)



#### Change of status

Apply to Change Primary Employer

[MORE DETAILS](#)

4. Choose the category that you want to navigate to (Hint: This Will be auto selected from service Catalogue)

## DEPARTMENT SERVICE



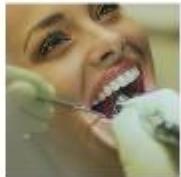
### New Professional Licensure



#### Medical

Apply for New Medical License

[MORE DETAILS](#)



#### Dental

Apply for New Dental License

[MORE DETAILS](#)



#### Nursing

Apply for New Nursing License

[MORE DETAILS](#)



#### Allied Health

Apply for New Allied Health Professional License

[MORE DETAILS](#)



#### Complementary & Alternative Medicine (CAM)

Apply For Complementary & Alternative Medicine (CAM) License

[MORE DETAILS](#)



#### Faculty (Academic Appointment)

Apply for New Faculty License (Academic Appointment)

[MORE DETAILS](#)



#### Trainee (Post Graduate Medical / Dental Education ...)

Apply for New Trainee License (Post Graduate Medical / Dental ...)

[MORE DETAILS](#)

5. Click on “apply for service” button.

SERVICE NAME	Medical
DESCRIPTION	This service enables the individuals to apply for a new Medical healthcare professional license within Dubai Healthcare City Free Zone.
PREREQUISITES	<p>Exam score if applicable, meeting the minimum requirements.</p> <p><b>Please note that Option - 2 and Option - 3 Medical Doctors are required to sit for DHCA exam. DO NOT APPLY IF YOUR EXAM IS NOT LISTED. Initial Application review fees cannot be refunded.</b></p>
REQUIRED DOCUMENTS	<ol style="list-style-type: none"> <li>1. Education certificates with transcript of records. Education Certificates may include any of the followings: Diploma, Bachelor's, Post Graduates Degree etc.</li> <li>2. Recent experience letters.</li> <li>3. Valid License/Registration from licensing body or country of recent employment.</li> <li>4. Valid Good Standing Certificate.</li> <li>5. Valid Passport Copy.</li> <li>6. Recent Photo.</li> <li>7. Offer letter from recruiting facility (If Available).</li> <li>8. Malpractice Insurance from recruiting facility (If Available).</li> </ol>
FEES (AED)	<p>1. Initial Application Fees: <b>AED 1000</b></p> <p>2. Application Processing Fees:</p> <ul style="list-style-type: none"> <li>- AED 4700 [With Previous PSV]</li> <li>- AED 5700 [Without Previous PSV]</li> </ul> <p>3. License Card Fees: <b>AED 500</b></p> <p><b>Note:</b> Each fee transaction is subject to:</p> <ol style="list-style-type: none"> <li>a. Knowledge fee of <b>AED 10.00</b></li> <li>b. Innovation fee of <b>AED 10.00</b></li> </ol> <p><b>Please note that the unpaid applications will be rejected by the system within 5 working days from the submission date.</b></p>
TIME FRAME	 21 Working Days
SERVICE CHANNELS	Online
POLICIES AND PROCEDURES	<ol style="list-style-type: none"> <li>1. Apply online</li> <li>2. Select the Professional Licensing service</li> <li>3. Payment</li> <li>4. PLD Team review/approval</li> <li>5. Issue license</li> </ol>
DOWNLOAD ASSISTING DOCUMENTS	<a href="#"> Download Dental Clinic Portal - RSD - V0.6.Pdf</a> <a href="#"> Download DHCA Portal - RSD - V1.0.Docx</a> <a href="#"> Download DHCC Dental/Translation Document.xlsx</a> <a href="#"> Download DubaiHealthCareCityLogo.png</a>

[← BACK TO LIST](#)

[APPLY FOR SERVICE](#)

## 2. Submit a new license request by health care professional with category medical license

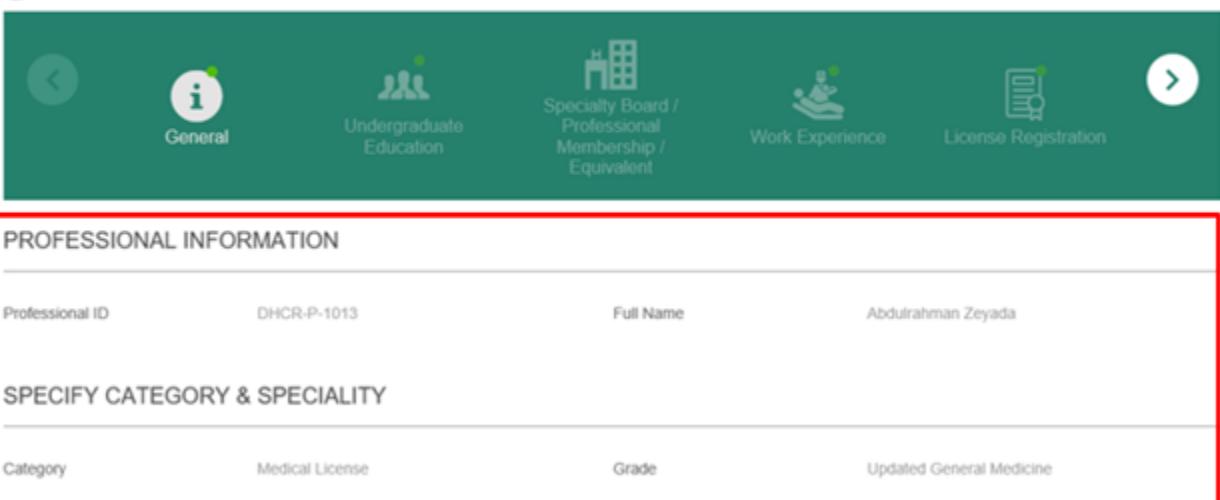
The applicant will add new request with category Medical, submit the request then the PLD approve this request.

► Start executing the following steps

1. Healthcare professional logins to DHCA portal with HC professional credentials.
2. Healthcare professional clicks “E-services” from portal homepage.
3. Healthcare professional goes to “professional licensing services”.
4. Healthcare professional clicks on “new professional licensure”.
5. Healthcare professional clicks on “medical” category.
6. Healthcare professional clicks on **APPLY FOR SERVICE** button.
7. Healthcare professional verifies that Professional License Service screen will appear with dimmed values (professional ID, Full name and category).

**Professional License Service**

All fields with (\*) are mandatory



PROFESSIONAL INFORMATION			
Professional ID	DHCR-P-1013	Full Name	Abdulrahman Zeyada

SPECIFY CATEGORY & SPECIALITY			
Category	Medical License	Grade	Updated General Medicine

8. Healthcare professional Fills other professional license details for “general” tab by selecting the appropriate choices (Grade, scope and specialty).

SPECIFY CATEGORY & SPECIALITY

---

Category	Medical License	Grade *	Medicine
Scope *	Med Scope	Speciality *	Med Spec

PROFESSIONAL LICENSE TYPE

---

Professional License Type \*

FullTime  
 PartTime

9. Healthcare professional fills Professional License Service data for all “other references tabs”.



Full time and part time options vary as per configured in the grade by the IT (CRM) admin .

you can refer to section 5.7. in the CRM user manual document to see how to configure this.



## PROFESSIONAL INFORMATION

---

Professional ID

Full Name

## SPECIFY CATEGORY & SPECIALITY

---

Category

Medical License

Grade \*

Updated General Medicine

Scope \*

General Scope

Specialty \*

Medical Speciality

## PROFESSIONAL LICENSE TYPE

---

Professional License Type \*

FullTime

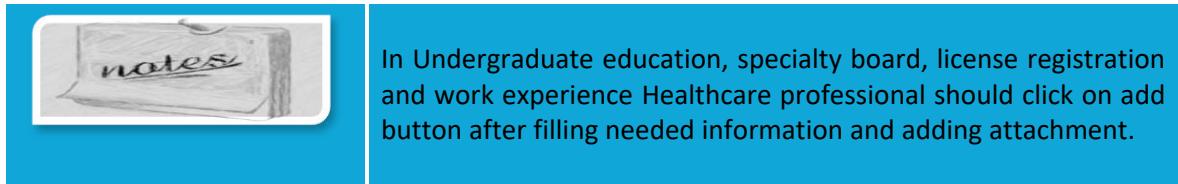
PartTime



SAVE

SUBMIT





In Undergraduate education, specialty board, license registration and work experience Healthcare professional should click on add button after filling needed information and adding attachment.

Attachment \*

 **+ ADD FILES**

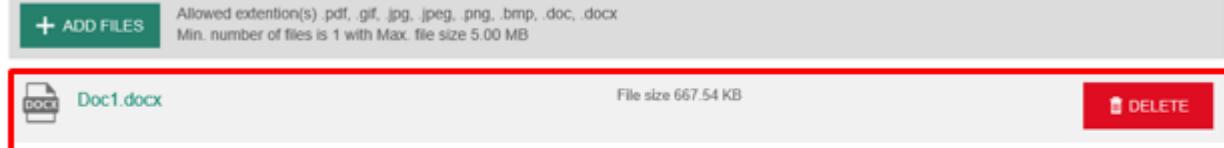
Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

No files were uploaded



No work experiences was added

Attachment \*

  
 Doc1.docx      File size 667.54 KB      



No work experiences was added

This is an example of work Experience tab display after clicking on “add” button.

Appointment / Postion Title ↑	Institute Name	Country	State/City	Action
Medical Rep	GSK	Egypt	Al Qahirah	 



For (Specialty Board / professional membership / equivalent) Tabs  
Healthcare professional needs to fill needed information in case of  
selecting that he is a board certified in his specialty “yes”.

#### SPECIALTY BOARD / PROFESSIONAL MEMBERSHIP / EQUIVALENT

Are You Board Certified In Your  
Specialty? \*

Yes



No

#### SPECIALTY BOARD / PROFESSIONAL MEMBERSHIP / EQUIVALENT (0)



CANCEL

Specialty Board Name \*

Specialty Board Name

Country \*

Select

State/City \*

Select

Email Address \*

email@example.com

Website

http://website.com

Date Certification Obtained \*

DD-MMM-YYYY

Board Identification Number

Board Identification Number



In the “declaration” tab healthcare professional must add attachment for each question he has answered with “yes”.

#### DECLARATION

All Information Will Be Subject to DHCC Laws of Confidentiality. Applicants with pending/settled legal issues are required to provide a final court statement, medical board action report and/or medical malpractice claims status report

Do you have any physical, mental or emotional condition which in any way may limit or impair your ability to render professional services which are the subject of this application? \*

Yes

NO

## DECLARATION

**1** All Information Will Be Subject to DHCC Laws of Confidentiality. Applicants with pending/settled legal issues are required to provide a final court statement, medical board action report and/or medical malpractice claims status report

Do you have any physical, mental or emotional condition which in any way may limit or impair your ability to render professional services which are the subject of this application? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are you aware or have reason to believe of any other cause, impediment or incapacity that may limit or disqualify you from professional practice which are the subject of this application? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

 Doc1.docx

File size 667.54 KB

 DELETE

Has there ever been any malpractice claims or lawsuits made against you alleging negligence or a treatment failure which has been pending, open or closed during any of your health professional practices? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

No files were uploaded

Has your professional registration or license in any country ever been denied, suspended, revoked or placed on a conditional status including license for prescription of narcotic medications or have you ever been denied re-registration in any jurisdiction? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are your or have you previously had your clinical/dental privileges or medical status in any healthcare institution or facility in any jurisdiction been limited, suspended, revoked, not renewed or subject to probationary conditions? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are any formal disciplinary charges pending against you, or have you ever been the subject of disciplinary proceedings by a professional or medical association or organization or government authority related to your competencies, professional conduct, abuse or misuse of chemical substance or drugs? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are you currently engaged in the illegal use or misuse of chemical substances or drugs, or were you so engaged recently enough so that the use of such substances or drugs may have an ongoing impact on your ability to function? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Have you ever been charged with or found guilty after trial for any criminal offences other than minor traffic offense in any jurisdiction? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

## 10. Healthcare professional clicks on the “checkbox” and chooses if it is an urgent application or not .

If it is an urgent application then there is a message will be displayed automatically which says  
“Extra fees needed is AED 1000 , Extra SLA Needed is 1 day” .

### DECLARATION

I acknowledge that I have read and understood the application and have answered all questions contained in it truthfully and completely. I authorize every person, medical college, university, hospital, clinic, government agency, or institution having custody or control of any documents, records, and other information pertaining to me to furnish to the Licensing Department, DHCR any such information, or true and correct copies of documents or records. I hereby release, discharge, and hold harmless Licensing Department, DHCR, its employees, agents, or representatives, and any person furnishing information, records, or documents of any and all liability. I authorize the Licensing Department, DHCR to release information, material, documents, orders, or the like relating to me or this application to other entities or third party at my request. By signing this form "I acknowledge that information about me relevant to my practice may be made public; I am aware of the requirement on me to report to the Compliance & Assurance department in DHCR any healthcare professional who is impaired or disabled for whatever reason and whom is impairment constitutes a public risk.

I hereby declare that the above information provided is true and correct \*

Urgent Application

Yes  No

## DECLARATION

I acknowledge that I have read and understood the application and have answered all questions contained in it truthfully and completely. I authorize every person, medical college, university, hospital, clinic, government agency, or institution having custody or control of any documents, records, and other information pertaining to me to furnish to the Licensing Department, DHCR any such information, or true and correct copies of documents or records. I hereby release, discharge, and hold harmless Licensing Department, DHCR, its employees, agents, or representatives, and any person furnishing information, records, or documents of any and all liability. I authorize the Licensing Department, DHCR to release information, material, documents, orders, or the like relating to me or this application to other entities or third party at my request. By signing this form "I acknowledge that information about me relevant to my practice may be made public; I am aware of the requirement on me to report to the Compliance & Assurance department in DHCR any healthcare professional who is impaired or disabled for whatever reason and whom is impairment constitutes a public risk.

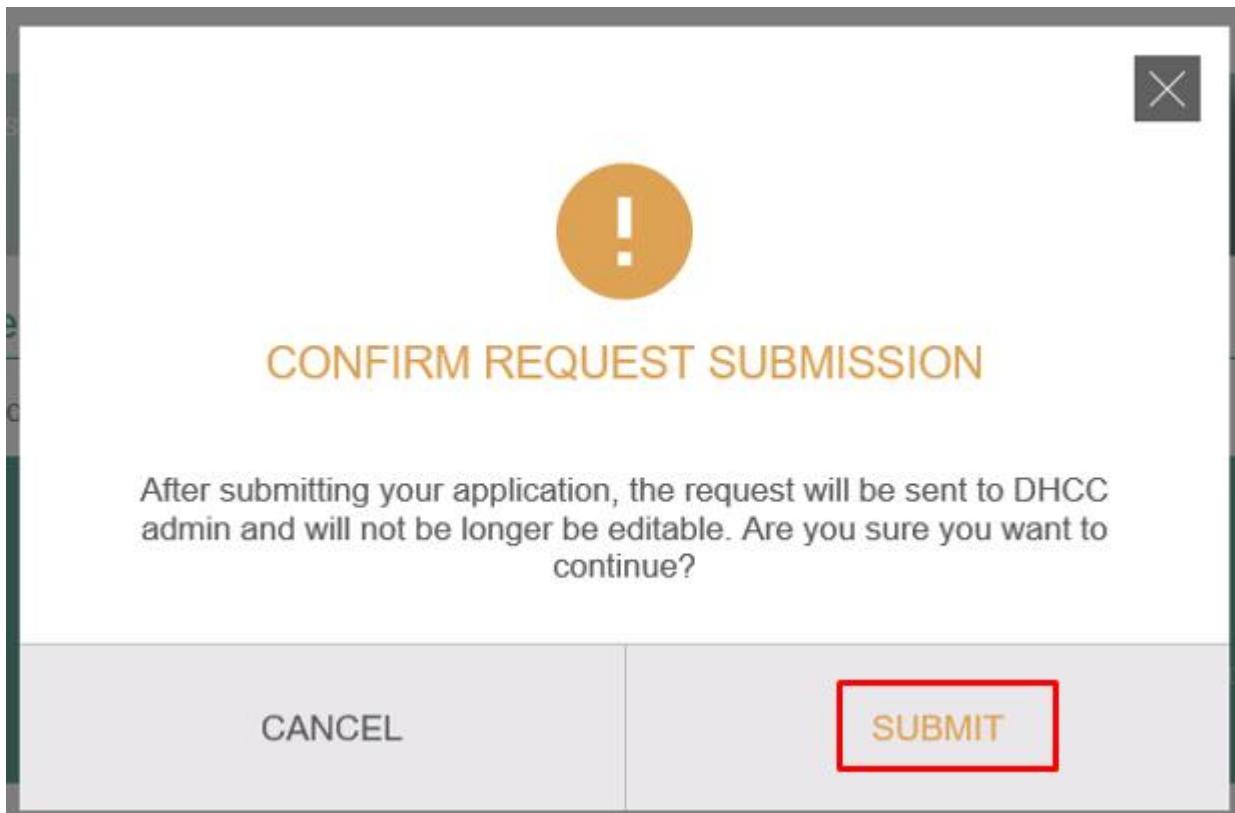
I hereby declare that the above information provided is true and correct \*

Urgent Application   Yes  No

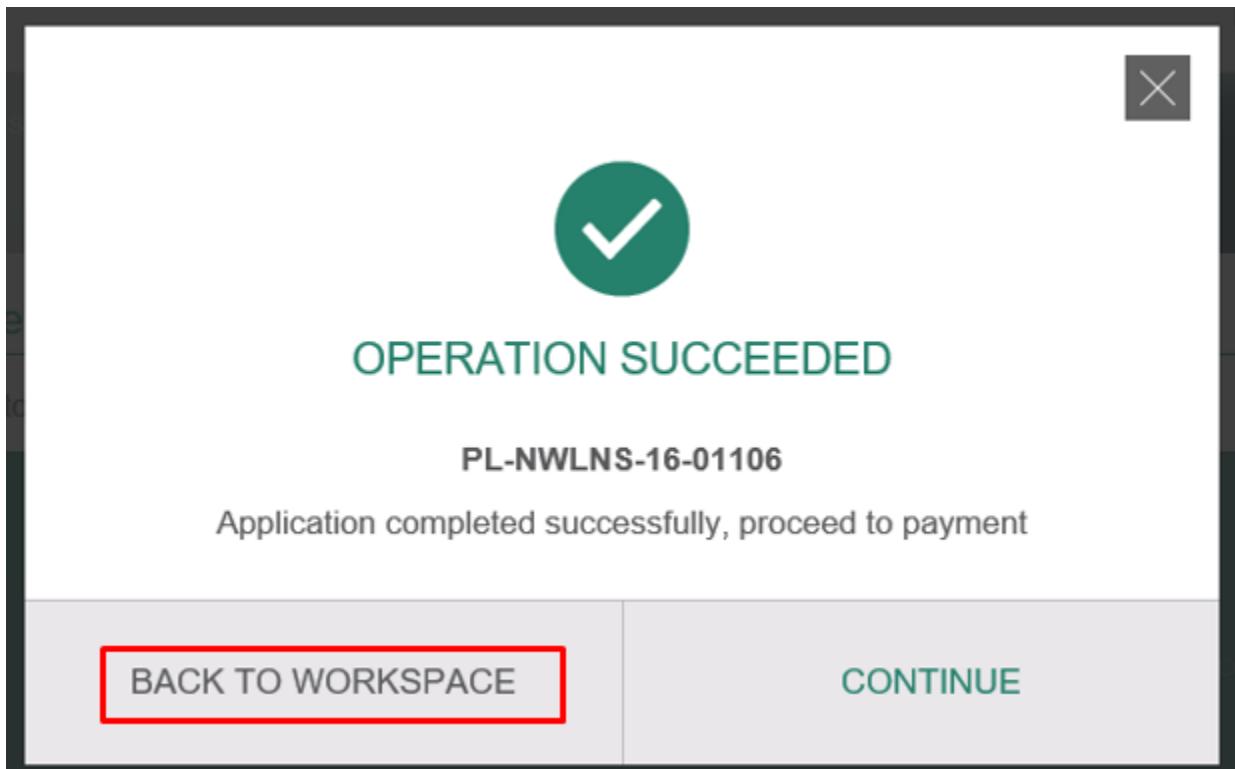
Additional Fees of AED 1000 will be added for urgent application.

SUBMIT

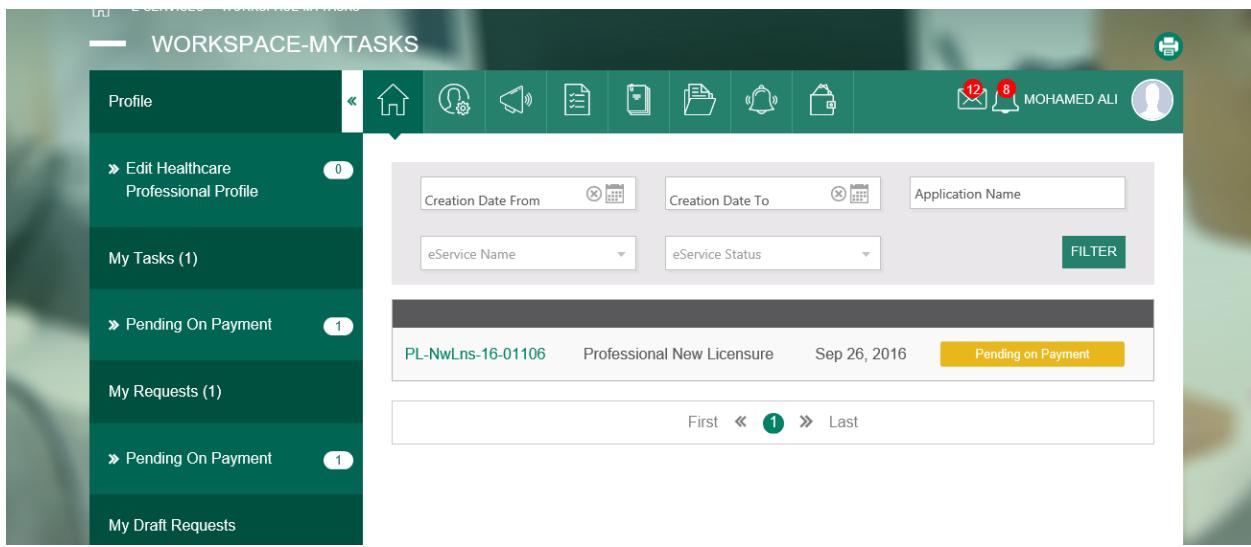
11. Healthcare professional clicks on **SUBMIT** button.
12. Healthcare professional confirms on request submission by clicking “submit”.



13. Healthcare professional goes back to homepage by clicking on “back to workspace”.



14. Healthcare professional navigates to “Workspace” and verifies that there is exist an active task for payment and its status is “pending on payment” then clicks on it.



15. Healthcare professional chooses “wire transfer” for his payment type then he must enters “transaction number”.

PAYMENT FEE

Payment

All fields with (\*) are mandatory

PAYMENT DETAILS

Payment Type	Unit Amount (AED)	Count of Item	Total Fees (AED)
FeeCode-00011	800	1	800
FeeCode-00002	500	1	500
FeeCode-00001	10	1	10
FeeCode-00004	10	1	10

## PAYMENT TYPE

Payment Type \*  Online  Wire transfer

## BANK ACCOUNT DETAILS

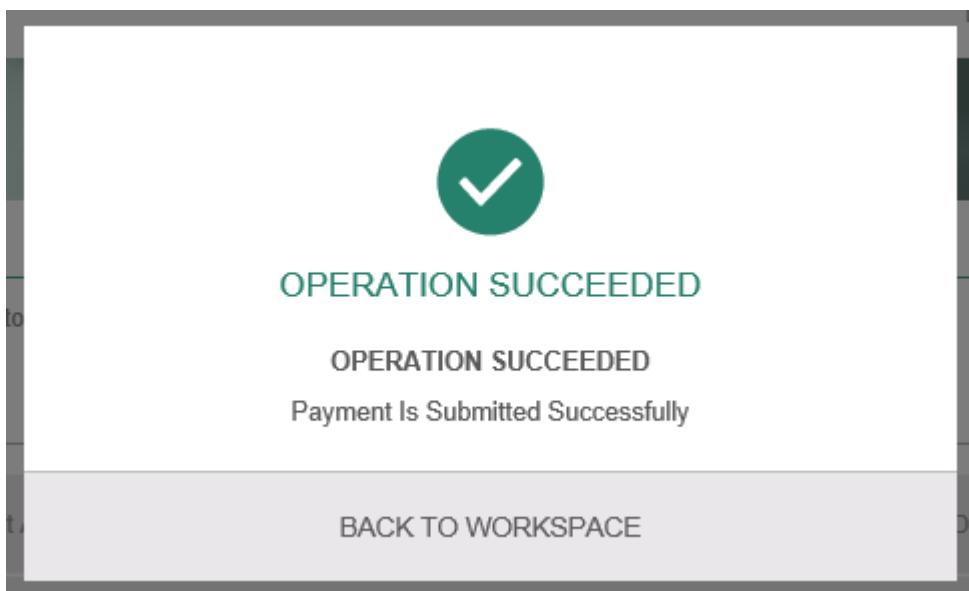
Account Title	Dubai HealthCare City Authority	Bank Name	Dubai Islamic Bank
Bank Address	Dubai , United Arab Emirates	Bank Account No	001520061672101
IBAN Code	AE200240001520061672101	Currency	United Arab Emirates Dirham
Swift Code	DUIBAEADXXX		

## PAYMENT

Transaction Number \*

**SUBMIT**

16. Healthcare professional clicks on **SUBMIT** button.
17. Healthcare professional verifies that display message will appear showing the operation succession.



18. PLD finance user picks the required task and approves payment on CRM.
19. Once status is “pending on initial review PLD team member opens the request and requires more information with needed modifications then verifies that applications status is “pending on initial review modifications”.

20. Healthcare professional logs in to portal with HC professional credentials.
21. Healthcare professional navigates to “Workspace” and verifies that there exists a pending task with status “modification required” then clicks on it.

The screenshot shows the DHCA e-Services Portal interface. The top navigation bar includes links for 'e-SERVICES', 'WORKSPACE-MYTAKS', and a user profile for 'MOHAMED ALI'. The main content area is titled 'WORKSPACE-MYTAKS'. On the left, a sidebar lists 'Profile', 'Edit Healthcare Professional Profile (0)', 'My Tasks (1)', 'Modification Required (1)', 'My Requests (1)', and 'Modification Required (1)'. The 'Modification Required' item in the sidebar has a red notification bubble with the number '1'. The main table lists 'Request ID', 'eService Name', 'Creation Date', and 'eService Status'. One row is highlighted in yellow and labeled 'Modification Required'. Below the table are navigation buttons for 'First', '<<', '1', '>>', and 'Last'.

22. Healthcare professional makes the needed modification then clicks on “submit” button.

### Professional License Service

Application Number: PL-NwLns-16-01106	Application Status: Modification Required
Modification Reason: need additional paper	Created On: 26-Sep-2016

*(\*) All fields with (\*) are mandatory*

[General](#)    [Undergraduate Education](#)    [Specialty Board / Professional Membership / Equivalent](#)    [Work Experience](#)    [License Registration](#)

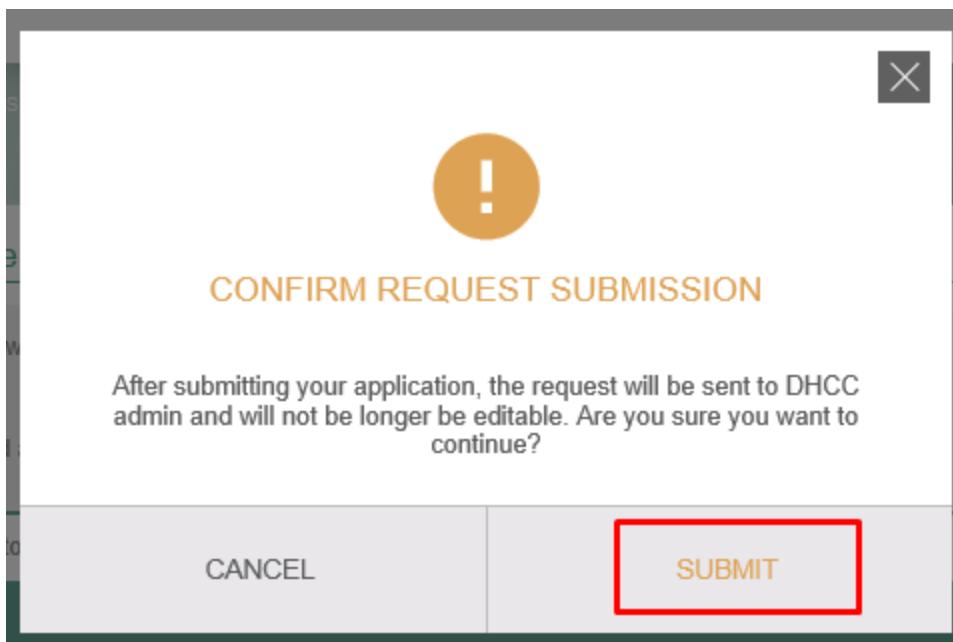
#### PROFESSIONAL INFORMATION

Professional ID: DHCR-P-1013    Full Name: Abdulrahman Zeyada

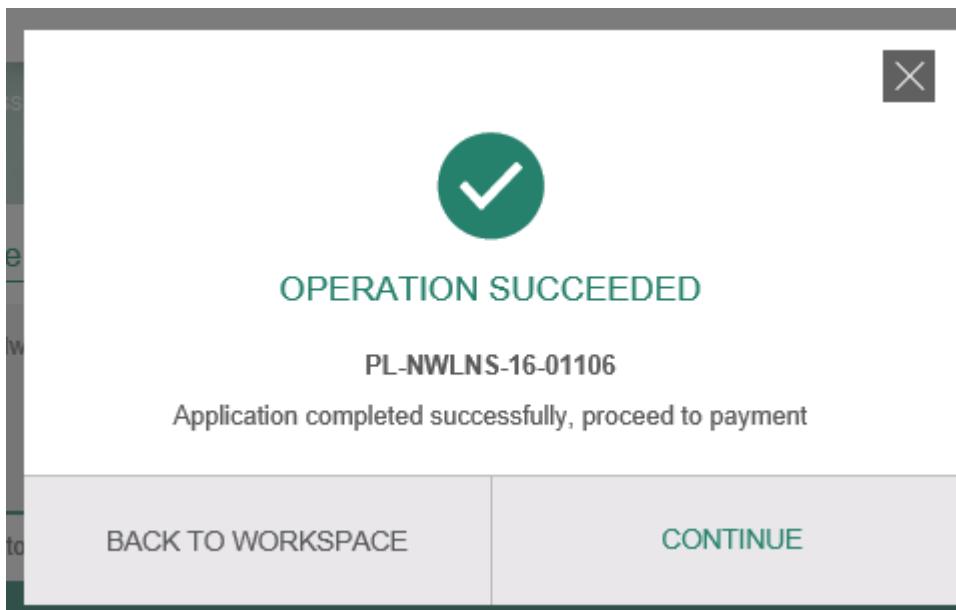
#### SPECIFY CATEGORY & SPECIALITY

Category	Medical License	Grade *	Updated General Medicine
Scope *	General Scope	Specialty *	Medical Speciality

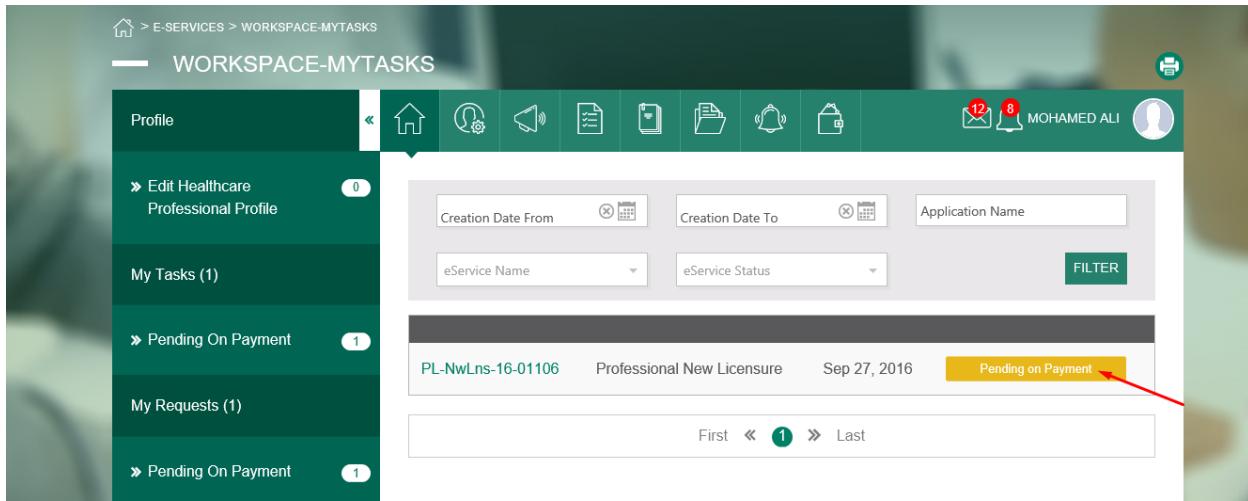
23. Healthcare professional confirms submission.



24. Healthcare professional verifies that successful message appears.



25. PLD team member opens request and approves modification and conducts PSV on CRM.  
26. Once the request status changed to “pending on license payment” Healthcare professional logins to portal with HC professional credentials.  
27. Healthcare professional navigates to “workspace” and verifies that there is a task that its status is “pending on payment”.



28. Healthcare professional opens the task and chooses the “online” payment type.

The screenshot shows a 'Payment' form. At the top, a note says 'All fields with (\*) are mandatory'. Below is a 'PAYMENT DETAILS' section with a table:

Payment Type	Unit Amount (AED)	Count of Item	Total Fees (AED)
FeeCode-00006	500	1	500
FeeCode-00003	800	1	800
FeeCode-00004	10	1	10
<b>Total Fees</b>			<b>1310 (AED)</b>

Below this is a 'PAYMENT TYPE' section with two radio buttons: 'Online' (which is checked) and 'Wire transfer'. A red arrow points to the 'Online' button. At the bottom right is a green 'SUBMIT' button.

29. Healthcare professional clicks on **SUBMIT** button.

30. Healthcare professional verifies that:

- 30.1 The Epay page appeared and contain the “service provider”.
- 30.2 Also the page contains “the total amount”.

Then, check that he has checked the warning check box then clicks “Pay”.

The screenshot shows the ePay Middle East Leading Gateway interface. At the top, it features the Government of Dubai logo and the Dubai Smart Gov logo. The main title is "ePay MIDDLE EAST LEADING GATEWAY".

**Transaction Information:**

- Service Provider : Dubai Healthcare City Authority – Regulatory ← (Red arrow)
- Service : eServices for DHCR
- SP Transaction No : PLD-270920161709-0
- Amount : 1310.00 AED ← (Red arrow)

**Payment Method:**

- Credit Card
- EdirhamG2
- Direct Debit
- OneClick Pay

**Contact Information:**

Email Address : UserName@gmail.com  
Mobile Number : 01011111111  
[\(Add Another Contact\)](#)

لقد قرأت **التحذير** وفهمت عواقبه  
I have read the **warning** and understood the consequences

Total Amount: 1310.00 AED

Cancel Pay

31. Healthcare professional inserts the “credit card number”, “expire date” of the credit card and the “security code or CVV” and clicks “pay”.

ePayment by etisalat

**Payment beneficiary**

Name:	Dubai eGovernment
Store:	0000
Terminal:	0000
City:	Dubai
Country:	United Arab Emirates

**Payment description**

Amount:	Dhs. 1 310.00
Order description:	DHCR-eServices

**Payment information**

Payment instrument:	Payment Card
Card brand:	Visa
Card number:	[REDACTED]
Expiry month/year:	April 2020
Security Code:	[REDACTED]

 **Pay**    **Reset**






32. Healthcare professional verifies that:

- 32.1 Successful page appeared also there exist a grid contains the amounts that you paid.
- 32.2 The page contains the transaction ID.

 **SUCCESS..** Payment Is Submitted Successfully



**Payment**

#### PAYMENT DETAILS

Transaction Number  PLD-270920161709-0

33. PLD team member opens request and checks that its status is “pending on PLD Manual Check” on CRM.

34. PLD team member chooses the reference that needs to be manually verified, makes it manually checked and makes HCP status verified.

35. PLD team member approves that manual configuration has been completed, verifies that request status changed to “pending on running PSV” and verifies that notification mail was sent to each reference (institute).

36. Each reference (institute) logins to mail and opens the mail that was sent from DHCC then navigates to the link in this mail.

**37. Each reference (institute) verifies that: The opened form contains the health care professional information.**

#### PRIMARY VERIFICATION

Primary-source verification confirms a credential's authenticity directly with the institution that issued it, providing assurance that the credential is authentic. The Primary-source verification is a mandatory step in Dubai healthcare City to issue a professional license. You are kindly requested to confirm the credential's authenticity shown hereunder.

#### PROFESSIONAL INFORMATION

Primary Email	Zeyada@Linkdev.com	FullName	Abdulrahman Zeyada
BirthDate	Sep 29, 1991	Country Of Birth Name	Saudi Arabia
EmiratesID	4355466	What Was The Language Of Instruction Name ?	Arabic
Mobile Number	01032456530		

#### WORK EXPERIENCE

Appointment Postion Title	Medical Rep	Country Name	Egypt
Email Address	Zeyada@Gsk.com	From	May 26, 2015
Institute Name	GSK	State City Name	Al Qahirah
To	May 26, 2016		

##### Attachment



Doc1.docx

File size 676.35 KB

**38. Each reference (institute) chooses from the verification status field value “HC professional verified” and fill the owner name field, the owner phone number then press “send” button.**

**VERIFICATION STATUS**

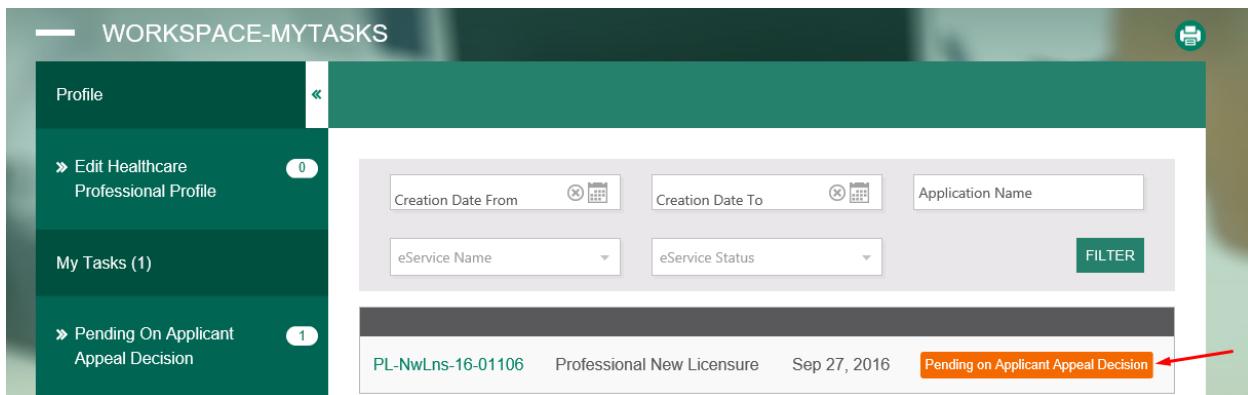
---

Verification Status *	<input checked="" type="radio"/> Healthcare Professional Verified <input type="radio"/> Healthcare Professional Not Verified	Comment	<input type="text"/>
Owner Name *	<input type="text" value="Abdulrahman Zeyada"/>	Owner Phone Number *	<input type="text" value="01010102034"/>
PSV Document <div style="background-color: #f2f2f2; padding: 5px;"> <a href="#" style="color: inherit; text-decoration: none;">+ ADD FILES</a>    Allowed extention(s) .jgp, .doc, .pdf            Min. number of files is 1 with Max. file size 10.60 MB         </div> <div style="background-color: #f2f2f2; padding: 10px; text-align: center;">           No files were uploaded         </div>			

---

SEND

39. PLD team member Verifies that: the request status changed to “Pending on PLD team member license approval” on CRM.
40. PLD team member rejects license review and enters license rejection reason.
41. Healthcare professional logins to portal with HC professional credentials.
42. Healthcare professional navigates to “workspace” and verifies that there exists a pending task with status “pending on applicant appeal decision”.



43. Healthcare professional opens it and verifies that the application information loaded to the form.

PLD-NEW-PROFESSIONAL-LICENSE-APPEAL

APPLICATION INFO			
Professional ID	DHCR-P-1013	Full Name	Abdulrahman Zeyada
Category	Medical License	Grade	Updated General Medicine
Scope	General Scope	Specialty	Medical Speciality
Application Status	License Review Rejected	Rejection Reason	Xyz

44. Healthcare professional fills the appeal reason field then press on appeal button.

#### APPEAL SUB PROCESS

Appeal Reasons *	because 1- 2- 3-
Comment	FSABDSNBKDSBBJYLU

#### Appeal

+ ADD FILES	Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx Max. file size 5.00 MB
No files were uploaded	

APPEAL

45. Healthcare professional verifies that successful message appears.



**SUCCESS..** Appeal Is Submitted Sucessfully

46. PLD board representative opens the request, approves appeal and verifies that the request status changed to “pending on employer selection” on CRM.
47. Healthcare professional logins to portal with HC professional credentials.
48. Healthcare professional navigates to “workspace” and verifies that there is a task that its status is “pending on employer selection”.

The screenshot shows the 'WORKSPACE-MYTASKS' interface. On the left sidebar, there are three items: 'Edit Healthcare Professional Profile' (0 notifications), 'My Tasks (1)', and 'Pending On Employer Selection' (1 notification). The main area displays a search bar with fields for 'Creation Date From', 'Creation Date To', 'Application Name', 'eService Name', and 'eService Status', along with a 'FILTER' button. Below the search bar, a specific task card is shown with the identifier 'PL-NwLns-16-01106', the title 'Professional New Licensure', the date 'Sep 27, 2016', and the status 'Pending on Employer Selection'. A red arrow points to this status field.

49. Healthcare professional opens it and verifies that the application information loaded to the form.

The screenshot shows the 'PLD-SPECIFY-EMPLOYER' application form. At the top, there is a note: 'All fields with (\*) are mandatory'. The 'APPLICATION INFO' section contains the following data:

Professional ID	DHCR-P-1013	Full Name	Abdulrahman Zeyada
Category	Medical License	Grade	Updated General Medicine
Scope	General Scope	Speciality	Medical Speciality

50. Healthcare professional chooses value “yes” from the specify employer section, then chooses the employer that matches the scope of the application then Press on “submit” button.

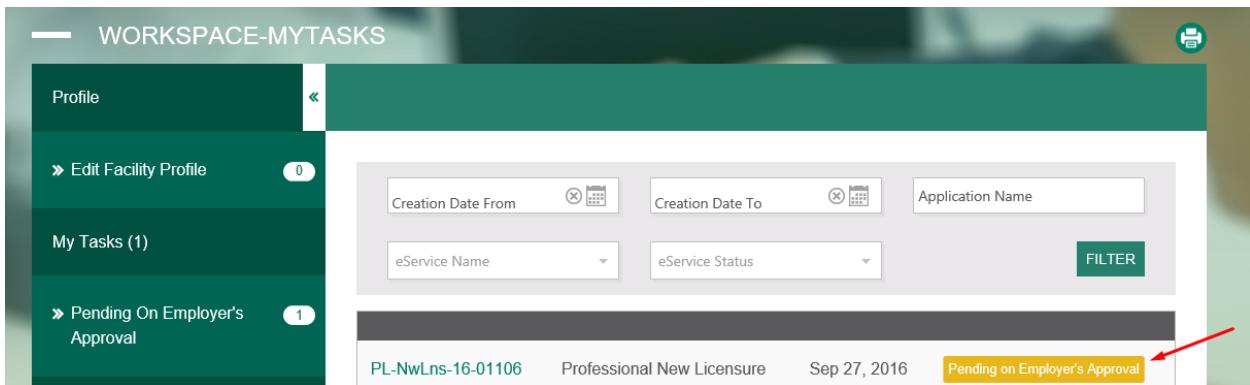
## SPECIFY EMPLOYER

Do You Have A Healthcare Operator?\*  Yes  No

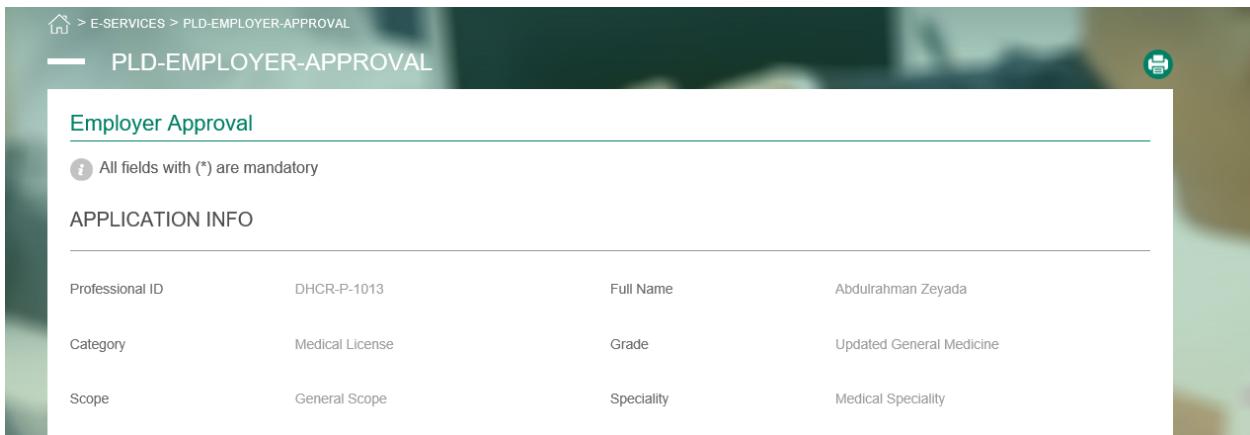
Healthcare Operator

**SUBMIT**

51. Healthcare professional verifies that successful message appears and that the application sends notification mail and sms to the Healthcare operator.
52. Healthcare operator logins to portal with HCO credentials.
53. Healthcare operator navigates to “My Tasks” and verifies that there is a task and its status is “pending on employer’s approval”.



54. Healthcare operator opens it and verifies that the application information loaded to the form.

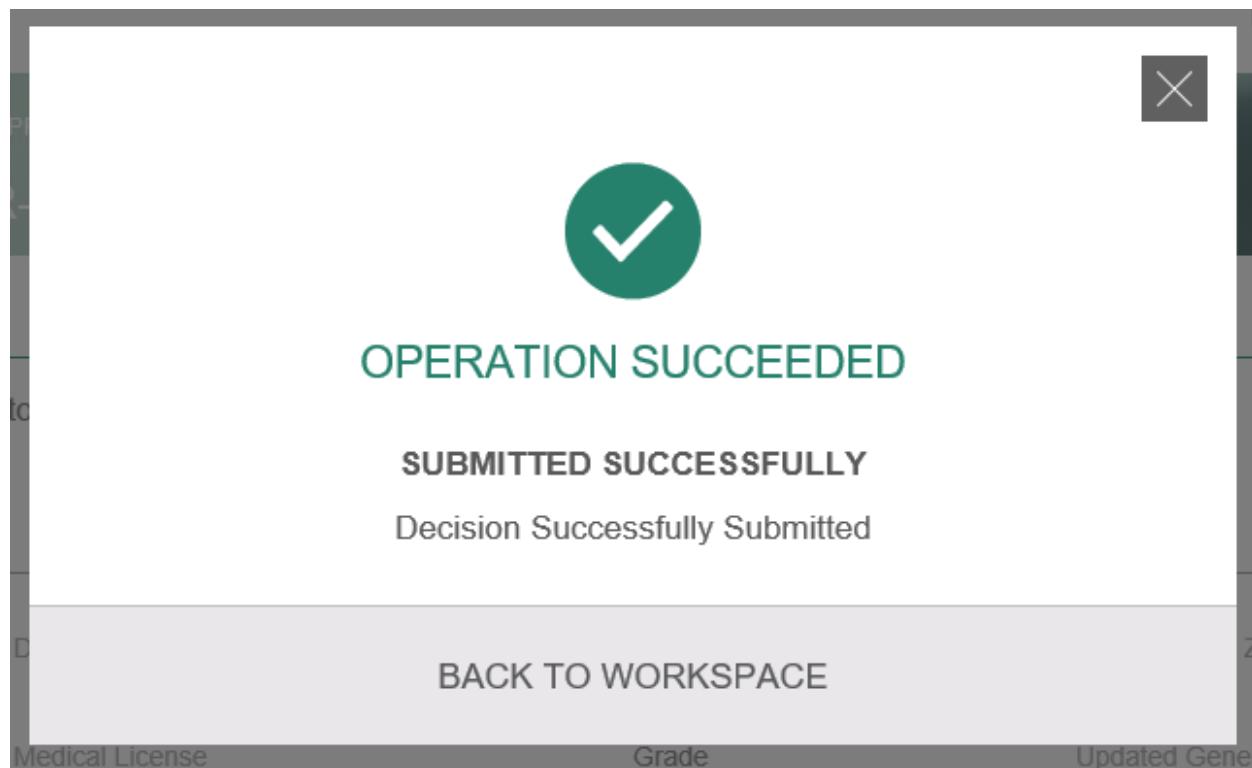


55. Healthcare operator selects “Approve Employment” from decision field then clicks on “submit” button.

## DECISION

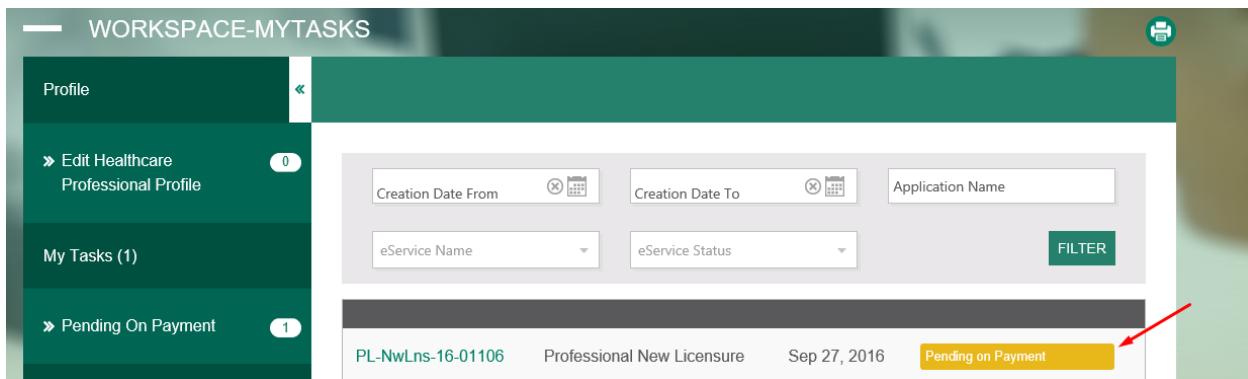
Decision \*  Comment

56. Healthcare operator verifies that success message appears.



57. Healthcare professional logins to portal with HC professional credentials.

58. Healthcare professional navigates to “workspace” and verifies that there is a task and its status is “pending on Payment”.



59. Healthcare professional opens it and chooses “online” as payment type then clicks on “submit” button.

#### PAYMENT DETAILS

Payment Type	Unit Amount (AED)	Count of Item	Total Fees (AED)
FeeCode-00002	500	1	500
FeeCode-00004	10	1	10
FeeCode-00001	10	1	10
<b>Total Fees</b>			<b>520 (AED)</b>

#### PAYMENT TYPE

Payment Type \*

Online     Wire transfer

**SUBMIT**

60. Healthcare professional verifies that:

- 60.1 The Epay page appears and contains the service provider.
- 60.2 Also the page contains the total amount.

Then clicks on pay button.

The screenshot shows the ePay Middle East Leading Gateway interface. At the top, there are logos for the Government of Dubai and Dubai Smart Gov. The main title is "ePay MIDDLE EAST LEADING GATEWAY".

**Transaction Information:**

- Service Provider : Dubai Healthcare City Authority – Regulatory
- Service : eServices for DHCR
- SP Transaction No : PLD-270920164919-0
- Amount : 520.00 AED

**Payment Method:**

- Credit Card
- EdirhamG2
- Direct Debit
- OneClick Pay

**Contact Information:**

Email Address : UserName@gmail.com  
Mobile Number : 01011111111  
[\(Add Another Contact\)](#)

لقد قرأت **التحذير** وفهمت عواقبه  
I have read the **warning** and understood the consequences

Total Amount: 520.00 AED

Cancel Pay

61. Healthcare professional inserts the “credit card number”, “expire date” of the credit card and the “security code or CVV” and clicks “pay”.

ePayment by etisalat

[Page Help](#)

### Payment beneficiary

Name:	Dubai eGovernment
Store:	0000
Terminal:	0000
City:	Dubai
Country:	United Arab Emirates

### Payment description

Amount:	Dhs. 520.00
Order description:	DHCR-eServices

### Payment information

Payment instrument:	Payment Card
Card brand:	Visa
Card number:	[REDACTED]
Expiry month/year:	January 2020
Security Code:	[REDACTED]

**Red box highlights the card details (Card number, Expiry month/year, Security Code) and a red arrow points to the Pay button.**

**Logos on the right:**

- VERIFIED by VISA learn more
- MasterCard SecureCode
- AMERICAN EXPRESS
- JCB J/Secure

62. Healthcare professional verifies that:

- 62.1 Successful page appears also there exist a grid contains the amounts that he paid.
- 62.2 The page contains the transaction ID.

**SUCCESS..** Payment Is Submitted Successfully

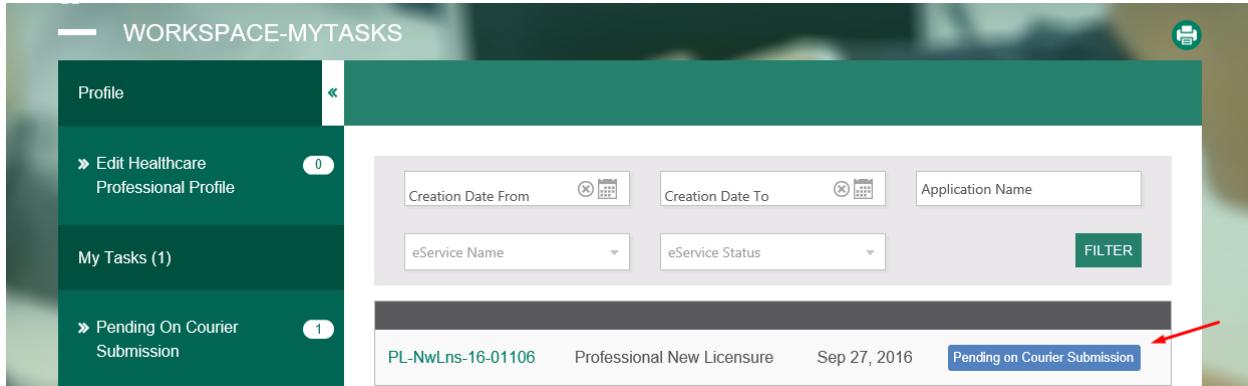
### Payment

#### PAYMENT DETAILS

Transaction Number	PLD-270920164919-0
--------------------	--------------------

Payment Type	Unit Amount (AED)	Count of Item	Total Fees (AED)
FeeCode-00002	500	1	500
FeeCode-00004	10	1	10
FeeCode-00001	10	1	10
<b>Total Fees</b>			<b>520 (AED)</b>

63. Healthcare professional navigates to “workspace” and verifies that there is a task and its status is “pending on courier submission”.



64. Healthcare professional opens it and verifies that the application information loaded to the form.

The screenshot shows the 'PLD-COURIER' application form under 'Courier information'. It includes a note that all fields with (\*) are mandatory. The 'APPLICATION INFO' section contains four rows of data:

Professional ID	DHCR-P-1013	Full Name	Abdulrahman Zeyada
Category	Medical License	Grade	Updated General Medicine
Scope	General Scope	Specialty	Medical Speciality

65. Healthcare professional fills the mandatory fields with valid data then Press “submit”.

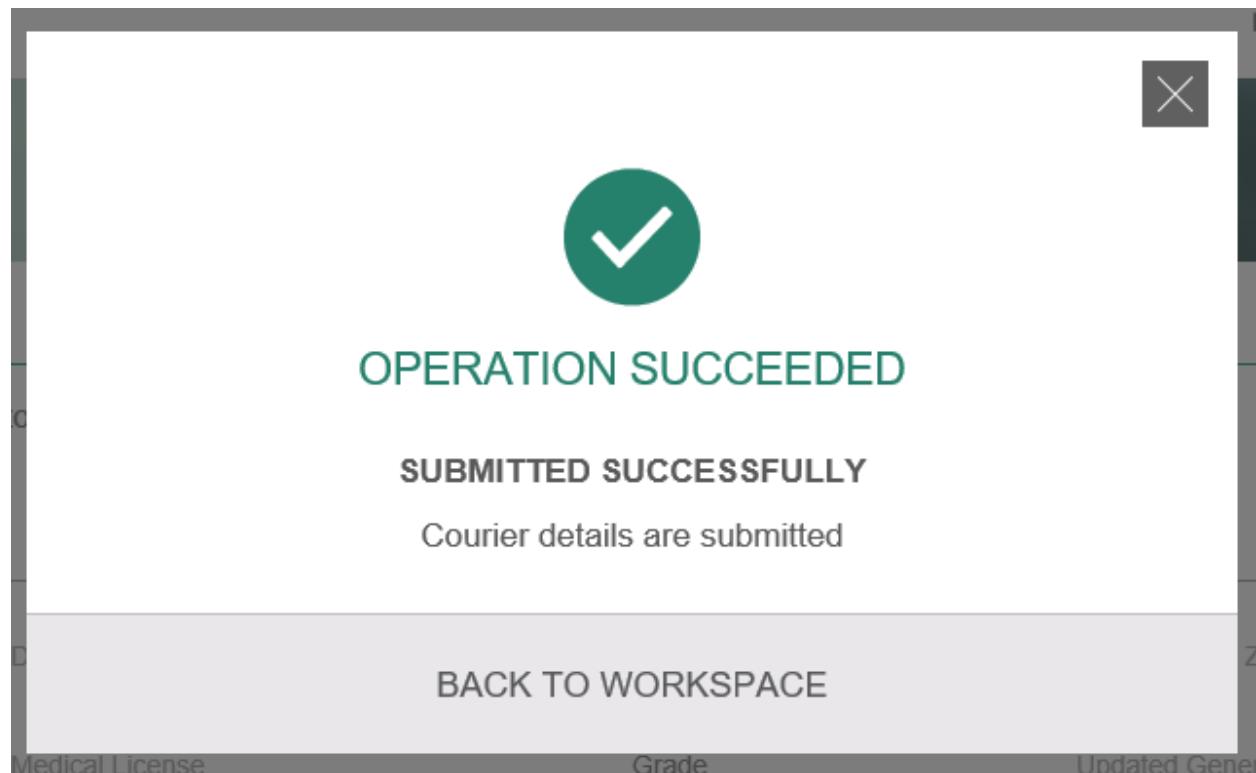
SPECIFY ADDRESS FOR COURIER

License Title*	Updated General Medicine Medical :	Address *	24 abaza street
Delivered To *	delivered	Phone Number *	01037585936
Second Phone Number	Second Phone Number	Notes	Notes

---

→ **SUBMIT**

66. Healthcare professional verifies that successful message appears.



67. Healthcare professional navigates to “workspace” and verifies that there is a task and its status is “pending on MMI and BLS information submission”.

The screenshot shows the DHCA e-Services workspace titled "WORKSPACE-MYTASKS". On the left sidebar, there are three items: "Edit Healthcare Professional Profile" (0 notifications), "My Tasks (1)", and "Pending On MMI And BLS Information Submission" (1 notification). The main area displays a search bar with fields for "Creation Date From", "Creation Date To", "Application Name", "eService Name", and "eService Status", followed by a "FILTER" button. Below the search bar, a table lists one task: "PL-NwLns-16-01106" (Professional New Licensure) submitted on "Sep 27, 2016" with the status "Pending on MMI and BLS Information Submission". A red arrow points to the status text.

68. Healthcare professional opens it and verifies that the application information loaded to the form.

The screenshot shows the "PLD-MMI-BLS" application form. At the top, it says "MMI BLS" and includes a note that all fields with (\*) are mandatory. The "APPLICATION INFO" section contains four rows of data:

Professional ID	DHCR-P-1013	Full Name	Abdulrahman Zeyada
Category	Medical License	Grade	Updated General Medicine
Scope	General Scope	Speciality	Medical Speciality

69. Healthcare professional fills the mandatory fields with valid data then clicks on “submit” button.

#### MEDICAL MALPRACTICE INSURANCE

The screenshot shows the "MMI" section of the form. It includes fields for "Insurance Company \*", "X for insurance", "Expiry Date \*", and a date input field showing "10/8/2016". Below this, there is a file upload area with a "ADD FILES" button, a note about allowed file types (.pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx), and a note about the minimum number of files (1) and maximum file size (5.00 MB). A file named "Doc1.docx" is listed with a file size of "667.54 KB" and a "DELETE" button.

## BASIC LIFE SUPPORT

Expiry Date \*  

---

BLS \*

**+ ADD FILES** Allowed Extension(S) Pdf, .Gif, .Jpg, .Jpeg, .Png, .Bmp, .Doc, .Docx  
Min. Number Of Files Is 1 With Max. File Size 5.00 MB

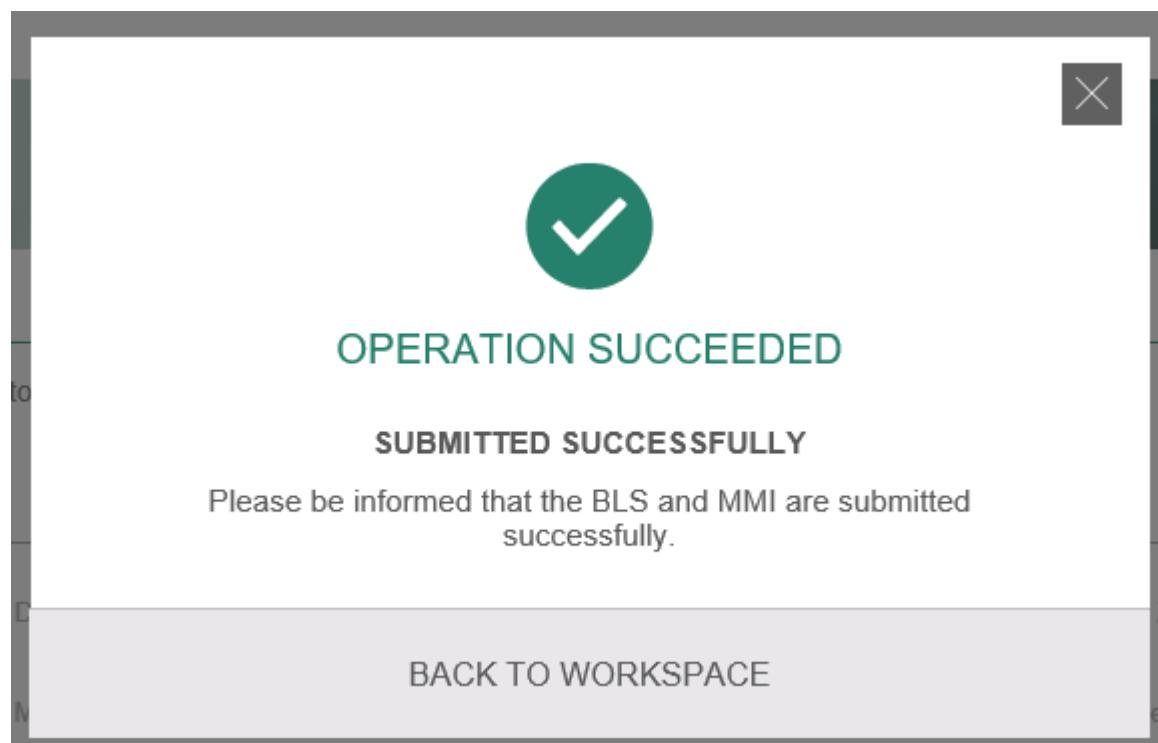
 Add Experience.PNG File Size 13.79 KB 

## LIBRARY REGISTRATION

Acquired Library Registration \*  Yes  No

**SUBMIT** 

70. Healthcare professional verifies that success message appears.



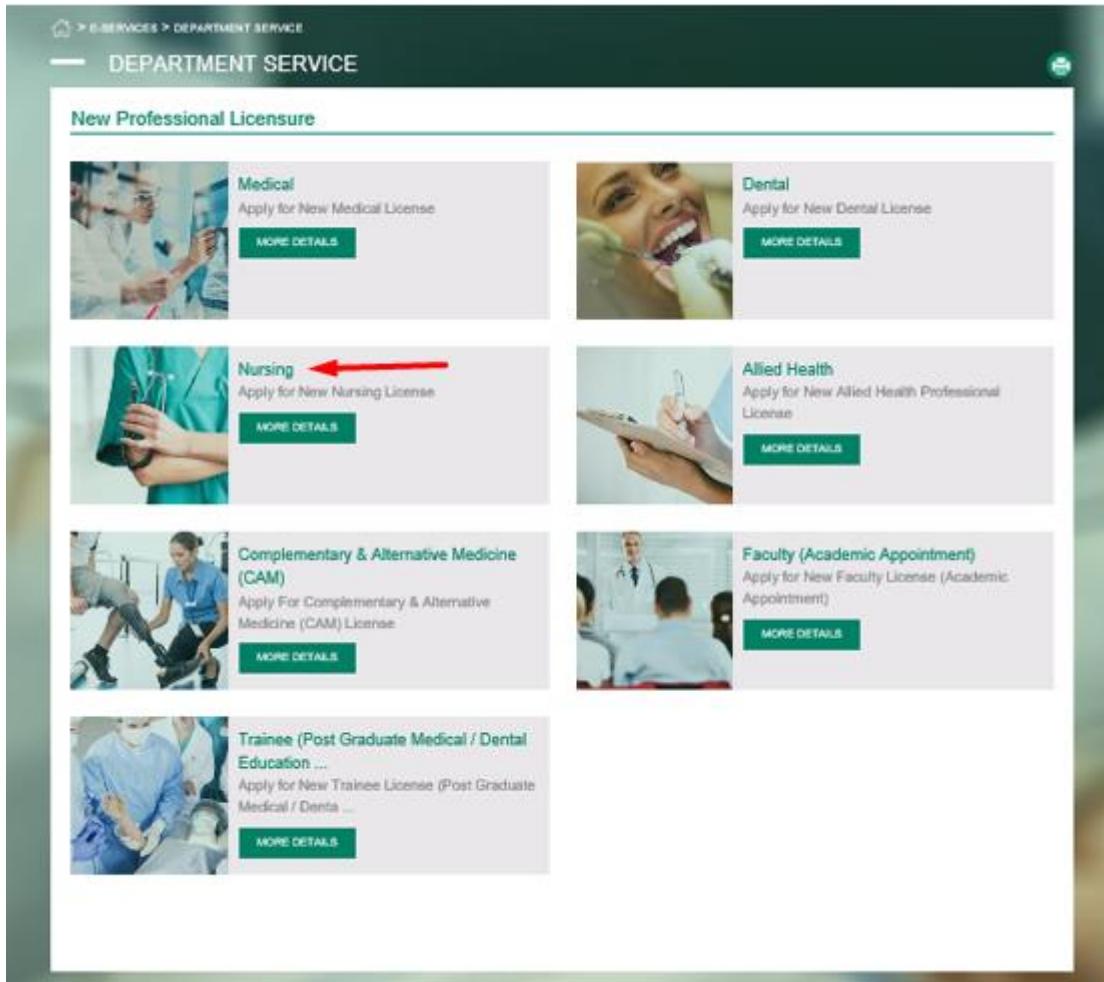
71. PLD board representative approves MMI and BLS details on CRM and the process ends here.

### 3. Generate LOA for HC professional

The HC professional submits a new request with category Nursing and hasn't an employer.

► Start executing the following steps

1. Healthcare professional logins to DHCA portal with HC professional credentials.
2. Healthcare professional clicks “E-services” from portal homepage.
3. Healthcare professional goes to “professional licensing services”
4. Healthcare professional clicks on “new professional licensure”
5. Healthcare professional chooses the “Nursing” category.



6. Healthcare professional verifies that: professional name, professional ID and category appeared and read only.

## Professional License Service

 All fields with (\*) are mandatory



The header features a dark teal navigation bar with white icons and text. On the left is a back arrow. In the center are four tabs: 'General' (with a person icon), 'Work Experience' (with a doctor icon), 'Attachment' (with a file icon), and 'Declaration Of Applicant' (with a document icon). On the right are forward and back arrows.

### PROFESSIONAL INFORMATION

Professional ID	DHCR-P-1042	Full Name	Abdulrahman Zeyada
-----------------	-------------	-----------	--------------------

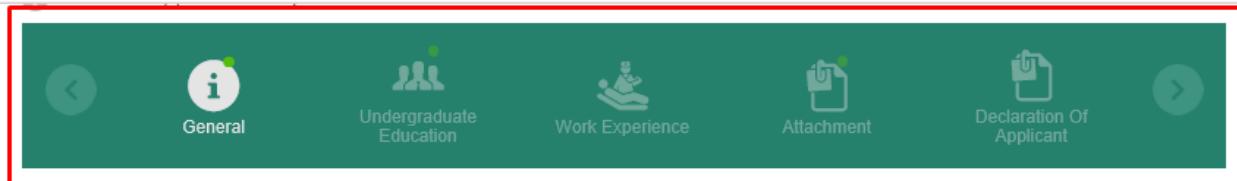
### SPECIFY CATEGORY & SPECIALITY

Category	Nursing	Grade *	Select
Scope *	Select	Specialty *	Select

### PROFESSIONAL LICENSE TYPE

Professional License Type \*  
 FullTime  
 PartTime

7. Healthcare professional fills all the tabs with valid data.



## PROFESSIONAL INFORMATION

Professional ID

DHCR-P-1042

Full Name

Abdulrahman Zeyada

## SPECIFY CATEGORY & SPECIALITY

Category

Nursing

Grade \*

Registered Nursing

Scope \*

Nurse Scope

Specialty \*

Nurse Specialty

## PROFESSIONAL LICENSE TYPE

Professional License Type \*

FullTime

PartTime



SAVE

SUBMIT



Full time and part time options vary as per configured in the grade by the IT (CRM) admin .

you can refer to section 5.7. in the CRM user manual document to see how to configure this.

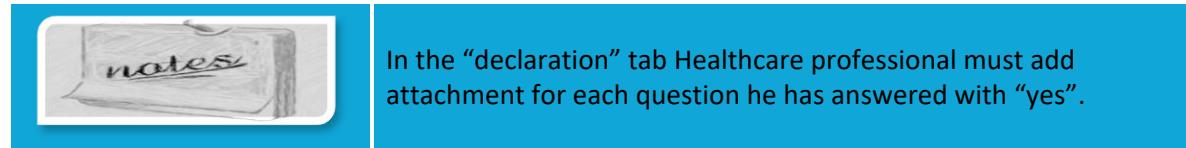


In Undergraduate education and work experience Healthcare professional should click on “add “button after filling needed information.

Appointment / Postion Title *	doctor	Institute Name *	abc hospital
Country *	Bahrain	State/City *	Al Hadd
Email Address *	zeyada@abchospital.com	Website	<a href="http://website.com">http://website.com</a>
From *	28-Apr-2015	To *	28-Apr-2016
Clinical Department / Area Of Practice	Clinical Department / Area of Practice		
<b>Attachment *</b> <span style="background-color: #ccc; padding: 5px 10px; border-radius: 5px;"><b>+ ADD FILES</b></span> Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx Min. number of files is 1 with Max. file size 5.00 MB			
 Doc1.docx		File size 667.54 KB	<span style="color: red;">DELETE</span>
<span style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px; background-color: #0070C0; color: white; text-decoration: none; font-weight: bold;">ADD</span> <span style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px; background-color: #ccc; color: black; text-decoration: none; font-weight: bold;">CANCEL</span>			

This is an example of work Experience tab display after clicking on “add” button.

Appointment / Postion Title ↑	Institute Name	Country	State/City	Action
doctor	abc hospital	Bahrain	Al Hadd	<input checked="" type="checkbox"/> 



## DECLARATION

**i** All Information Will Be Subject to DHCC Laws of Confidentiality. Applicants with pending/settled legal issues are required to provide a final court statement, medical board action report and/or medical malpractice claims status report

Do you have any physical, mental or emotional condition which in any way may limit or impair your ability to render professional services which are the subject of this application? \*

Yes     NO

## DECLARATION

**i** All Information Will Be Subject to DHCC Laws of Confidentiality. Applicants with pending/settled legal issues are required to provide a final court statement, medical board action report and/or medical malpractice claims status report

Do you have any physical, mental or emotional condition which in any way may limit or impair your ability to render professional services which are the subject of this application? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are you aware or have reason to believe of any other cause, impediment or incapacity that may limit or disqualify you from professional practice which are the subject of this application? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

 Doc1.docx

File size 667.54 KB



Has there ever been any malpractice claims or lawsuits made against you alleging negligence or a treatment failure which has been pending, open or closed during any of your health professional practices? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

No files were uploaded

Has your professional registration or license in any country ever been denied, suspended, revoked or placed on a conditional status including license for prescription of narcotic medications or have you ever been denied re-registration in any jurisdiction? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are your or have you previously had your clinical/dental privileges or medical status in any healthcare institution or facility in any jurisdiction been limited, suspended, revoked, not renewed or subject to probationary conditions? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are any formal disciplinary charges pending against you, or have you ever been the subject of disciplinary proceedings by a professional or medical association or organization or government authority related to your competencies, professional conduct, abuse or misuse of chemical substance or drugs? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Are you currently engaged in the illegal use or misuse of chemical substances or drugs, or were you so engaged recently enough so that the use of such substances or drugs may have an ongoing impact on your ability to function? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

Have you ever been charged with or found guilty after trial for any criminal offences other than minor traffic offense in any jurisdiction? \*

Yes  NO

Answer \*

+ ADD FILES

Allowed extention(s) .pdf, .gif, .jpg, .jpeg, .png, .bmp, .doc, .docx  
Min. number of files is 1 with Max. file size 5.00 MB

8. Healthcare professional clicks on the “checkbox” and chooses if it is an urgent application or not .

If it is an urgent application then there is a message will be displayed automatically which says  
“Extra fees needed is 10.00\$ , Extra SLA Needed is 1 day” .

I acknowledge that I have read and understood the application and have answered all questions contained in it truthfully and completely. I authorize every person, medical college, university, hospital, clinic, government agency, or institution having custody or control of any documents, records, and other information pertaining to me to furnish to the Licensing Department, DHCR any such information, or true and correct copies of documents or records. I hereby release, discharge, and hold harmless Licensing Department, DHCR, its employees, agents, or representatives, and any person furnishing information, records, or documents of any and all liability. I authorize the Licensing Department, DHCR to release information, material, documents, orders, or the like relating to me or this application to other entities or third party at my request. By signing this form "I acknowledge that information about me relevant to my practice may be made public; I am aware of the requirement on me to report to the Compliance & Assurance department in DHCR any healthcare professional who is impaired or disabled for whatever reason and whom is impairment constitutes a public risk.

I hereby declare the above \*

Urgent Application

Yes

No

I acknowledge that I have read and understood the application and have answered all questions contained in it truthfully and completely. I authorize every person, medical college, university, hospital, clinic, government agency, or institution having custody or control of any documents, records, and other information pertaining to me to furnish to the Licensing Department, DHCR any such information, or true and correct copies of documents or records. I hereby release, discharge, and hold harmless Licensing Department, DHCR, its employees, agents, or representatives, and any person furnishing information, records, or documents of any and all liability. I authorize the Licensing Department, DHCR to release information, material, documents, orders, or the like relating to me or this application to other entities or third party at my request. By signing this form "I acknowledge that information about me relevant to my practice may be made public; I am aware of the requirement on me to report to the Compliance & Assurance department in DHCR any healthcare professional who is impaired or disabled for whatever reason and whom is impairment constitutes a public risk.

I hereby declare the above \*

Urgent Application

Yes

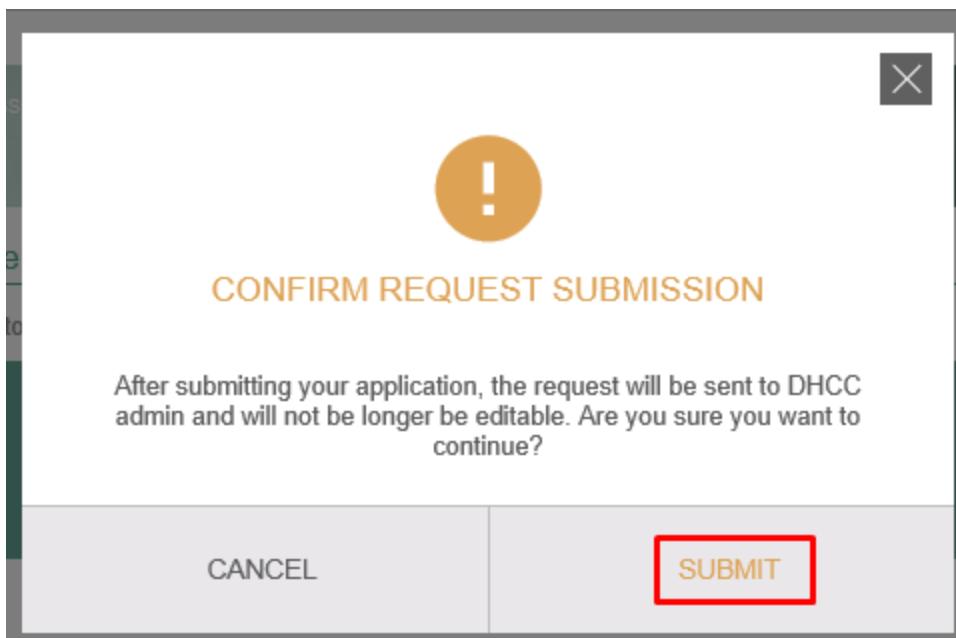
No

Extra Fees Needed is 10.00\$ , Extra SLA  
Needed is 1 day

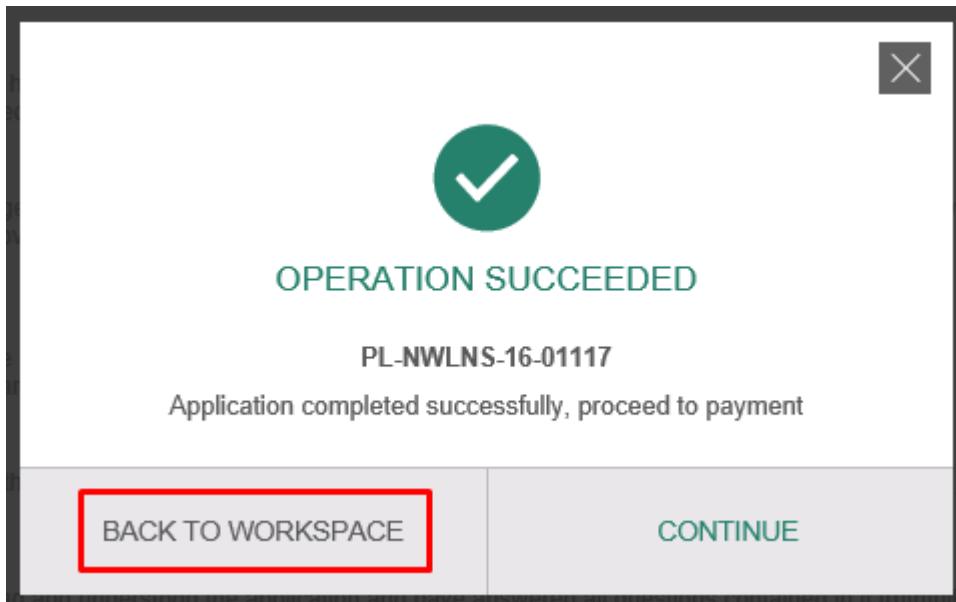
SUBMIT

9. Healthcare professional clicks on **SUBMIT** button.

10. Healthcare professional confirms on request submission.



11. Healthcare professional verifies that successful message appeared contains the application ID and application status is “pending on payment” by clicking “back to workspace”.



The screenshot shows the DHCA workspace home page. On the left, a sidebar lists navigation options: Profile, My Tasks, My Requests, My Draft Requests, and My Documents Wallet. The main area displays three summary cards: 'My Tasks' (1), 'My Requests' (1), and 'My Draft Requests' (0). Below these are four detailed tables: 'MY TASKS' (one item: PL-NwLns-16-01117, Creation Date: 28-Sep-2016), 'MY REQUESTS' (one item: PL-NwLns-16-01117, eService Status: Pending on Payment, Creation Date: 28-Sep-2016), 'MY DOCUMENTS WALLET' (two attachments, both labeled 'Attachment' and 'Download'), and 'MY DRAFT REQUESTS' (no items found).

12. Healthcare professional press on my tasks in the home page.

A screenshot of the 'My Tasks' section. It features a green header bar with the text 'My Tasks'. Below it is a table with one row, showing a file icon and the text 'Attachment'.

13. Healthcare professional verifies that: there exist an active task for payment and its status is “pending on payment” and clicks to open.

A screenshot of the 'WORKSPACE-MYTASKS' screen. The left sidebar shows navigation options: Profile, Edit Healthcare Professional Profile, My Tasks (1), Pending On Payment (1), and My Requests (1). The main area is titled 'WORKSPACE-MYTASKS' and contains a search/filter section with fields for Creation Date From, Creation Date To, Application Name, eService Name, eService Status, and a FILTER button. Below is a table with columns: Request ID, eService Name, Creation Date, and eService Status. A single row is shown: PL-NwLns-16-01117, Professional New Licensure, Sep 28, 2016, and Pending on Payment. A red arrow points to the 'Pending on Payment' status cell.

14. The below screen is displayed and now Healthcare professional can choose “wire transfer” for his payment type then he must enter “Professional healthcare transaction number”.

— PAYMENT FEE

### Payment

All fields with (\*) are mandatory

#### PAYMENT DETAILS

Payment Type	Unit Amount (AED)	Count of Item	Total Fees (AED)
FeeCode-00011	800	1	800
FeeCode-00002	500	1	500
FeeCode-00001	10	1	10
FeeCode-00004	10	1	10

#### PAYMENT TYPE

Payment Type \*  Online  Wire transfer

#### BANK ACCOUNT DETAILS

Account Title	Dubai HealthCare City Authority	Bank Name	Dubai Islamic Bank
Bank Address	Dubai , United Arab Emirates	Bank Account No	001520061672101
IBAN Code	AE200240001520061672101	Currency	United Arab Emirates Dirham
Swift Code	DUIBAEADXXX		

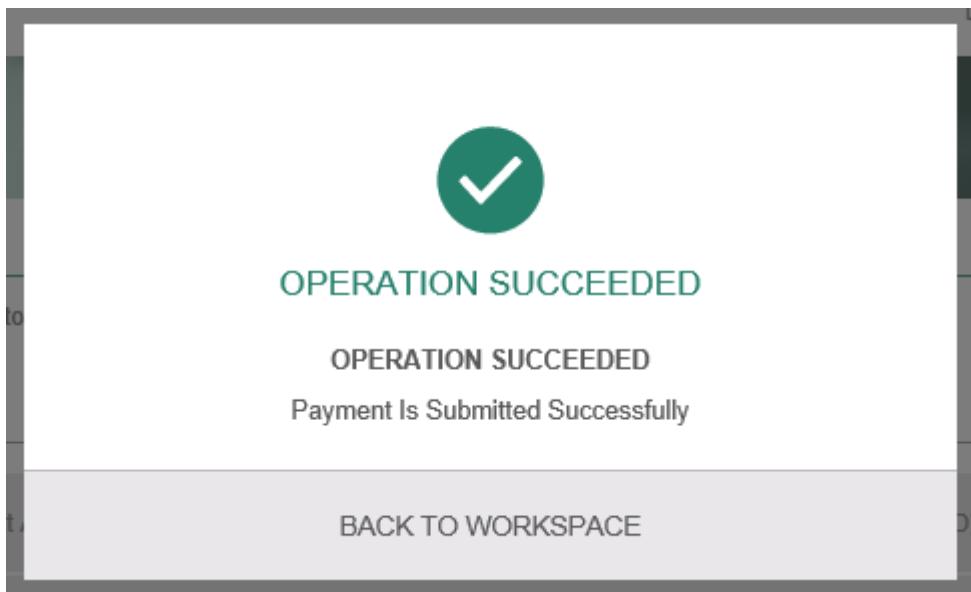
#### PAYMENT

Transaction Number \*

**SUBMIT**

15. Healthcare professional clicks on **SUBMIT** button.

16. Healthcare professional Verifies that display message will appear showing the operation succession.



17. PLD Finance user picks the required task and approves payment on CRM.
18. PLD Team member opens request and require more information with needed modification and Verifies that the application status changed to “pending on initial review modifications”.
19. Healthcare professional logins to portal with HC professional credentials.
20. Healthcare professional navigates to “workspace and Verifies that there exists a pending task with status “modification required”.

Request ID	eService Name	Creation Date	eService Status
PL-NwLns-16-01117	Professional New Licensure	Sep 28, 2016	Modification Required

21. Healthcare professional makes the modification then clicks on **SUBMIT** button .

## Professional License Service

Application Number: PL-NwLns-16-01117	Application Status: Modification Required
Modification Reason: x,y and z papers needed	Created On: 28-Sep-2016
<p><i>(*)</i> All fields with (*) are mandatory</p> 	

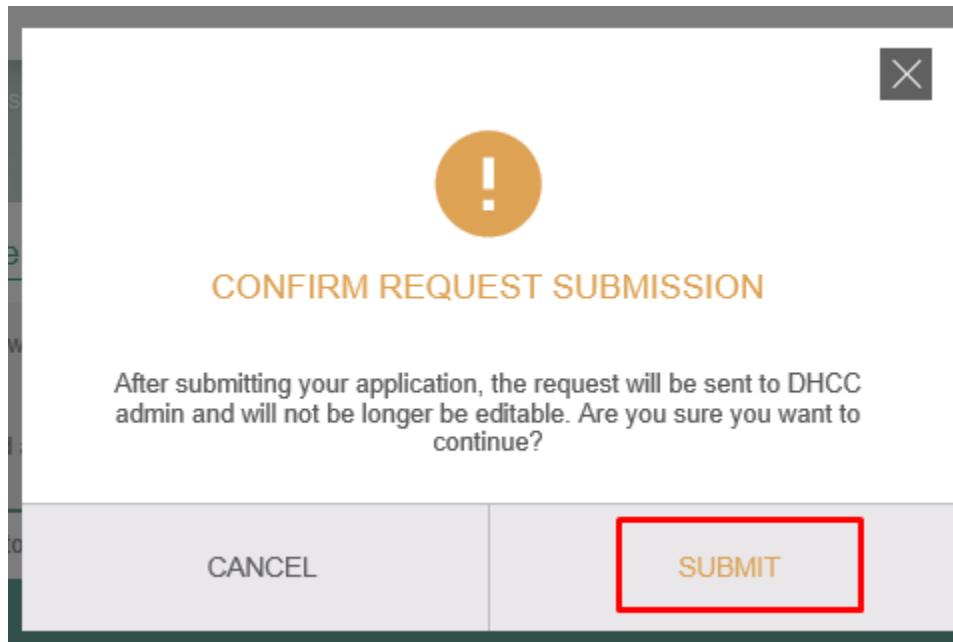
### PROFESSIONAL INFORMATION

Professional ID: DHCR-P-1042 Full Name: Abdulrahman Zeyada

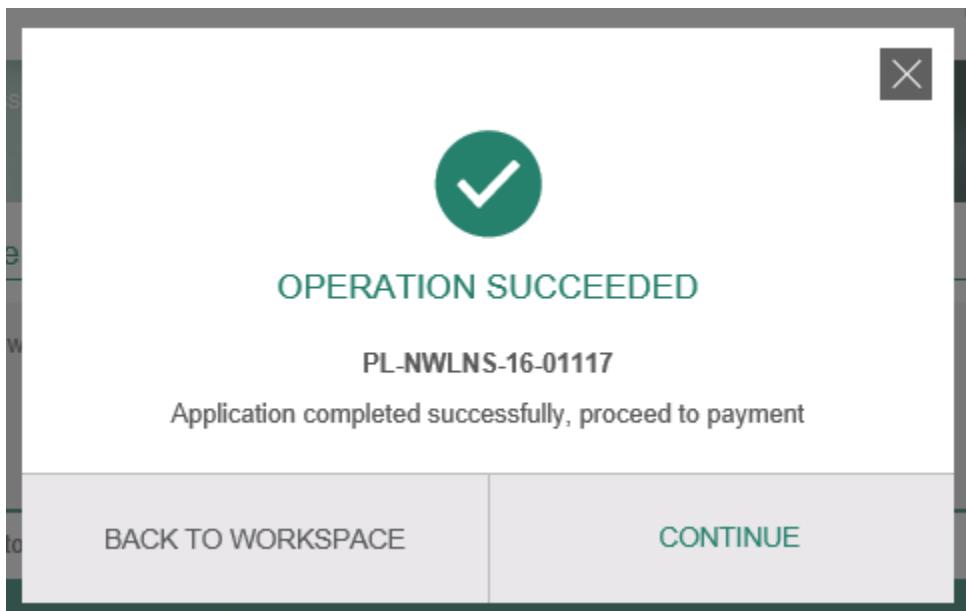
### SPECIFY CATEGORY & SPECIALITY

Category	Nursing	Grade *	Registered Nursing
Scope *	Nurse Scope	Specialty *	Nurse Specialty

22. Healthcare professional confirms submission.



23. Healthcare professional verifies that successful message appears.



24. PLD team member opens request and approves it on CRM.
25. PLD team member verifies that: the request status changed to pending on PSV, “Skips PSV”, fills the PSV skipping reason mandatory field with valid data then verifies that: the request status changed to “pending on PLD department head PSV exemption approval”.
  
26. PLD department head opens request, Skips PSV, fills the mandatory field department head PSV comment with valid data and verifies that: the request status is changed to “pending on license payment” on CRM.
  
27. Healthcare professional logins to portal with HC professional credentials.
28. Healthcare professional navigates to “my tasks” and Verifies that there exists a pending task with status “pending on payment” and opens it.

A screenshot of the DHCA e-Services workspace titled "WORKSPACE-MYTASKS". On the left, a sidebar lists "Profile", "Edit Healthcare Professional Profile", "My Tasks (1)", "Pending On Payment" (with a red arrow pointing to a yellow button), and "My Requests (1)". The main area shows a table with columns: Request ID, eService Name, Creation Date, and eService Status. A single row is visible: "PL-NwLns-16-01117", "Professional New Licensure", "Sep 28, 2016", and "Pending on Payment" (which is highlighted with a yellow background and a red arrow pointing to it). There are also filter options at the top of the main area.

29. Healthcare professional chooses payment type “online” then press “submit “.

PAYMENT TYPE

Payment Type \*

Online     Wire transfer

**SUBMIT**

30. Healthcare professional verifies that: the Epay page appeared and contains the service provider and the total amount, then clicks on “pay” button.

**ePay MIDDLE EAST LEADING GATEWAY**

**Transaction Information**

- Service Provider : Dubai Healthcare City Authority – Regulatory
- Service : eServices for DHCR
- SP Transaction No : PLD-280920165228-0
- Amount : 1310.00 AED

**Payment Method**

- Credit Card
- EdirhamG2
- Direct Debit
- OneClick Pay

**Contact Information**

- Email Address : UserName@gmail.com
- Mobile Number : 01011111111
- (Add Another Contact)

I have read the [warning](#) and understood the consequences

Total Amount: 1310.00 AED

**Cancel** **Pay**

31. Healthcare professional inserts the “credit card number”, “expire date” of the credit card and the “security code or CVV” and clicks “pay”.

ePayment by etisalat

[Page Help](#)

### Payment beneficiary

Name:	Dubai eGovernment
Store:	0000
Terminal:	0000
City:	Dubai
Country:	United Arab Emirates

### Payment description

Amount:	Dhs. 1 310.00
Order description:	DHCR-eServices

### Payment information

Payment instrument:	Payment Card
Card brand:	Visa
Card number:	[REDACTED]
Expiry month/year:	January 2020
Security Code:	[REDACTED]

 **Pay** **Reset**

  
[learn more](#)







32. Healthcare professional verifies that: successful page appeared also there exist a grid contains the amounts that he paid and the transaction ID.

 **SUCCESS..** Payment Is Submitted Successfully

### Payment

#### PAYMENT DETAILS

Transaction Number	PLD-280920165228-0
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Payment Type	Unit Amount (AED)	Count of Item	Total Fees (AED)
FeeCode-00006	500	1	500
FeeCode-00003	800	1	800
FeeCode-00004	10	1	10
<b>Total Fees</b>			<b>1310 (AED)</b>

33. PLD team member approves HCP license on CRM and verifies that: The request status changed to “pending on employer selection” and that the form became read only.
34. Healthcare professional logins to portal with HC professional credentials.
35. Healthcare professional navigates to “workspace” and verifies that there exists a pending task with status “pending on employer selection” and opens it.

The screenshot shows the DHCA workspace interface. The left sidebar has sections for 'Profile', 'Edit Healthcare Professional Profile', 'My Tasks (1)', and 'Pending On Employer Selection'. The main area displays a table with columns: Request ID, eService Name, Creation Date, and eService Status. The first row shows 'PL-NwLns-16-01117', 'Professional New Licensure', 'Sep 28, 2016', and 'Pending on Employer Selection'. A red arrow points to the 'Pending on Employer Selection' status.

36. Healthcare professional verifies that: The application info is loaded to the form.

#### Application

i All fields with (\*) are mandatory

#### APPLICATION INFO

Professional ID	DHCR-P-1042	Full Name	Abdulrahman Zeyada
Category	Nursing	Grade	Registered Nursing
Scope	Nurse Scope	Speciality	Nurse Speciality

37. Healthcare professional chooses value “No” from the specify employer section then press on submit button.

#### SPECIFY EMPLOYER

Do You Have A Healthcare Operator?\* \*

Yes

No

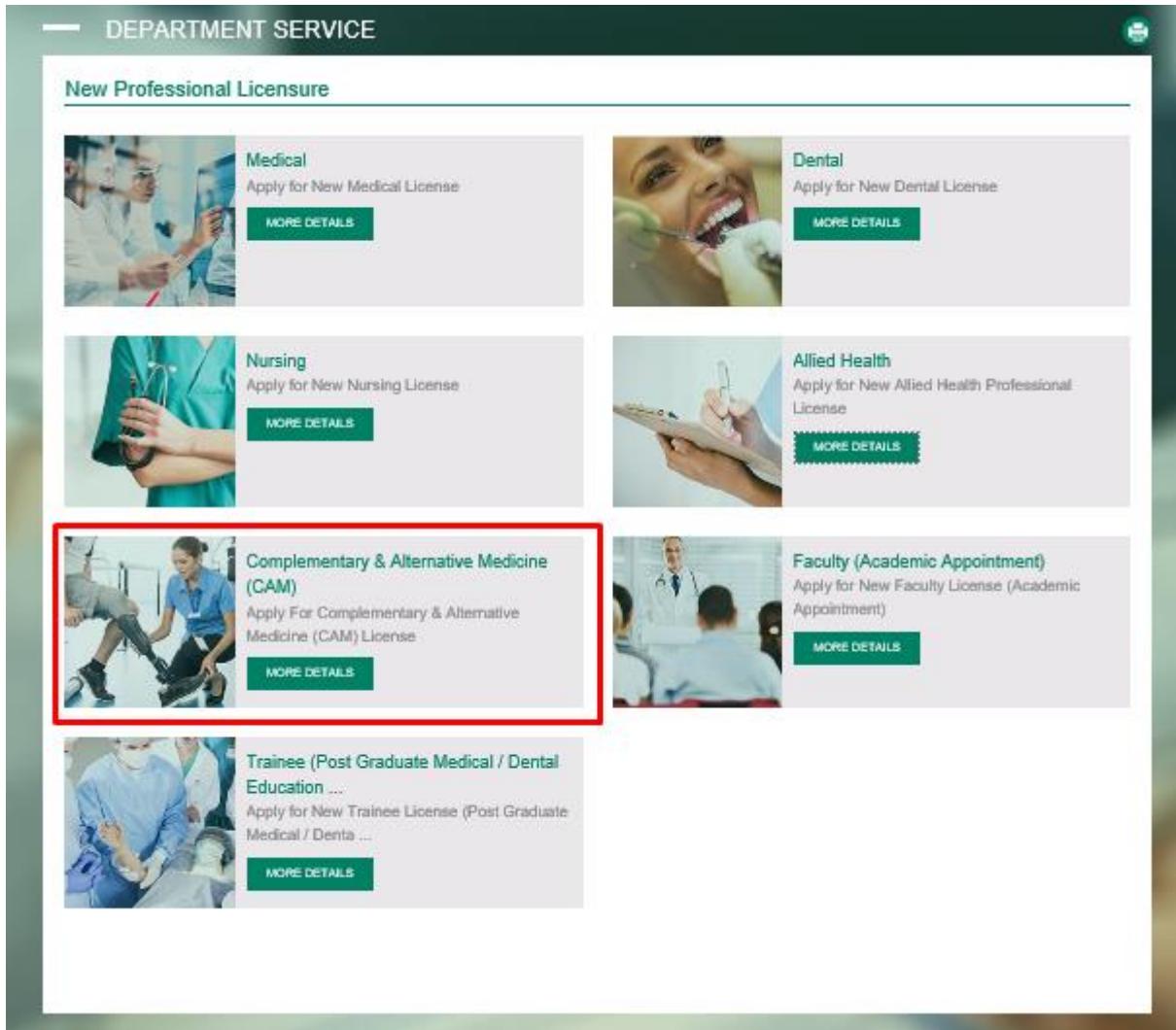
**SUBMIT**

#### 4. Save as draft new request

Save as draft new request from portal frontend site to fill HCP data.

► Start executing the following steps

1. Healthcare professional logs in to DHCA portal with HC professional credentials.
2. Healthcare professional clicks “E-services” from portal homepage.
3. Healthcare professional goes to “professional licensing services”
4. Healthcare professional clicks on “new professional licensure”
5. Healthcare professional chooses the “CAM” category.



6. Healthcare professional fills tabs with valid data by clicking on “apply for service” button.

SERVICE NAME	Medical
DESCRIPTION	This service enables the individuals to apply for a new Medical healthcare professional license within Dubai Healthcare City Free Zone.
PREREQUISITES	<p>Exam score if applicable, meeting the minimum requirements.</p> <p><b>Please note that Option - 2 and Option - 3 Medical Doctors are required to sit for DHCA exam. DO NOT APPLY IF YOUR EXAM IS NOT LISTED. Initial Application review fees cannot be refunded.</b></p>
REQUIRED DOCUMENTS	<ol style="list-style-type: none"> <li>1. Education certificates with transcript of records. Education Certificates may include any of the followings: Diploma, Bachelor's, Post Graduates Degree etc.</li> <li>2. Recent experience letters.</li> <li>3. Valid License/Registration from licensing body or country of recent employment.</li> <li>4. Valid Good Standing Certificate.</li> <li>5. Valid Passport Copy.</li> <li>6. Recent Photo.</li> <li>7. Offer letter from recruiting facility (If Available).</li> <li>8. Malpractice Insurance from recruiting facility (If Available).</li> </ol>
FEES (AED)	<ol style="list-style-type: none"> <li>1. Initial Application Fees: <b>AED 1000</b></li> <li>2. Application Processing Fees: <ul style="list-style-type: none"> <li>- AED 4700 [With Previous PSV]</li> <li>- AED 5700 [Without Previous PSV]</li> </ul> </li> <li>3. License Card Fees: <b>AED 500</b></li> </ol> <p><b>Note:</b> Each fee transaction is subject to: <ol style="list-style-type: none"> <li>a. Knowledge fee of <b>AED 10.00</b></li> <li>b. Innovation fee of <b>AED 10.00</b></li> </ol> </p> <p><b>Please note that the unpaid applications will be rejected by the system within 5 working days from the submission date.</b></p>
TIME FRAME	 21 Working Days
SERVICE CHANNELS	Online
POLICIES AND PROCEDURES	<ol style="list-style-type: none"> <li>1. Apply online</li> <li>2. Select the Professional Licensing service</li> <li>3. Payment</li> <li>4. PLD Team review/approval</li> <li>5. Issue license</li> </ol>
DOWNLOAD ASSISTING DOCUMENTS	 <ul style="list-style-type: none"> <li><a href="#">Download Dental Clinic Portal - RSD - V0.6.Pdf</a></li> <li><a href="#">Download DHCA Portal - RSD - V1.0.Docx</a></li> <li><a href="#">Download DHCC Dental/Translation Document.xlsx</a></li> <li><a href="#">Download DubaiHealthCareCityLogo.png</a></li> </ul>

[← BACK TO LIST](#)

[APPLY FOR SERVICE](#)



SAVE

7. Healthcare professional clicks on **SAVE** button.