سلطـــــة مدينـــة دبـي الطبيـــة
**DUBAI HEALTHCARE CITY AUTHORITY**

DUBAI HEALTHCARE CITY AUTHORITY

PLD NEW PROFESSIONAL LICENSE

USER MANUAL

Submission Date: 10/24/2016

**Copyright**

## Contents

## 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 |
|---|---|
| **Save as draft new request Save as draft new request** | 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. |
| **Submit a new license request by health professional with category Medical license.** | 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. |
| **Generate LOA for HC professional** | 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** | • Fill new professional licensure form<br>•Pays initial review fees<br>•Pays due fees<br>•Make an update with the required modifications<br>•Can appeal explaining the reason for that<br>•Specifies that he is ready for the prometric exam |
| **Health care operator** | •Pays for license issuance<br>•Approve his selection from health care professional |
| **Health care professional** | •Selects his healthcare operator |
| **System** | •Changes application statuses<br>•Fetches due fees<br>•Notifies applicant via sms and mail for any updates or modifications<br>•Update number of prometric exam trials, generate it and notifies the applicant<br>•Prometric update system with exam score |

## 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:

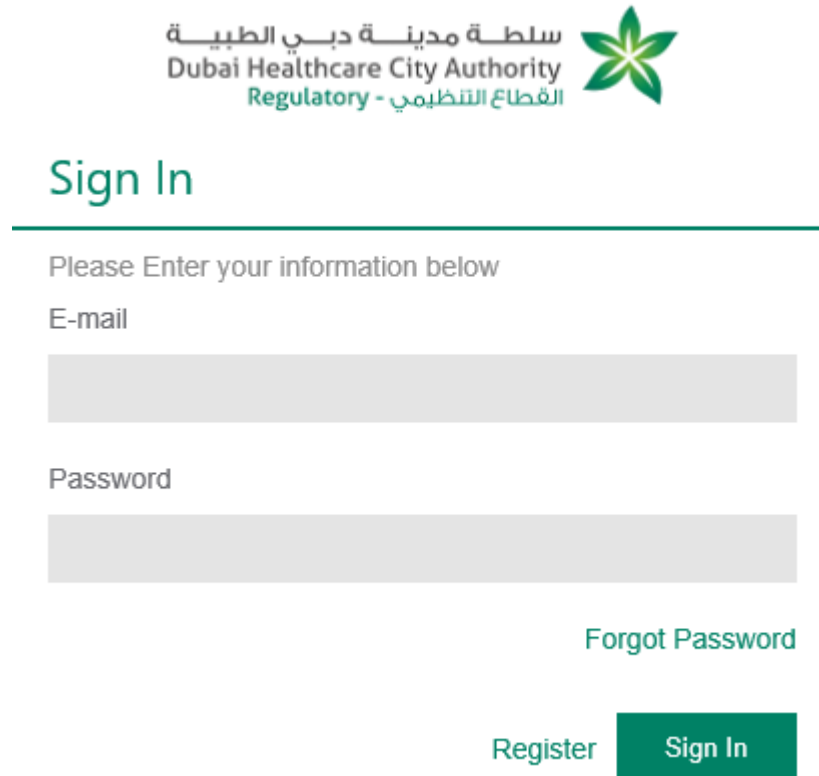| Term | Definition |
| --- | --- |
| Applicant | The one who initiates the new license request which can either be the healthcare operator or the healthcare professional |
| BLS | Basic Life Support<br><br>Emergency procedures performed to sustain life that include cardiopulmonary resuscitation, control of bleeding, treatment of shock, stabilization of injuries and wounds, and first aid. |
| PSV | Primary Source Verification |
| CAM | Complementary alternative medicine |
| COP | Clinical Operational Permit<br><br>It is the authorization issued by the Registry of Companies to a healthcare operator allowing it to conduct one or more Clinical Activities. |
| DHCR | Dubai Healthcare Regulatory |
| FLD | Facility Licensing Department |
| Healthcare Operator | 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 |
| LOA | Letter of Acceptance |
| MMI | Medical Malpractice Insurance<br><br>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. |
| **PLD** | Professional License Department |
| **ROC** | Registry of Companies |

**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.**
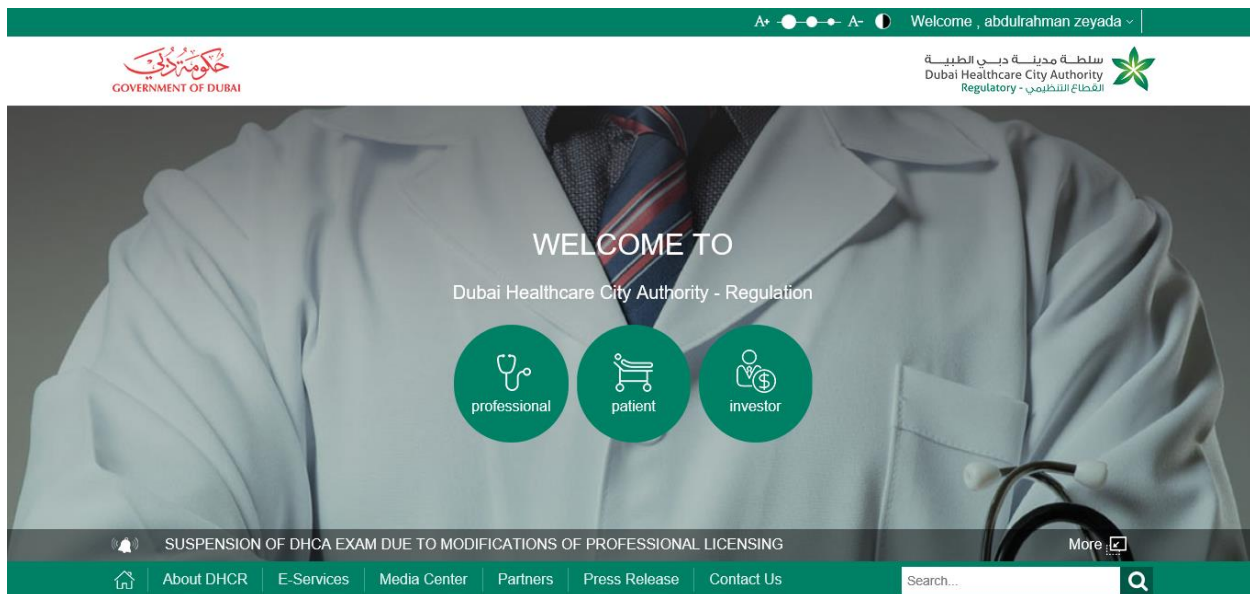
► Start executing the following steps

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



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.

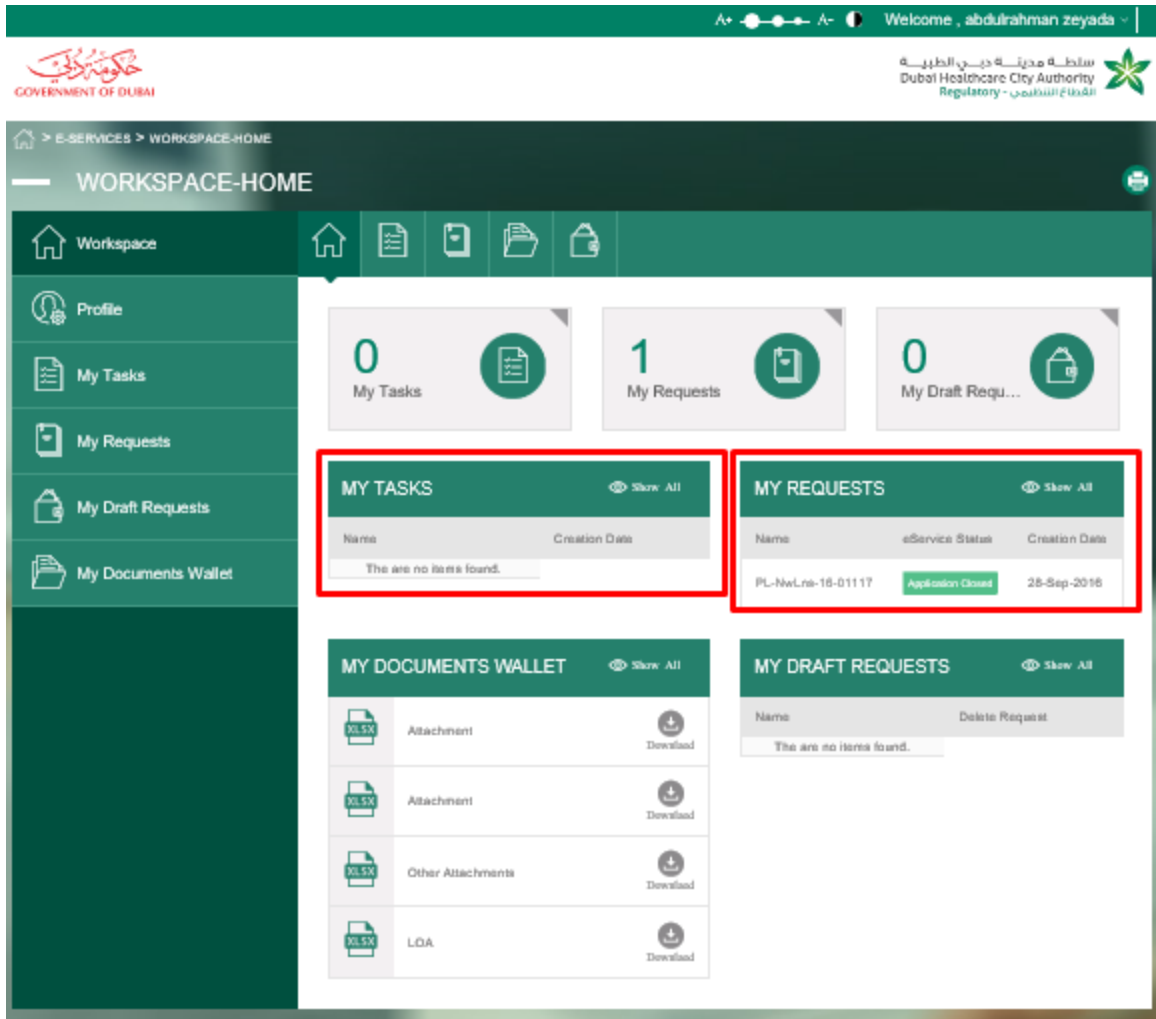3. Click **Sign in**, portal home page will be displayed.

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.
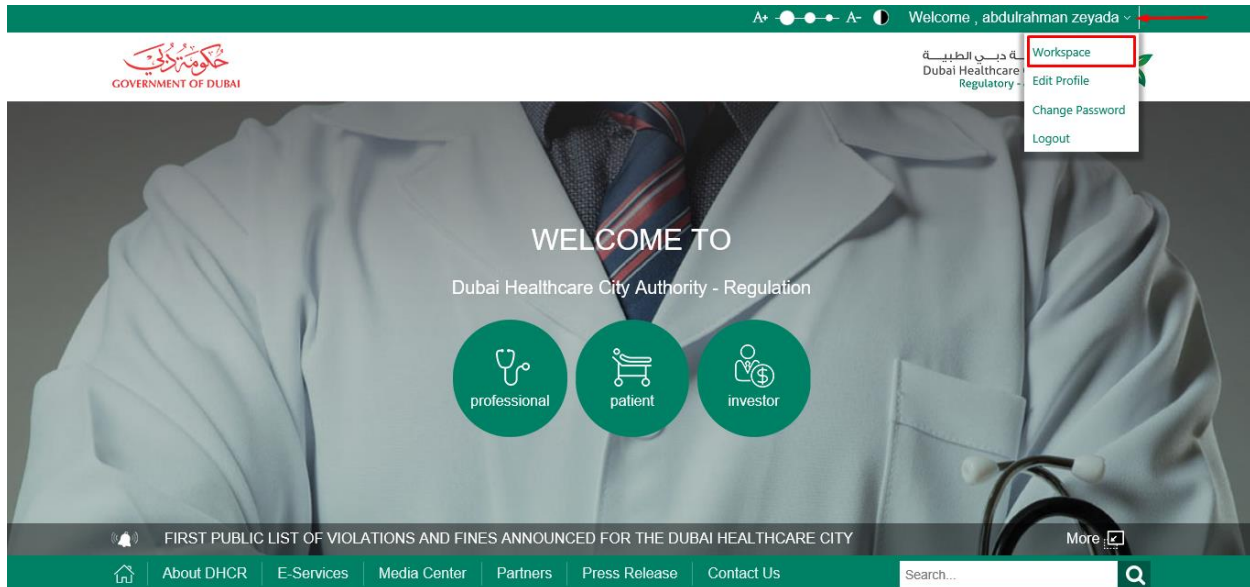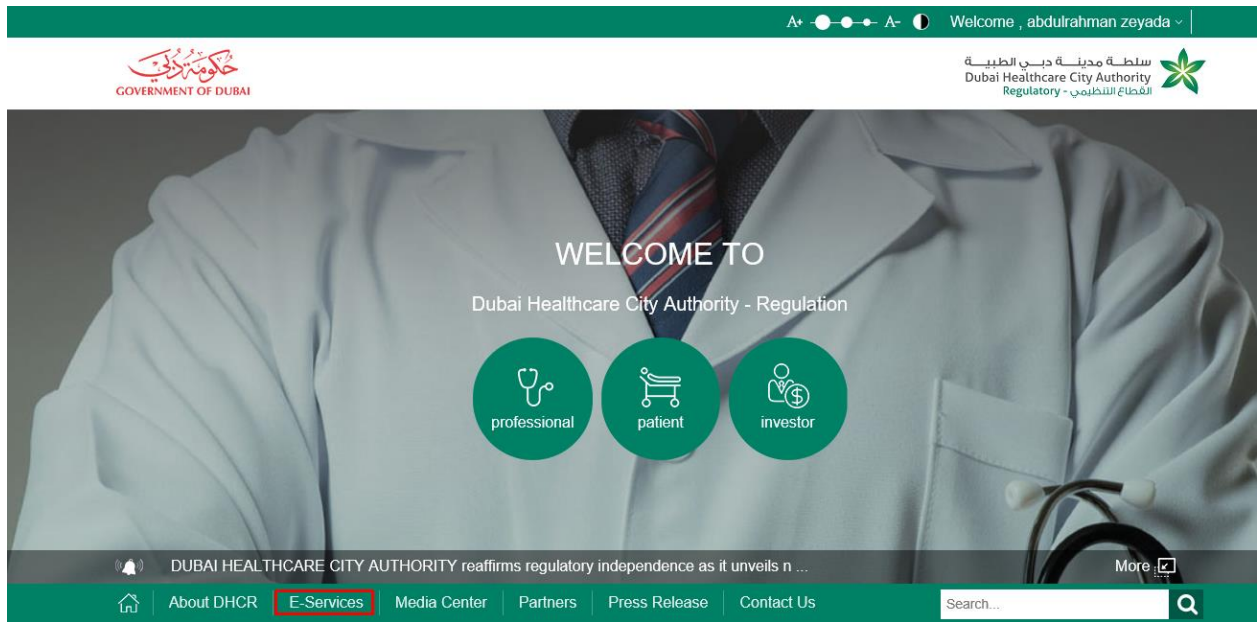


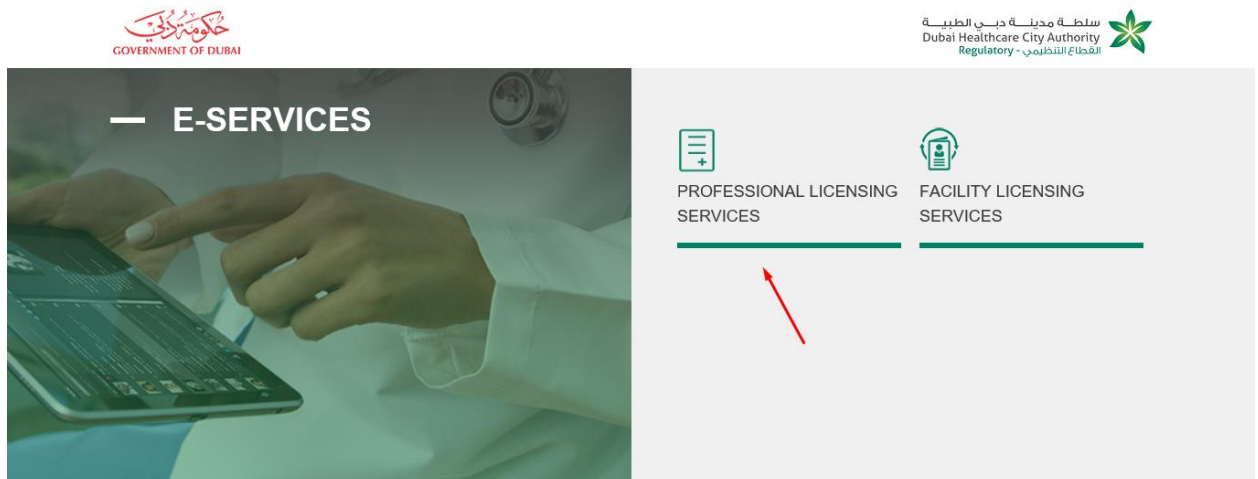2. Go to the required task or payment and click to open.

**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"

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

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 | Exam score if applicable, meeting the minimum requirements.<br><br>**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.** |
| REQUIRED DOCUMENTS | 1. Education certificates with transcript of records. Education Certificates may include any of the followings: Diploma, Bachelor's, Post Graduates Degree etc.<br>2. Recent experience letters.<br>3. Valid License/Registration from licensing body of country of recent employment.<br>4. Valid Good Standing Certificate.<br>5. Valid Passport Copy.<br>6. Recent Photo.<br>7. Offer letter from recruiting facility (If Available).<br>8. Malpractice Insurance from recruiting facility (If Available). |
| FEES (AED) | 1. Initial Application Fees: **AED 1000**<br><br>2. Application Processing Fees:<br>  - **AED 4700** [With Previous PSV]<br>  - **AED 5700** [Without Previous PSV]<br>3. License Card Fees: **AED 500**<br>**Note:** Each fee transaction is subject to:<br>  a. Knowledge fee of **AED 10.00**<br>  b. Innovation fee of **AED 10.00**<br>**Please note that the unpaid applications will be rejected by the system within 5 working days from the submission date.** |
| TIME FRAME | 🕐 21 Working Days |
| SERVICE CHANNELS POLICIES AND PROCEDURES | Online<br>1. Apply online<br>2. Select the Professional Licensing service<br>3. Payment<br>4. PLD Team review/approval<br>5. Issue license |
| DOWNLOAD ASSISTING DOCUMENTS | Download Dental Clinic Portal - RSD - V0.6.Pdf<br>Download DHCA Portal - RSD - V1.0.Docx<br>Download DHCC DentalTranslation Document.xlsx<br>Download DubaiHealthCareCityLogo.png |

← 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).

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".

| notes | Full time and part time options vary as per configured in the grade by the IT (CRM) admin .<br><br>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 ▾ | Speciality * | 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

CANCEL    ADD

No work experiences was added

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

Doc1.docx          File size 667.54 KB          🗑 DELETE

ADD    CANCEL

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

| Speciality Board Name * | Speciality 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

ⓘ 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 <u>urgent application or not .</u>

If it is an <u>urgent</u> application then there is a message will be displayed automatically which says "<u>Extra fees needed is AED 1000 , Extra SLA Needed is 1 day</u>" .

### 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 *
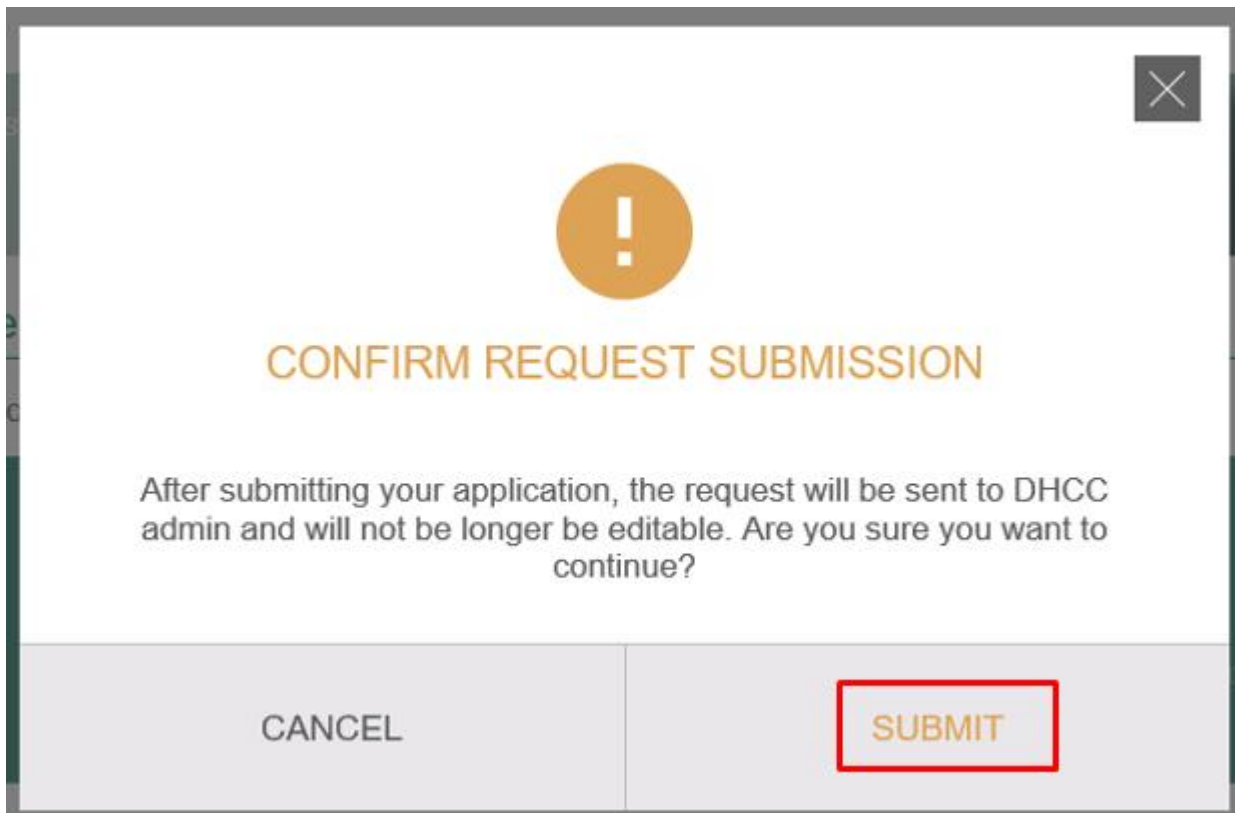
Urgent Application        ( ) Yes   ( ● ) No

## 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.

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



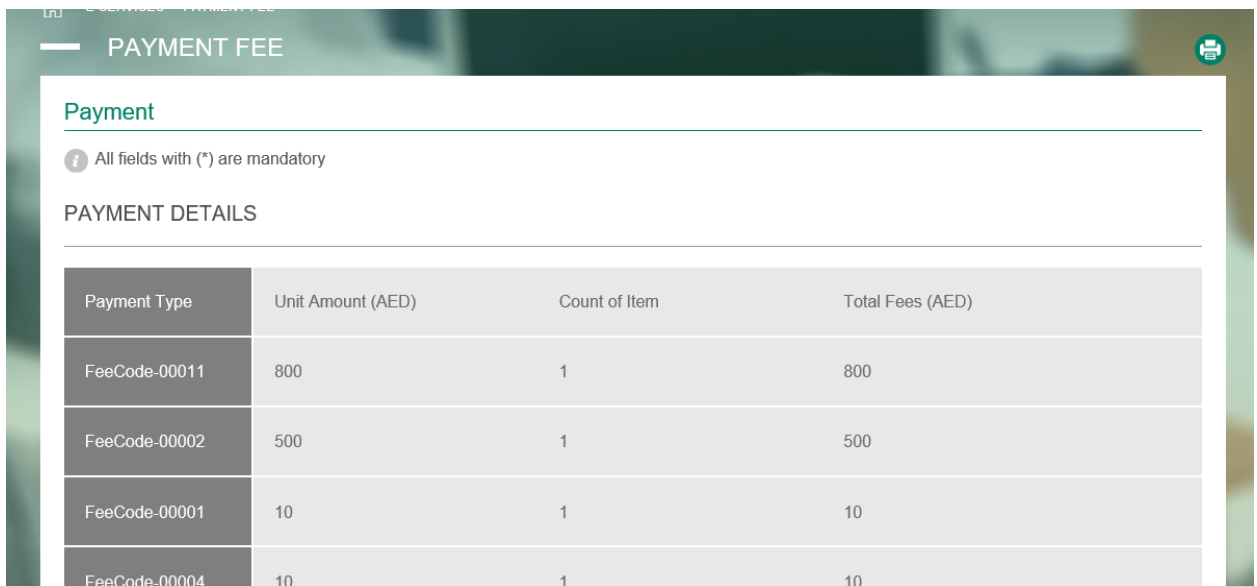CONFIRM REQUEST SUBMISSION

After submitting your application, the request will be sent to DHCC admin and will not be longer be editable. Are you sure you want to continue?

CANCEL                    SUBMIT

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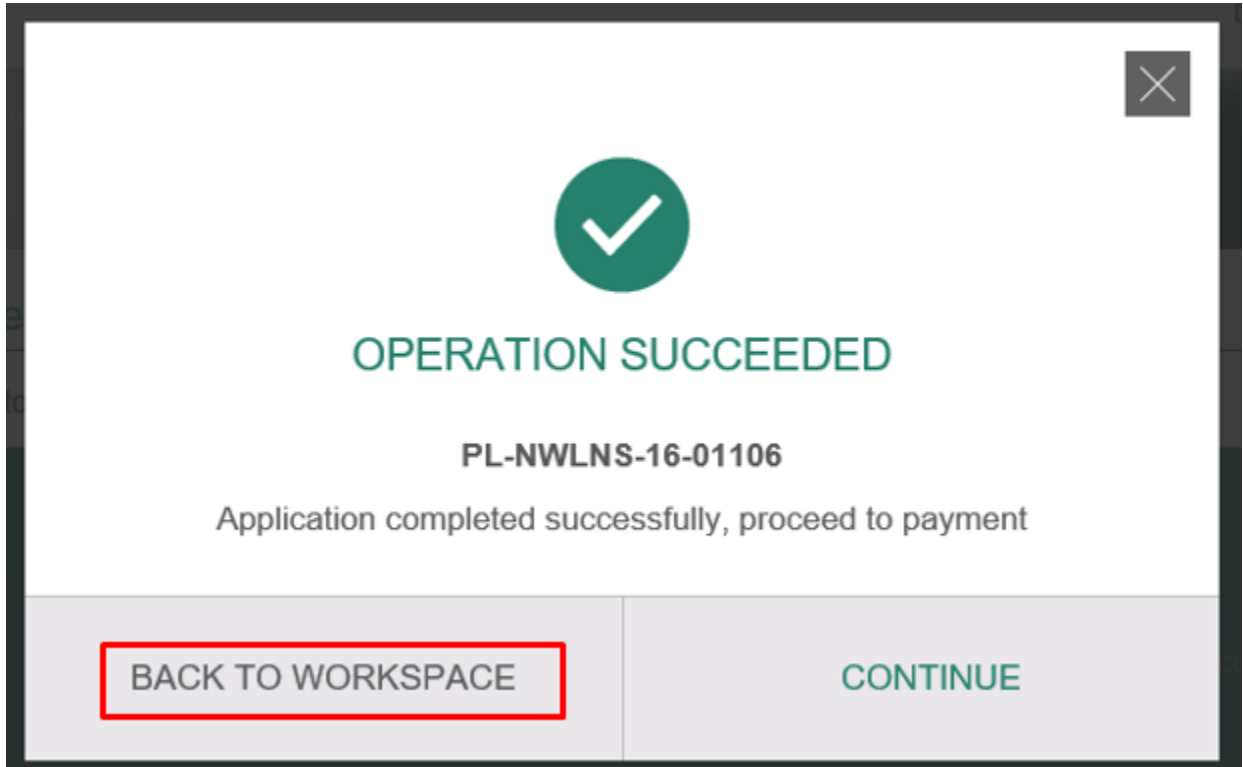


14. Healthcare professional navigates to "Workspace"and verifies that there is exist an active task for payment and its status is "pending on payment" then clicks on it.
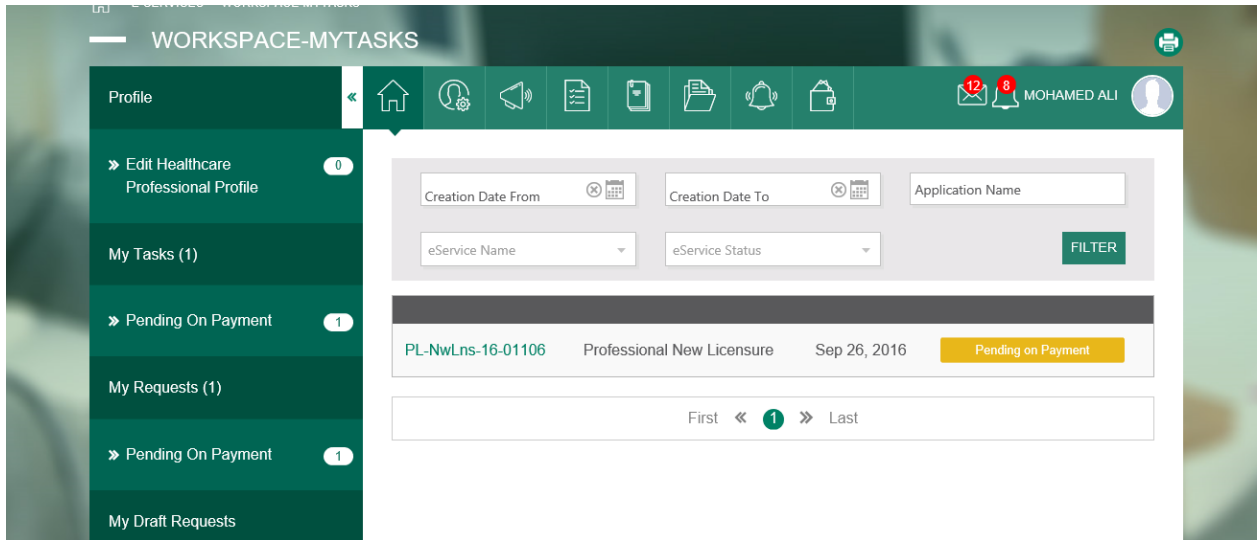
15. Healthcare professional chooses "wire transfer" for his payment type then he must enters "transaction number".



**PAYMENT FEE**

## Payment

ℹ 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 *      766785645634          ✕

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

17. Healthcare professional verifies that display message will appear showing the operation succession.



✓

**OPERATION SUCCEEDED**

OPERATION SUCCEEDED

Payment Is Submitted Successfully

BACK TO WORKSPACE

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 logins 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.



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



23. Healthcare professional confirms submission.

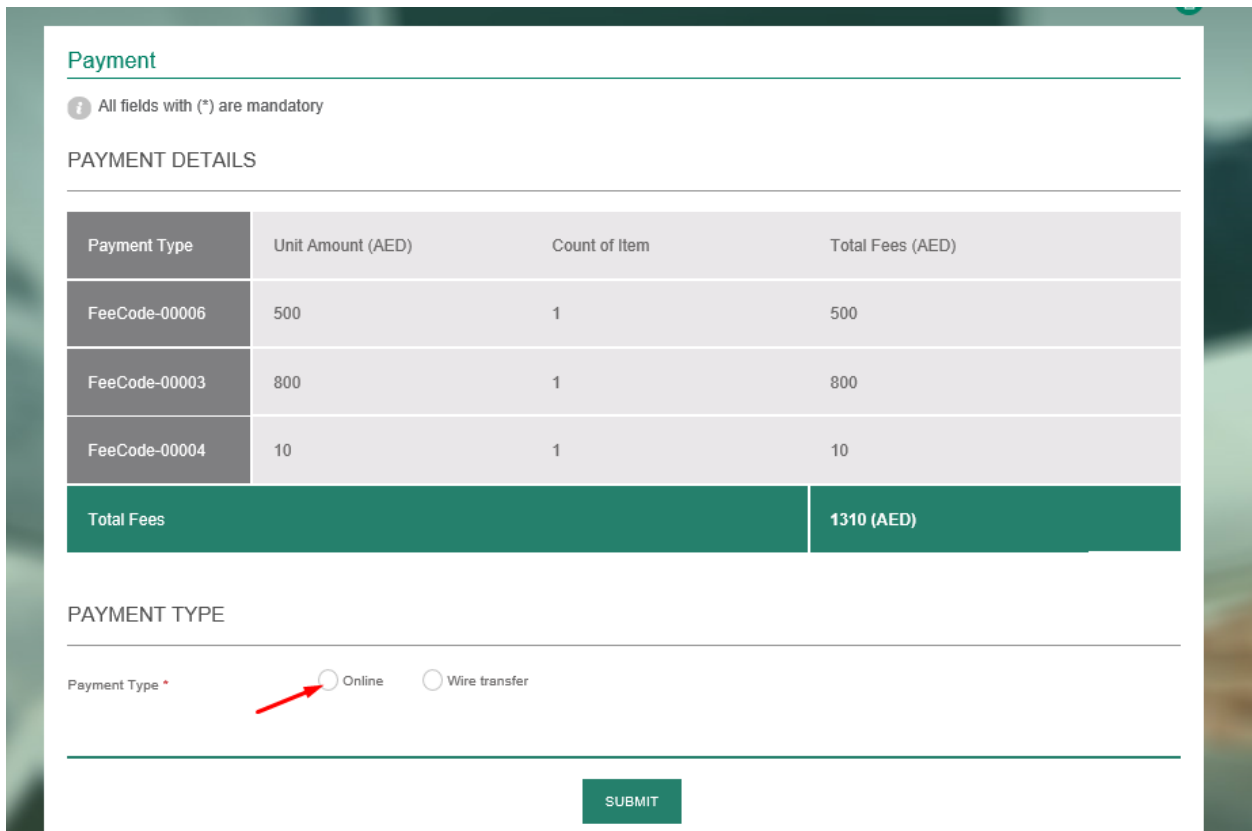24. Healthcare professional verifies that successful message appears.



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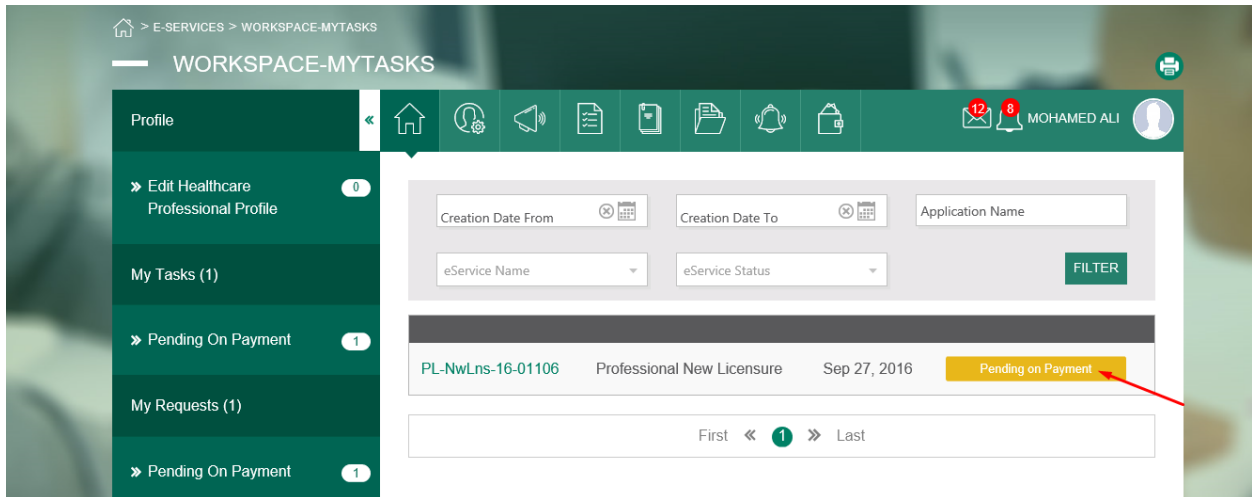
28. Healthcare professional opens the task and chooses the "online" payment type.



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".



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

32. Healthcare professional <u>verifies that:</u>

    32.1    Successful page appeared also there exist a grid contains the amounts that you paid.

    32.2    The page contains the transaction ID.



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) <u>verifies that:</u> 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 *    ⦿ Healthcare Professional Verified          Comment    [Comment ]

                         ◯ Healthcare Professional Not Verified

Owner Name *             [Abdulrahman Zeyada]          Owner Phone Number *    [01010102034]

**PSV Document**

+ ADD FILES    Allowed extention(s) .jgp, .doc, .pdf
               Min. number of files is 1 with Max. file size 10.60 MB

               No files were uploaded

[ SEND ]

39. PLD team member <u>Verifies that:</u> 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 <u>that</u> 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.

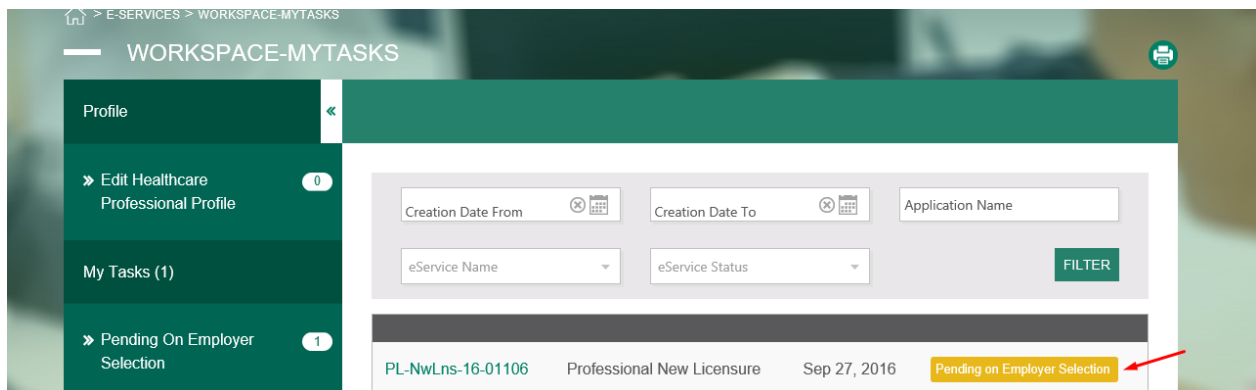44. Healthcare professional fills the appeal reason field then press on appeal button.



45. Healthcare professional <u>verifies that </u>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".



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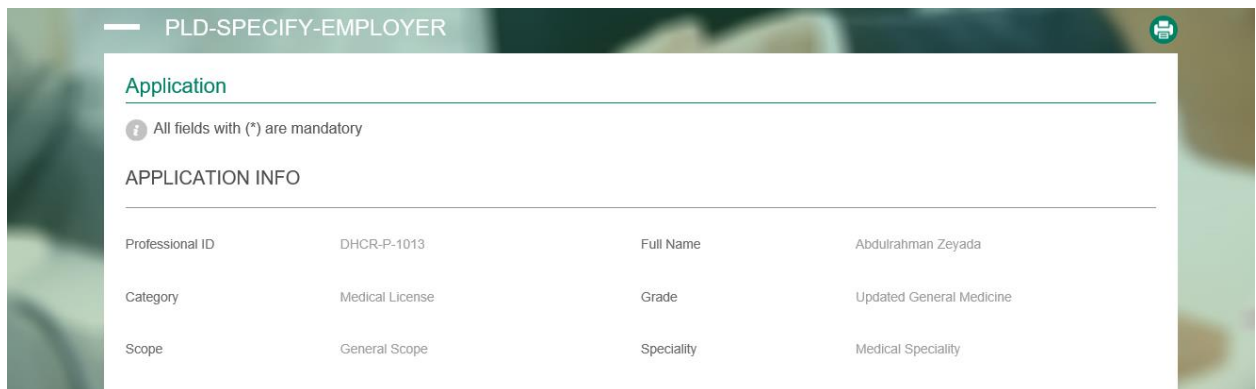


50. Healthcare professional chooses value "yes" from the specify employer section, then chooses the employer that matches the scope of the application then Press on "submit" button.

SPECIFY EMPLOYER

Do You Have A Healthcare Operator?*    ● Yes    ○ No

Healthcare Operator    ahmedhco

SUBMIT

51. Healthcare professional <u>verifies that</u> 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.
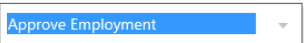


55. Healthcare operator selects "Approve Employment" from decision field then clicks on "submit" button.
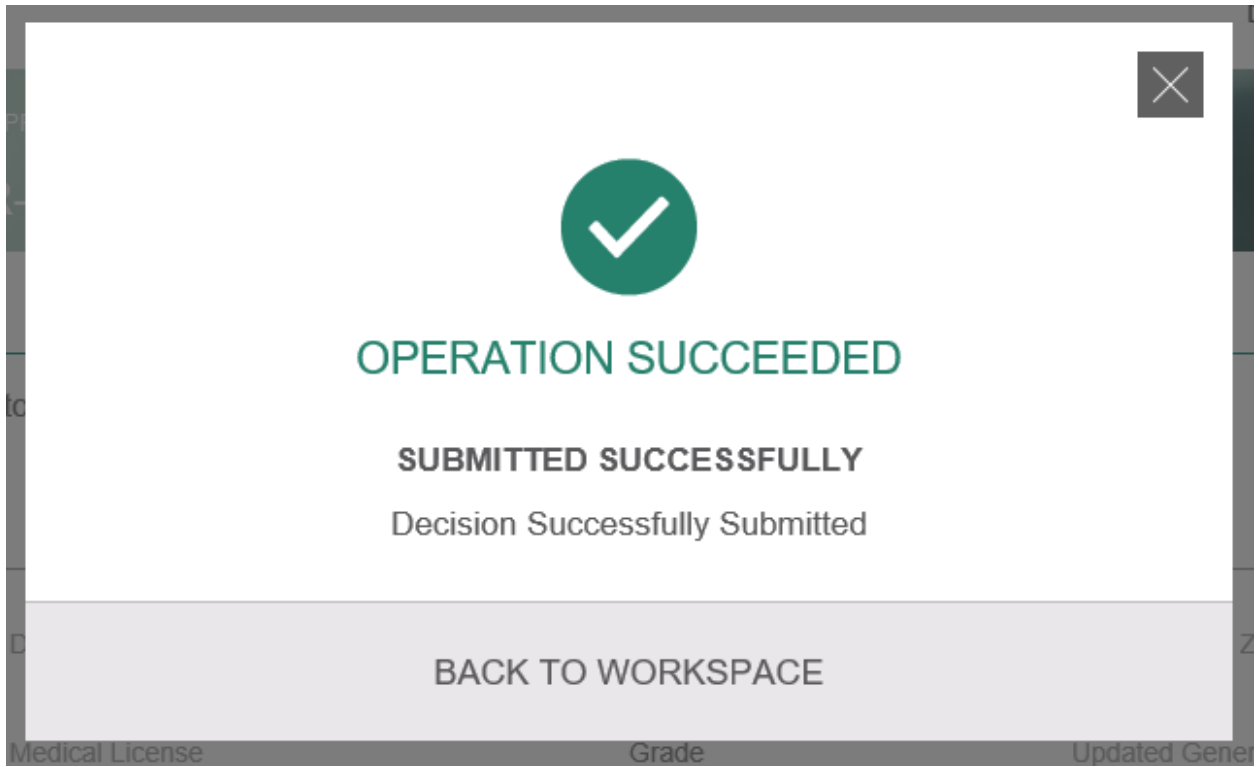
DECISION

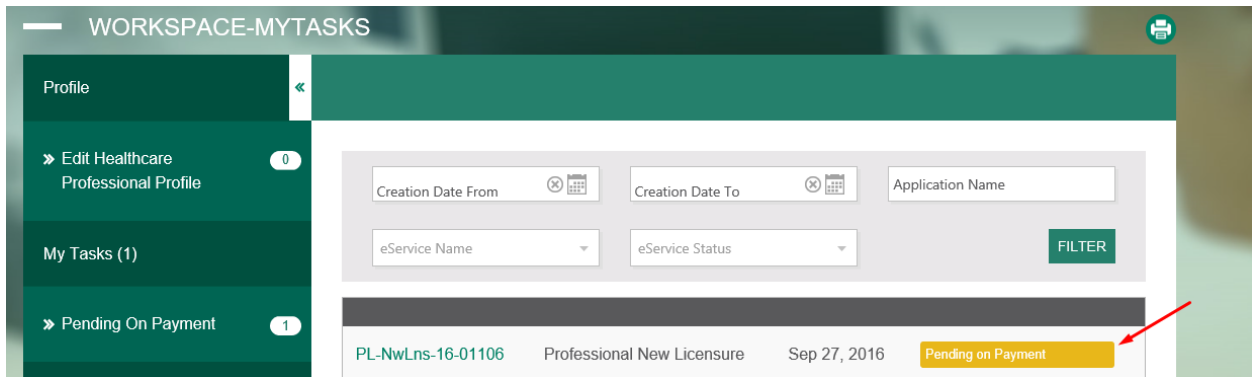Decision *  Approve Employment ▼    Comment    Comment

SUBMIT

56. Healthcare operator <u>verifies that</u> 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 |
| **Total Fees** | | | **520 (AED)** |

## PAYMENT TYPE

Payment Type *          ⦿ Online      ◯ Wire transfer

SUBMIT

60. Healthcare professional <u>verifies that:</u>

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.

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

62. Healthcare professional <u>verifies that:</u>

      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 |
| **Total Fees** | | | **520 (AED)** |

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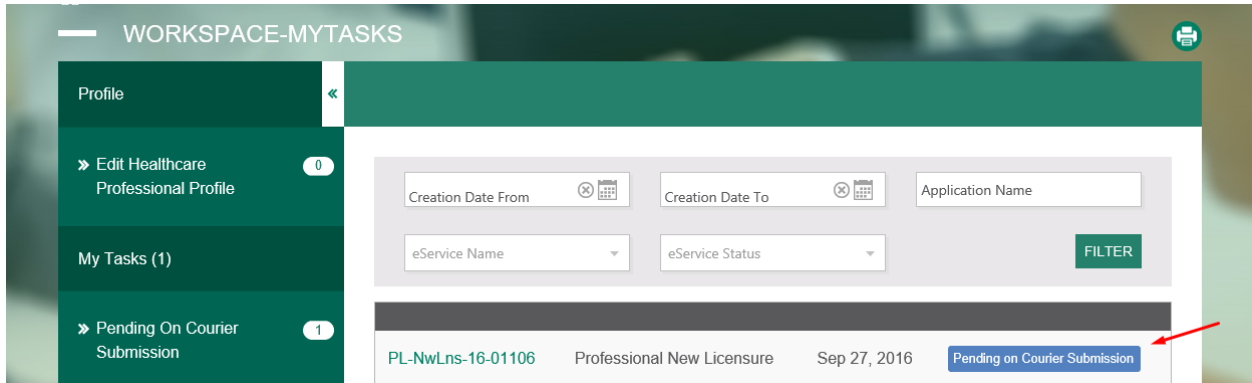


64. Healthcare professional opens it and verifies that the application information loaded to the form.
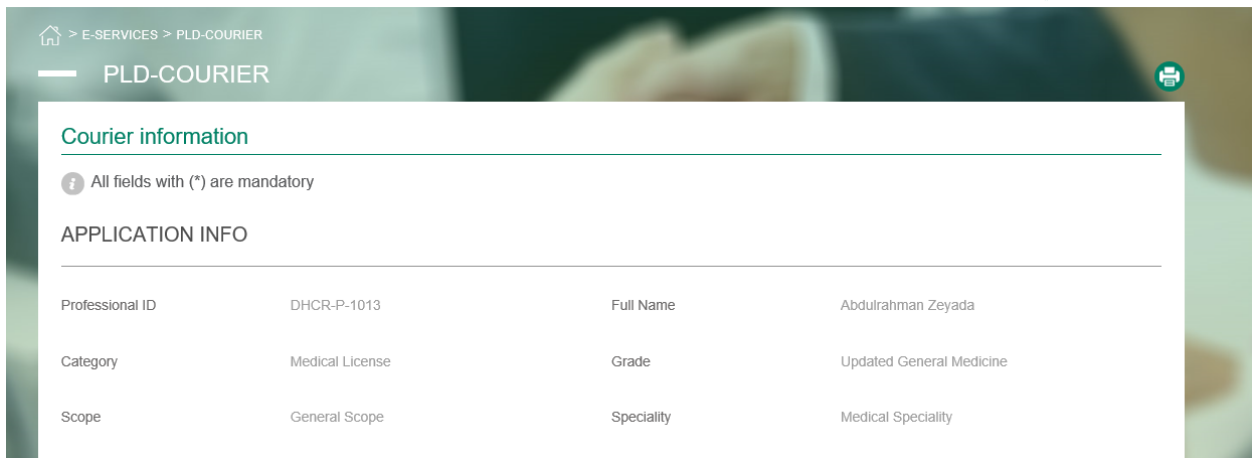


65. Healthcare professional fills the mandatory fields with valid data then Press "submit".

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 <u>verifies that</u> successful message appears.



✓

OPERATION SUCCEEDED

SUBMITTED SUCCESSFULLY

Courier details are submitted

BACK TO WORKSPACE

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

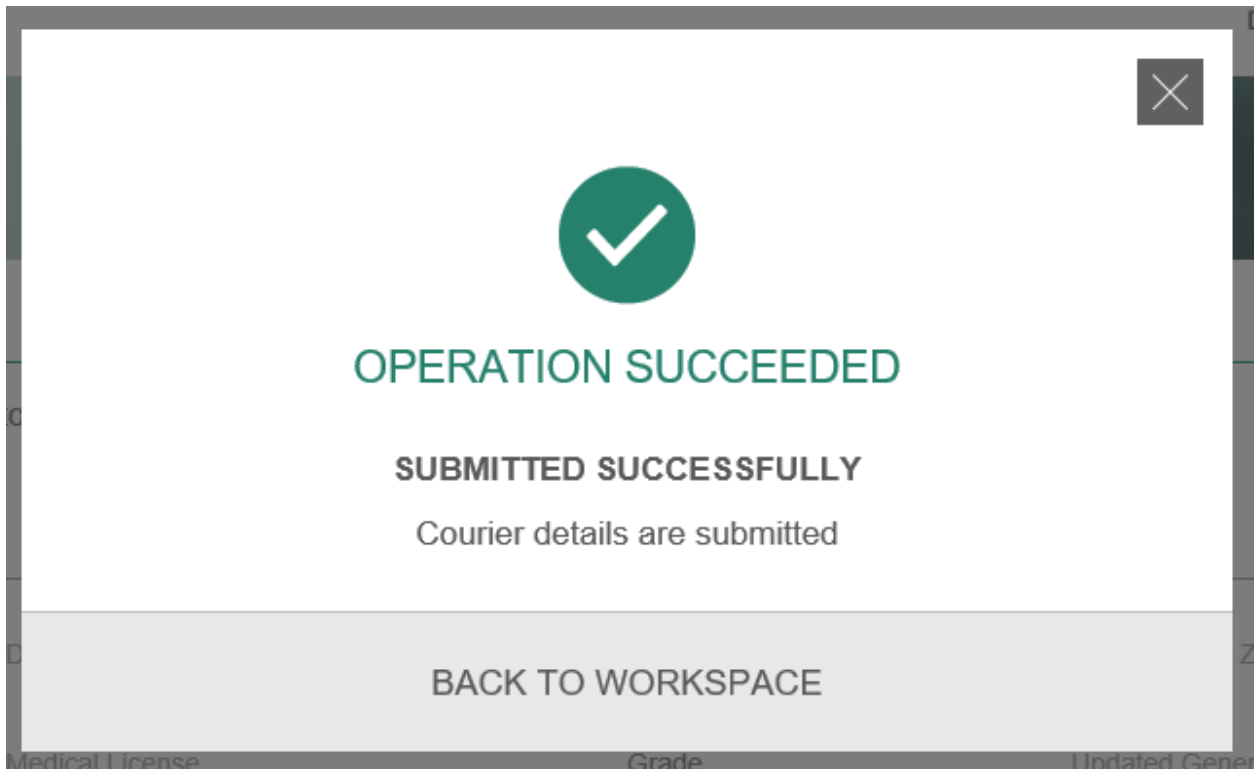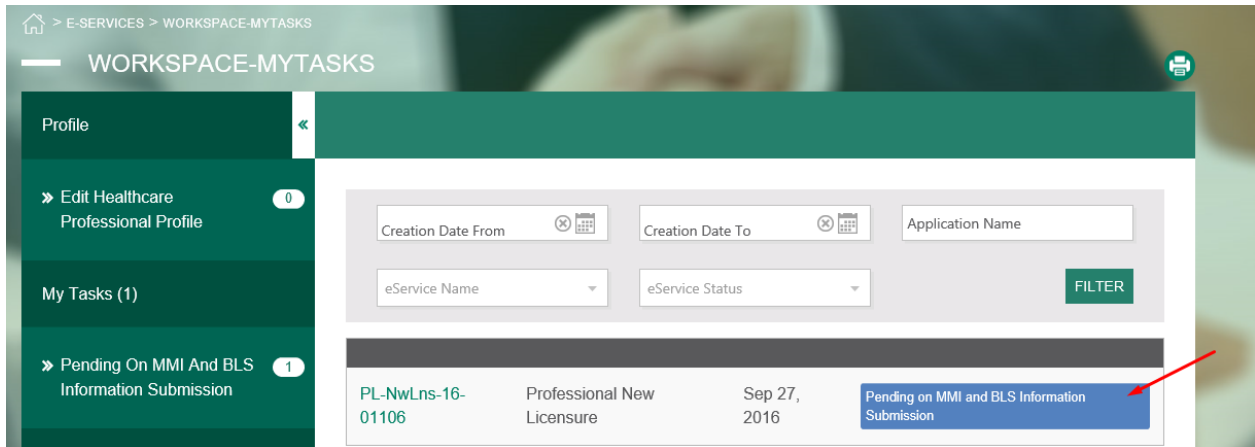68. Healthcare professional opens it and verifies that the application information loaded to the form.
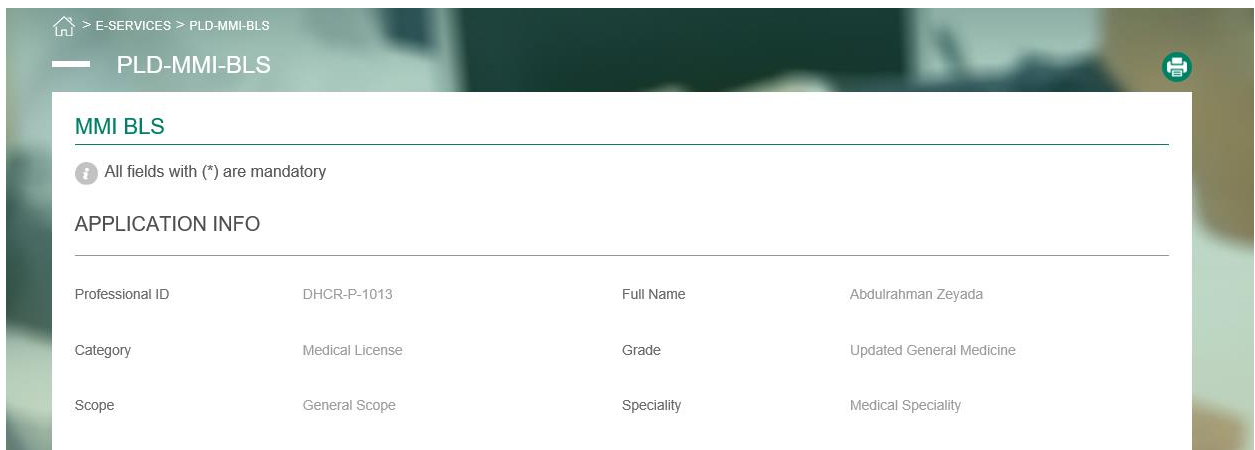


69. Healthcare professional fills the mandatory fields with valid data then clicks on "submit" button.

## BASIC LIFE SUPPORT

Expiry Date *

10/8/2016

**BLS ***

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

| PNG Add Experience.PNG | File Size 13.79 KB | 🗑 DELETE |

## LIBRARY REGISTRATION

Acquired Library Registration *     ○ Yes       Library Registration Number     | Library Registration Number |
                                    ● No

SUBMIT

70. Healthcare professional <u>verifies that </u>success message appears.

✓

# OPERATION SUCCEEDED

## SUBMITTED SUCCESSFULLY

Please be informed that the BLS and MMI are submitted
successfully.

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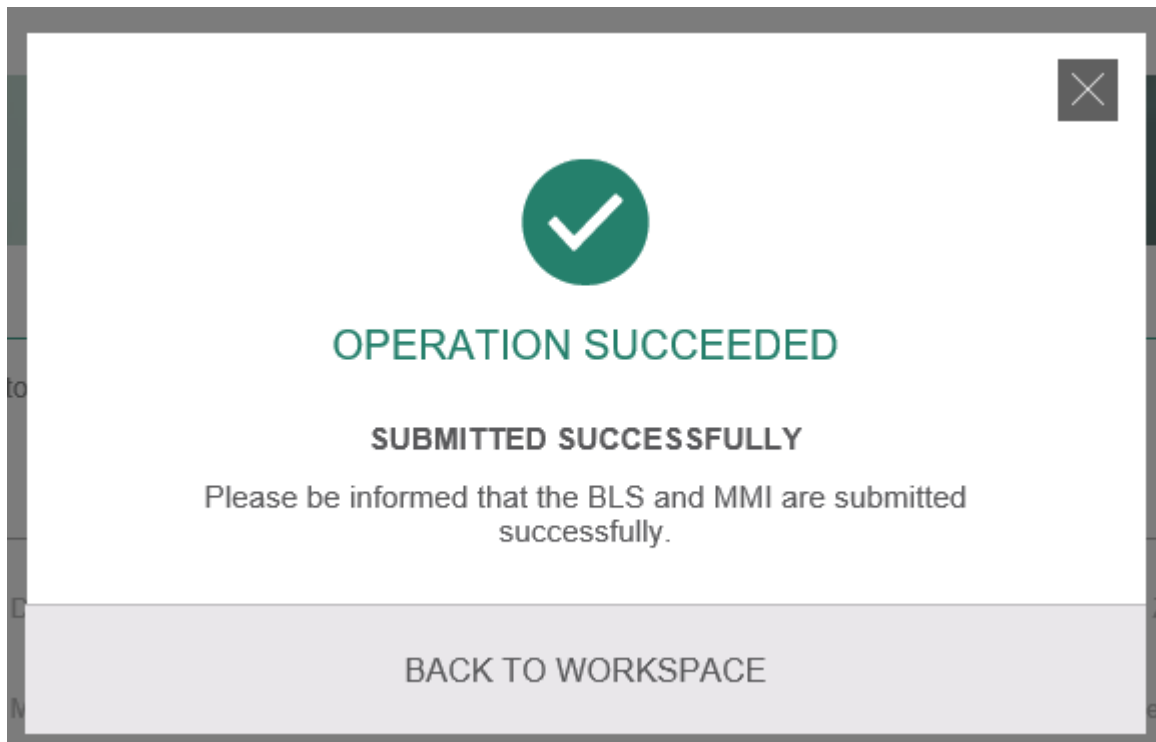
71. PLD board representative approves MMI and BLS details on CRM and the process ends here.

## 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.
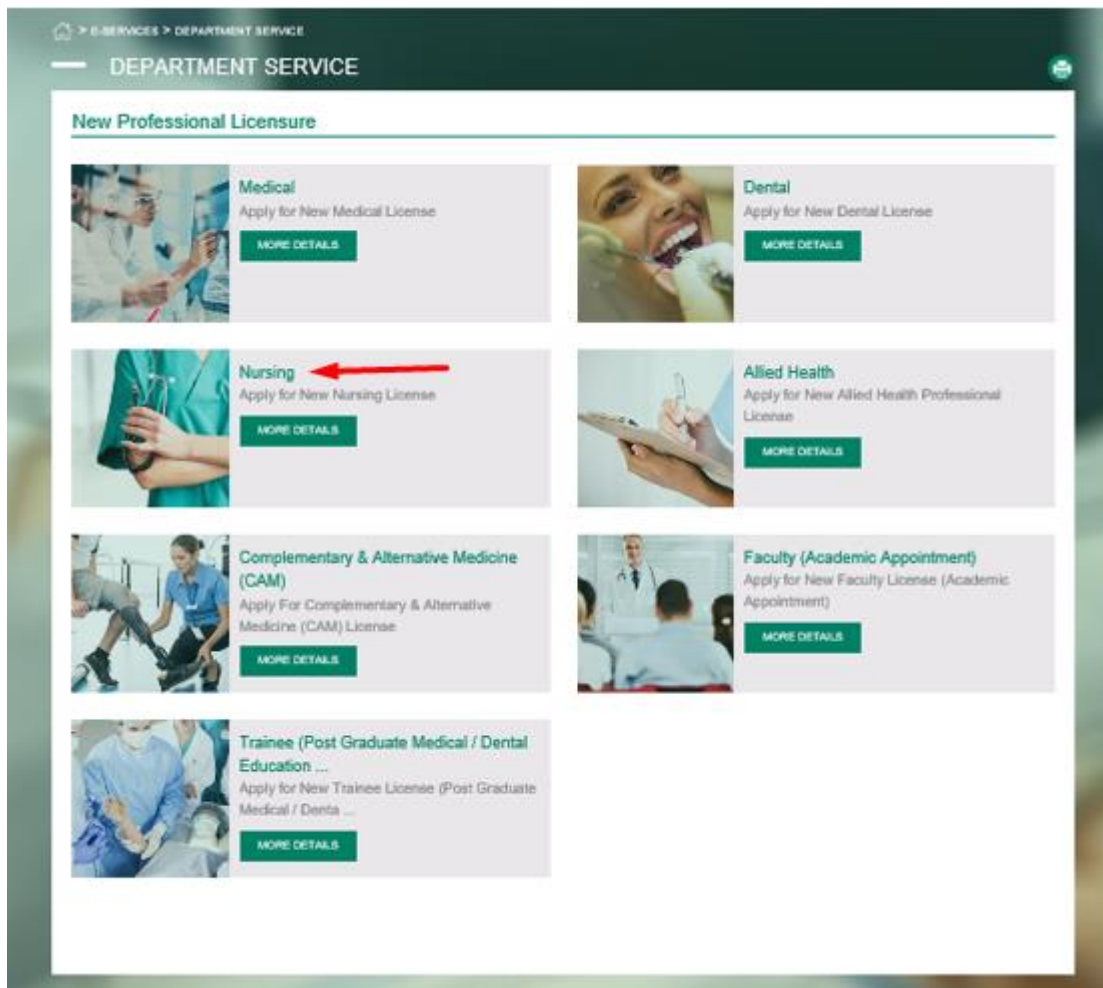


6. Healthcare professional <u>verifies that</u>: professional name, professional ID and category appeared and read only.

## Professional License Service
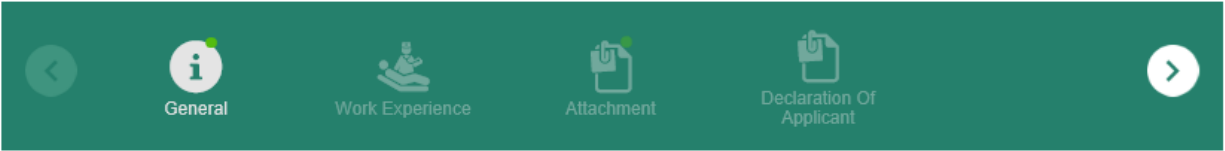
ℹ️ All fields with (*) are mandatory

| ← | ℹ️ **General** | 🤲 Work Experience | 📄 Attachment | 📄 Declaration Of Applicant | → |

### PROFESSIONAL INFORMATION

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

### SPECIFY CATEGORY & SPECIALITY

| Category | Nursing | Grade * | Select ▾ |
| Scope * | Select ▾ | Speciality * | Select ▾ |

### PROFESSIONAL LICENSE TYPE

Professional License Type *   ○ FullTime
                              ○ PartTime

7.  Healthcare professional fills all the tabs with valid data.
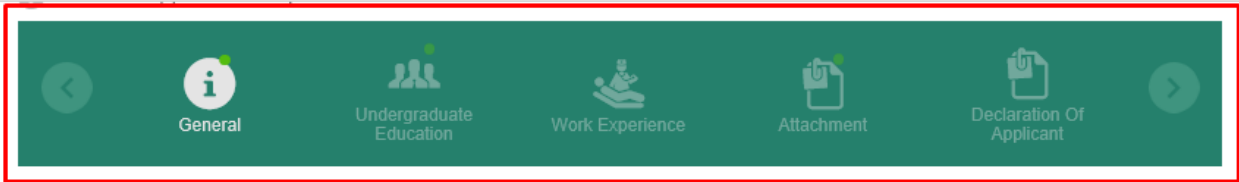
## PROFESSIONAL INFORMATION

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

## SPECIFY CATEGORY & SPECIALITY

| Category | Nursing | Grade * | Registered Nursing ▾ |
| Scope * | Nurse Scope ▾ | Speciality * | Nurse Speciality ▾ |

## 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. |

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





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

ⓘ 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<br>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<br>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<br>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<br>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<br>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 <u>urgent application or not .</u>

If it is an <u>urgent</u> application then there is a message will be displayed automatically which says "<u>Extra fees needed is 10.00$ , Extra SLA Needed is 1 day</u>" .

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.
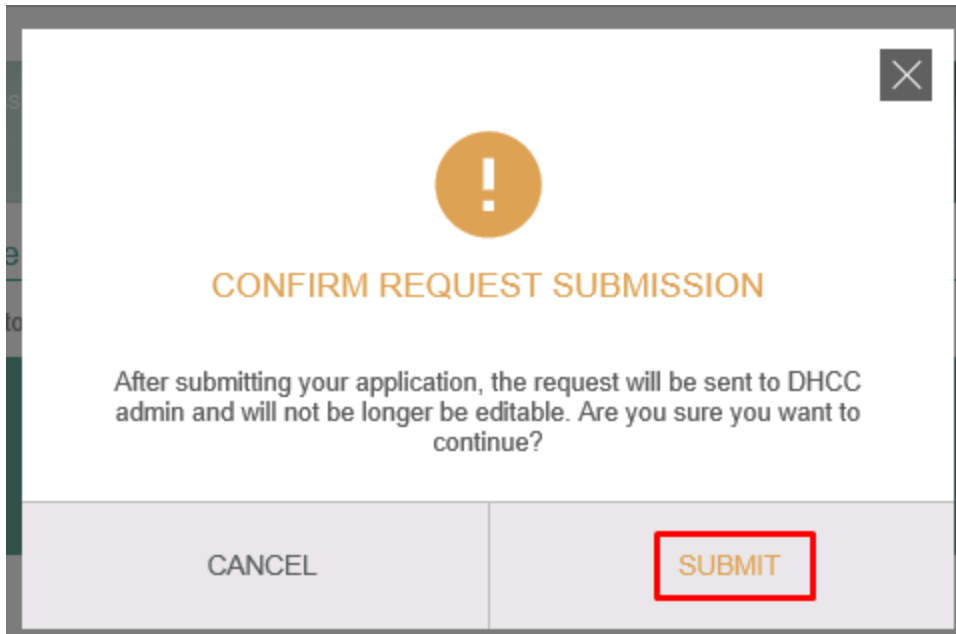
☑ I hereby declare the above *

Urgent Application          ⦿ Yes
                            ◯ No
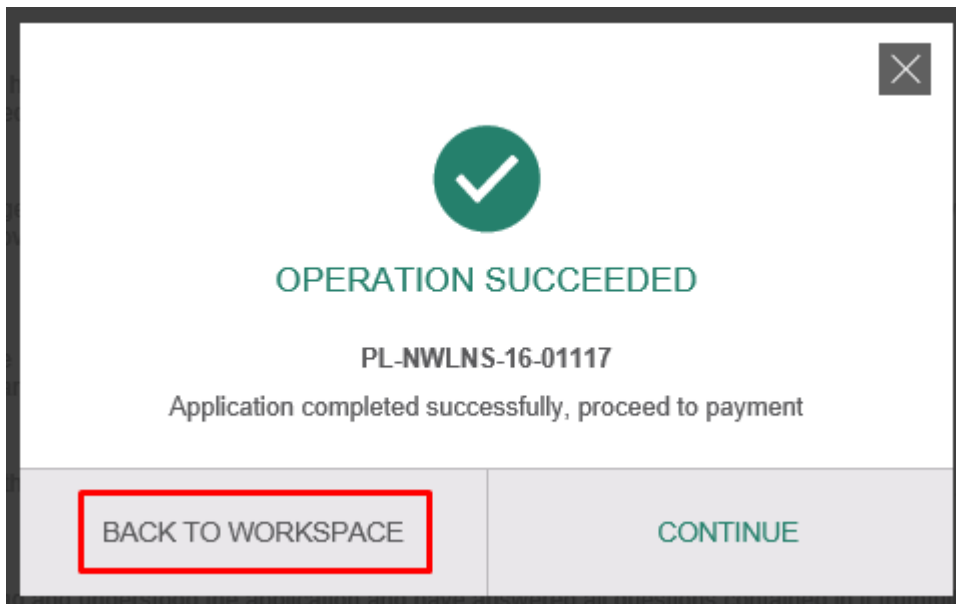                            Extra Fees Needed is 10.00$ , Extra SLA
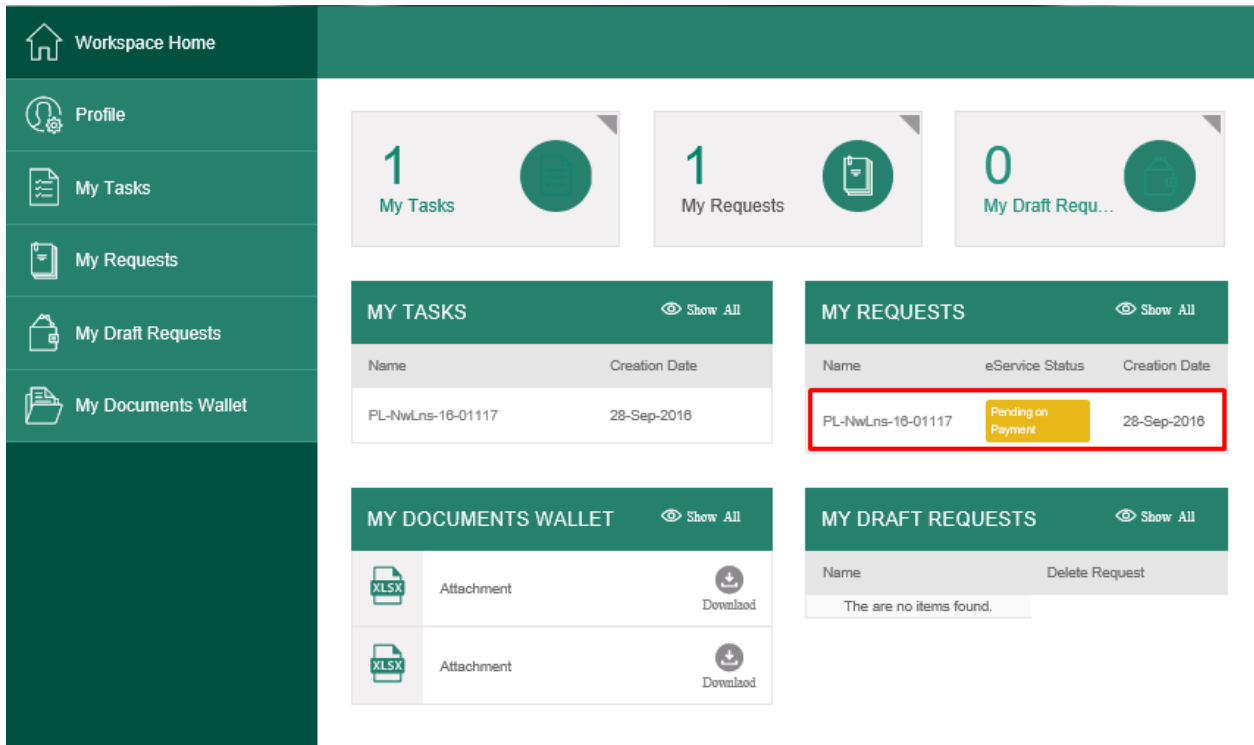                            Needed is 1 day

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

10. Healthcare professional confirms on request submission.

CONFIRM REQUEST SUBMISSION

After submitting your application, the request will be sent to DHCC admin and will not be longer be editable. Are you sure you want to continue?
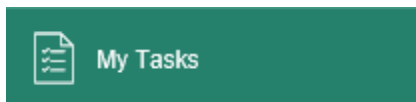
| CANCEL | SUBMIT |

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



OPERATION SUCCEEDED

PL-NWLNS-16-01117

Application completed successfully, proceed to payment
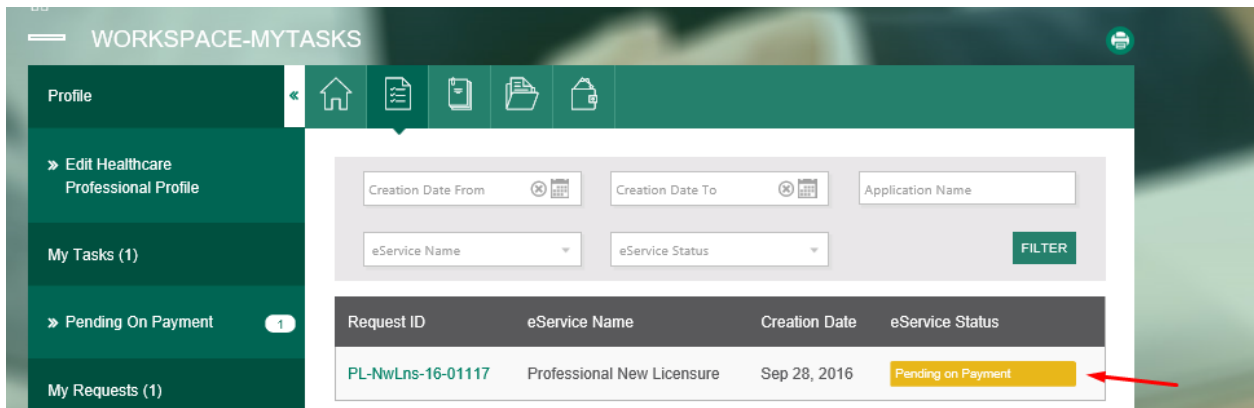
| BACK TO WORKSPACE | CONTINUE |

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



13. Healthcare professional <u>verifies that:</u> there exist an active task for payment and its status is "pending on payment" and clicks to open.



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 *    766785645634

SUBMIT

15. Healthcare professional clicks on          button.

16. Healthcare professional Verifies that display message will appear showing the operation succession.
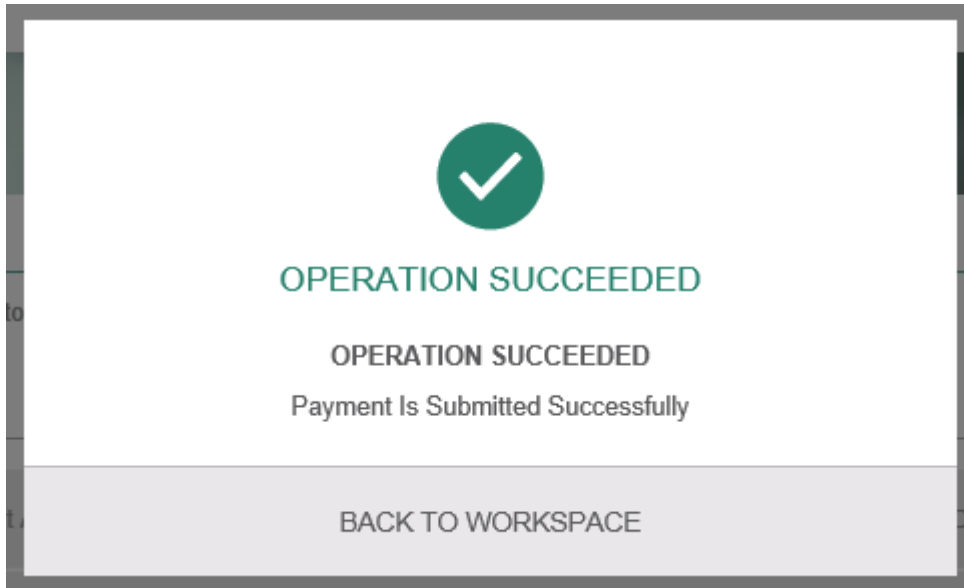
17. PLD Finance user picks the required task and approves payment on CRM.
18. PLD Team member opens request and require more information with needed modification and <u>Verifies that</u> the application status changed to "pending on initial review modifications".
19. Healthcare professional logins to portal with HC professional credentials.
20. Healthcare professional navigates to "workspace and <u>Verifies that</u> there exists a pending task with status "modification required".
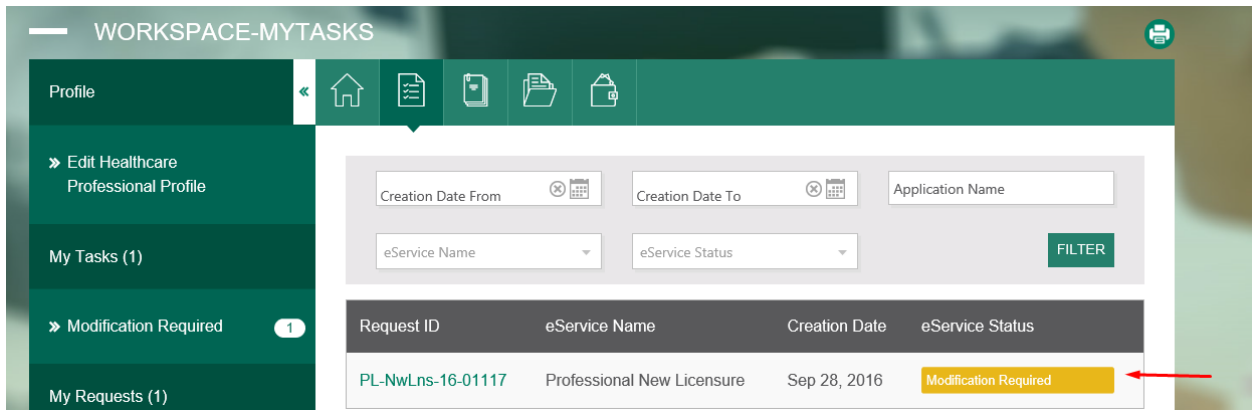


21. Healthcare professional makes the modification then clicks on [SUBMIT] button .

**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 |

ℹ All fields with (*) are mandatory

| ‹ | **ⓘ** General | **👥** Undergraduate Education | **🤲** Work Experience | **📑** Attachment | **💬** Comments History | › |

**PROFESSIONAL INFORMATION**

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

**SPECIFY CATEGORY & SPECIALITY**

| Category | Nursing | Grade * | Registered Nursing |
|---|---|---|---|
| Scope * | Nurse Scope | Speciality * | Nurse Speciality |

22. Healthcare professional confirms submission.



**⚠**

**CONFIRM REQUEST SUBMISSION**

After submitting your application, the request will be sent to DHCC admin and will not be longer be editable. Are you sure you want to continue?

| CANCEL | SUBMIT |
|---|---|
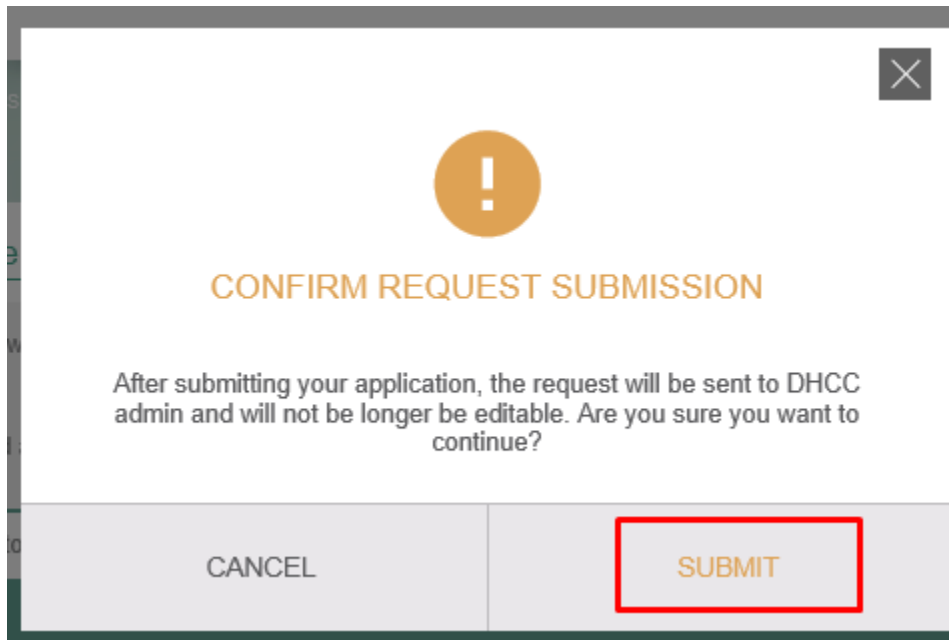
23. Healthcare professional verifies that successful message appears.
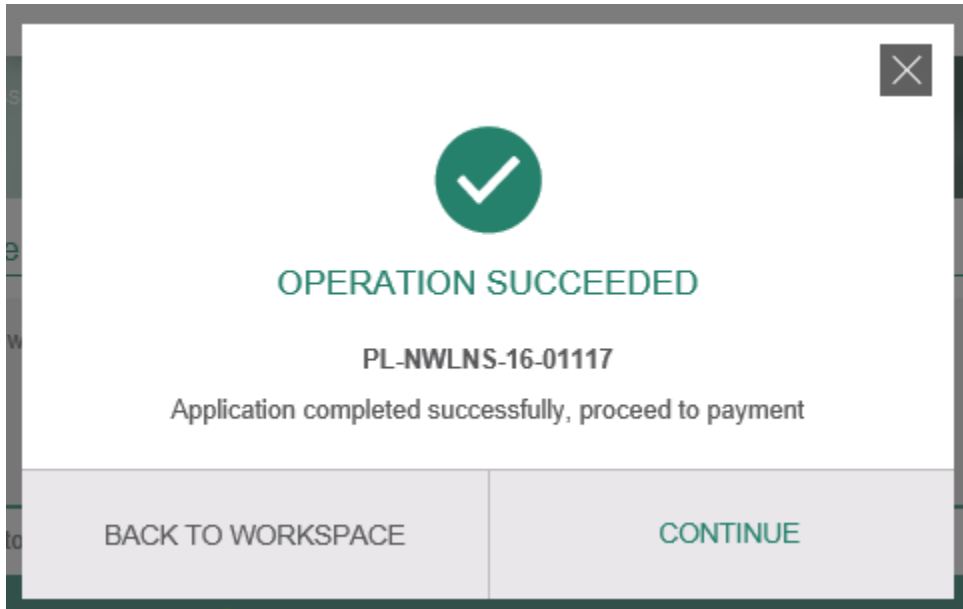
24. PLD team member opens request and approves it on CRM.
25. PLD team member <u>verifies that: </u>the request status changed to pending on PSV, "Skips PSV", fills the PSV skipping reason mandatory field with valid data then <u>verifies that: </u>the request status changed to "pending on PLD department 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 <u>that: </u>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.
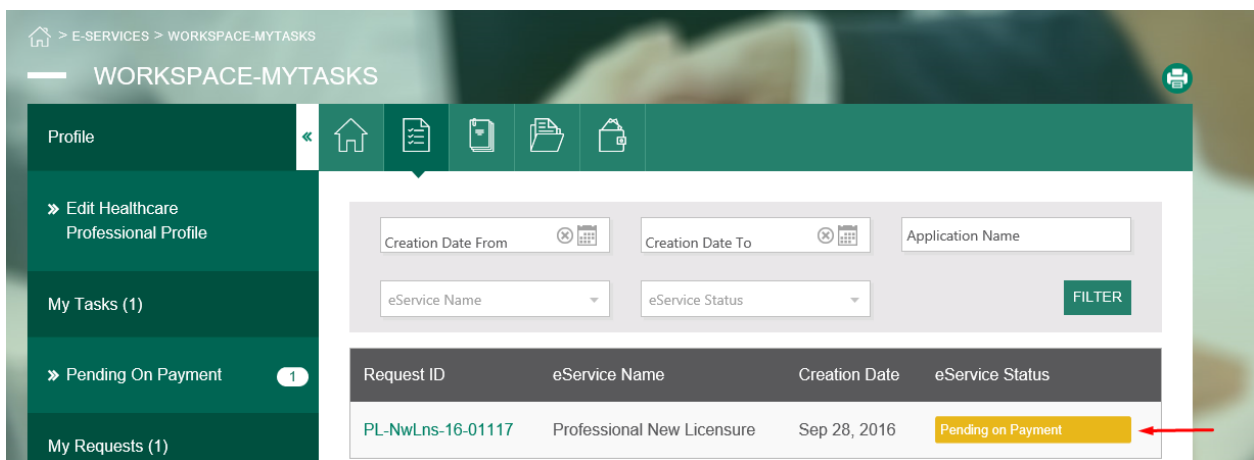
29. Healthcare professional chooses payment type "online" then press "submit ".

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.



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

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



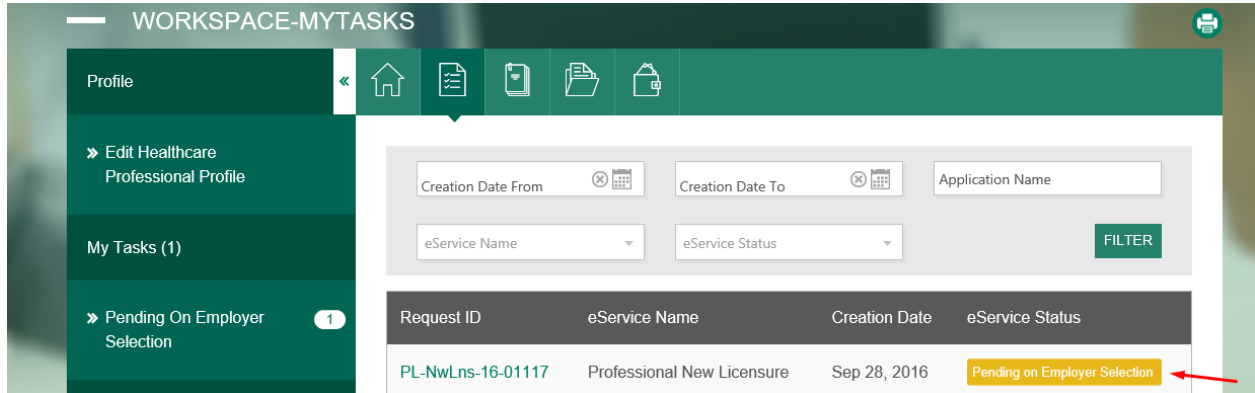| Payment Type | Unit Amount (AED) | Count of Item | Total Fees (AED) |
|---|---|---|---|
| FeeCode-00006 | 500 | 1 | 500 |
| FeeCode-00003 | 800 | 1 | 800 |
| FeeCode-00004 | 10 | 1 | 10 |
| Total Fees | | | 1310 (AED) |

33. PLD team member approves HCP license on CRM and <u>verifies that:</u> 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 <u>verifies that</u> there exists a pending task with status "pending on employer selection" and opens it.



36. Healthcare professional <u>verifies that:</u> The application info is loaded to the form.



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

## 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 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 "CAM" category.
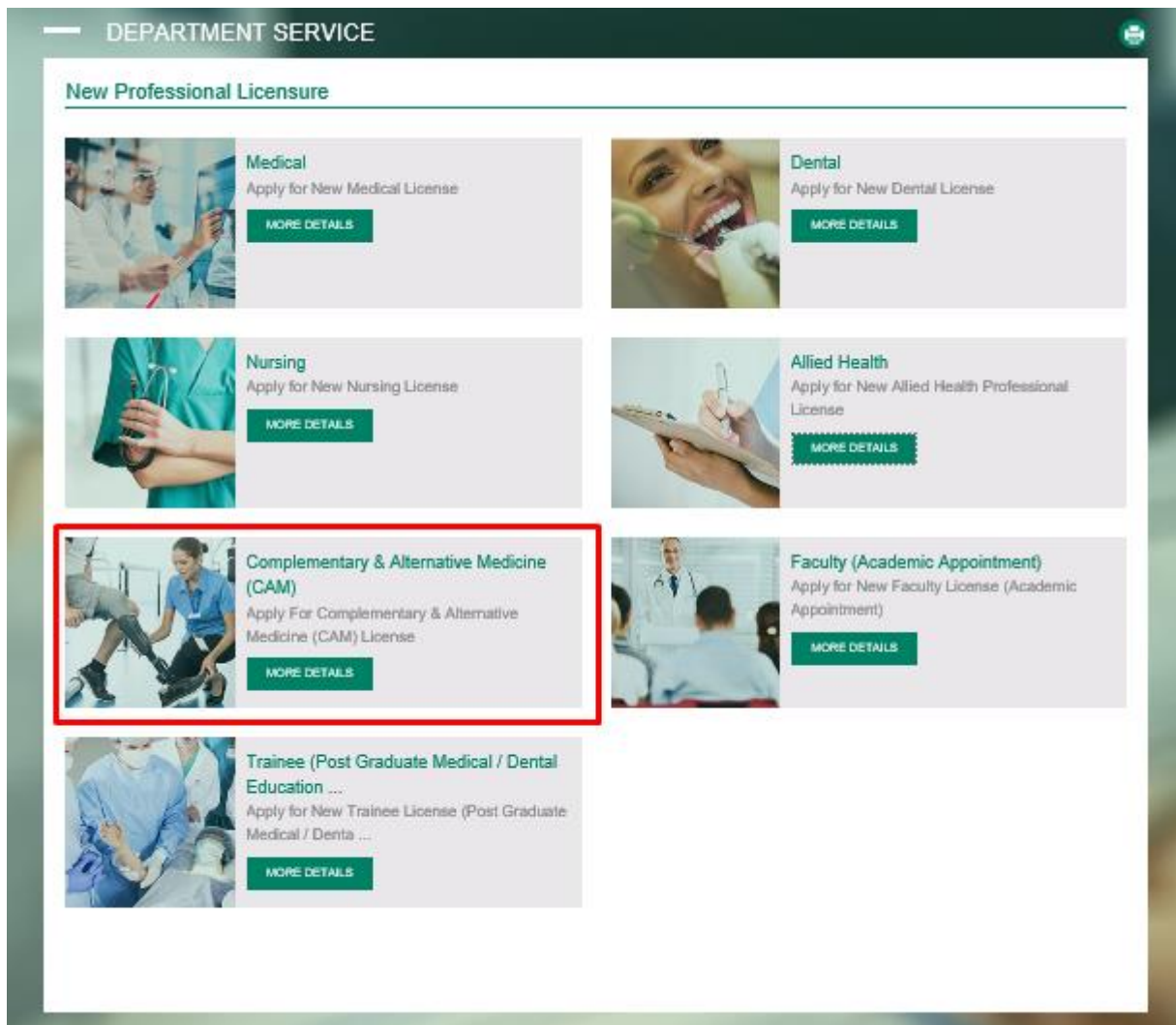


6. Healthcare professional fills tabs with valid data by clicking on "apply for service" button.

| 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 | Exam score if applicable, meeting the minimum requirements.<br><br>**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.** |
| REQUIRED DOCUMENTS | 1. Education certificates with transcript of records. Education Certificates may include any of the followings: Diploma, Bachelor's, Post Graduates Degree etc.<br>2. Recent experience letters.<br>3. Valid License/Registration from licensing body of country of recent employment.<br>4. Valid Good Standing Certificate.<br>5. Valid Passport Copy.<br>6. Recent Photo.<br>7. Offer letter from recruiting facility (If Available).<br>8. Malpractice Insurance from recruiting facility (If Available). |
| FEES (AED) | 1. Initial Application Fees: **AED 1000**<br><br>2. Application Processing Fees:<br>  - **AED 4700** [With Previous PSV]<br>  - **AED 5700** [Without Previous PSV]<br>3. License Card Fees: **AED 500**<br>**Note:** Each fee transaction is subject to:<br>  a. Knowledge fee of **AED 10.00**<br>  b. Innovation fee of **AED 10.00**<br>**Please note that the unpaid applications will be rejected by the system within 5 working days from the submission date.** |
| TIME FRAME | 🕐 21 Working Days |
| SERVICE CHANNELS POLICIES AND PROCEDURES | Online<br>1. Apply online<br>2. Select the Professional Licensing service<br>3. Payment<br>4. PLD Team review/approval<br>5. Issue license |
| DOWNLOAD ASSISTING DOCUMENTS | Download Dental Clinic Portal - RSD - V0.6.Pdf<br>Download DHCA Portal - RSD - V1.0.Docx<br>Download DHCC DentalTranslation Document.xlsx<br>Download DubaiHealthCareCityLogo.png |

← BACK TO LIST     APPLY FOR SERVICE

7. Healthcare professional clicks on 💾 SAVE button.