





# New Facility License Activate Facility License

# User Guide

Latest update December/2020

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**Quick Links** 



## Guide Overview



### **DHA E-service Account Access**

Follow the steps below to sign-up or login on the DHA Sheryan account. Visit the <u>website</u> and click on the Login icon to access the DHA Sheryan <u>portal</u>.

**Login**: Existing users can enter their username and password on this page.

Registration: New users must create an account. Click the 'Register With Us' button to create a new username & password.



## **DHA E-service Account Access**

#### **Set Preference**

- After login, a prompt to set preference for 'Individual Home' or 'Corporate Home' will appear.
- Access to all the services provided by Dubai Health Authority will be on the next page





Health Licensing Service (Sheryan) Access

Click on the Health Licensing Service icon to access the DHA Sheryan Portal

| Cubaiae   | 🖽 40* 🗞 Accessibility 🗸 📢 Shave ( (A) Hospital 🗸 |
|---|--|
| COVENNENT OF DEEM   | معیشہ العسمہ بدرسی<br>DUBAI HEALTH AUTHORITY     |
| For Individual For Corporate 😪 Application Enquiry                |  |
| Corporate Home Page   |  |
| Individual Epiporate  |  |
| Select the service that you would like to use<br>Select Corporate |  |
| hospital  |  |
| S Health Licensing Service Orline Health Services                 | Brent Matagement<br>Uner Gala                    |
| Motification Service  |  |



# Sheryan Account Management

Before proceeding to the licensing services, users must be familiar with account management.

| Icon Action  |   |
|--|---|
| <b>English</b> Change Language Preference  |   |
| Accessibility (Text Resize, Contrast Switch, Re  | ead Speaker)  |
| Search   |   |
| The initials depend on the user's first and last<br>Click on the icon to view your unique ID, acces<br>dashboard, applications, verified documents, r<br>settings pages. | ss your   |
|  | <ul> <li>LA</li> <li>Change Language Preference</li> <li>Change Language Preference</li> <li>Accessibility (Text Resize, Contrast Switch, Resize)</li> <li>Search</li> <li>The initials depend on the user's first and last Click on the icon to view your unique ID, access dashboard, applications, verified documents, not supplications, verified do</li></ul> |

# Sheryan Account Management

| Menu Screenshot  | Account Menu Options   | Screenshot  |
|--|--|---|
| ABDULLAH MOHAMMED<br>DHAID: 00123456                                     | Name and Unique ID - important when<br>accessing third party services<br>(Prometric, Dataflow) and license<br>activation by a hiring facility.   | Note: The unique ID never changes and is only an identifier.                    |
| My Dashboard<br>My Applications<br>Verifications and CBT Assessments     | My Dashboard - quick view of application status, current registration/   | My Dashboard  |
| Notification Centre<br>Settings<br>Dubai Polyclinic<br>Sheikh Zaved Road | license status, services, issued sick<br>leaves, etc.  | Active Applications<br>Very Manne 1931<br>Submitted<br>Reserve Name<br>Instant* |
|  | My Applications - comprehensive view<br>of applications. There are 2 tabs on the<br>screen:<br>Active tab- will show a list of all<br>applications that are either in draft,<br>submitted, returned to you.<br>Closed tab- will show a list of all<br>applications that are either approved,<br>rejected or cancelled by the user. | My Applications         < Go To Deshiboard                                      |

# Sheryan Account Management

| Account Menu Options   | Screenshot   |  | Account Menu Options   | Screens  | hot      |
|--|--|--|--|--|----------|
| Verifications and CBT<br>Assessments - list of all<br>verified documents from<br>Dataflow and assessment<br>results from Prometric.<br>This will be empty for users<br>who are not registered<br>nealthcare professionals. | Service       Service         Vertifications and CBT Assessments         * Service   | 1 074/87/444 ><br>1 96/88/3448 ><br>1 96/88/3448 > | Settings - changes in<br>notification preference<br>(SMS/Email), account<br>information (name, email,<br>password, etc.), and personal<br>information (mobile number,<br>address, etc.) can be made<br>here. | Account Settings<br>C Back to Command<br>Notifications<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actions<br>Actio | Erral SA |
| Notification Centre - (!) alerts<br>epresented by a red<br>exclamation point beside your<br>name's initials can be seen  | Notification Center  |  |  | Snel störer<br>dr.licerus@gmoil.com<br>Edit amanel Ishonatian  | Panent   |
| here.  | Type to the Type   | Tintare +  | Linked Facility User – if you<br>are a linked user, you can<br>access the facility dashboard   | Dubai Polyclinic   |          |
|  | Numericalism         Num Application Relations INIG (2018)         for the Registers Performed and in<br>Relatives           Image: Relation Relations Relations Relations Relations Relations Relations<br>in the Register Relations Relations Relations Relations<br>in the Register Relations Relations Relations Relations<br>Relations Relations Relations Relations Relations<br>Relations Relations Relations Relations Relations<br>Relations Relations Relations Relations<br>Relations Relations Relations<br>Relations Relations<br>Relations Relations<br>Relations Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations<br>Relations | 1222 PM X<br>V= 33/12/2018 X<br>1255 PM X          | by clicking on the facility<br>name on your menu.  | Sheikh Zaved Road  |          |



Ask Latifa

DHA's virtual assistant, Latifa, is trained to answer your questions on Sheryan's healthcare licensing services for Professionals and Facilities. Interact with her by clicking the Ask Latifa icon the lower right hand corner of the DHA website or the Sheryan Homepage.



## Health Licensing Support

The Health Licensing Department is available to assist you. Contact us by clicking the Wassel Sotak icon the lower right hand corner of the DHA website.

Fill-up the form. Select <u>Enquiries – Health Licensing</u> and select the correct category before typing your message.

We will get in touch with you within five (5) working days.

| â dubalas  | 🕀 yat 💫 Accessibility 🗸 🔩 Streen        |                       | WASSEL                               | SOTAK       |
|--|---|-----------------------|--------------------------------------|-------------|
| shout DHA 🔍 Facilities 🗸 Services 🗸 Open-Data  | User Guides V Contact COVID-19 Search Q | Login With            | Mohammed Ahmed                       |             |
|  | Login With                              | DHA Account           | mahmed@test.com<br>0501234567        |             |
| OHA Single Sign On<br>elconet You have reached to DEA single sign-on page. The single sign-on page allos<br>cess many DEA cServices with one user account.   | ▲ @                                     | User Name<br>Password | Suggestion<br>Suggestion<br>Feedback | ~           |
| ess currently don't have a single sign-on account with the DHA, then click Register New<br>create one.<br>W single sign-on account allows you to login and use the services as an individual or a co | User Name User Name Is required         | Forgot Password Or Ur | Complaint                            |             |
| OR HELP use this <u>User Manual</u>  | Forgot Password Dr User Name            | Or                    | Enquiries - Health Licensing         | <b>11 ↔</b> |
|  | Or<br>Register flow Account             | Register New Account  | SEND FEE                             | 233         |
|  | 🛃 Wassed Sotak 📪 Ask Latilla 🚑 Chat     | Wassal Sotak          | 💬 Ask Latifa                         | 🕞 Chat      |



## Frequently Asked Questions

| شریــــان 🎖 | Professionals Faci        | ities Dubai Medic           | cal Registry I     | Policies and Regulation     | is DHA e-Service | * 🕇 Q 🗔   |
|-------------|---------------------------|-----------------------------|--------------------|-----------------------------|------------------|-----------|
| A 🕨 FAQs    |                           |                             |                    |                             |                  | clubel.ee |
| Freque      | ently As                  | ked Qu                      | iestio             | ns                          |                  |           |
|             |                           | Wha                         | at do you n        | eed help with?              |                  |           |
|             |                           | Search to Fi                |                    |                             | ¥                |           |
|             |                           | E.g. "Can't login i         | to Sheryan" or "Ca | in I work in Dubai?" or "Er | rror code"       |           |
| New Heal    | th <mark>care</mark> Faci | lity Li <mark>cens</mark> e | e                  |                             |                  |           |
| Activate F  | acility Lice              | nse                         |                    |                             |                  |           |
| Activate F  | acility Lice              | nse                         |                    |                             |                  |           |
| About DHA   | Contact Us                |                             | This site is       | best viewed in              |                  | الدخية    |
|             |                           |                             | This site is       | best viewed in              |                  | SMART I   |

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An efficient way to gather information is to check the <u>Frequently Asked Questions/FAQ page</u>.

The link can be found at the bottom of the HRS web page.

To initiate the process of obtaining a New Facility Registration, the first step is to go through Facility Qualification Recommendations. It is a smart tool that provides you with the recommendations to follow, next steps, fees and etc. for the selected facility type.

> Cost: Free Average Processing Time : Instant



**Step 1:** On the **DHA Sheryan Portal**, click 'Facilities' to access the complete list of services.

**<u>Step 2</u>**: Click Facility Qualification Recommendations

Cood to Know: You must login to your DHA E-service account to access these services.



Please Select

Press ENTER when you're done



**<u>Step 3:</u>** The tool will launch; answer all questions accurately.

**Step 4:** After answering all questions, check the summary. If you are satisfied with the summary, click 'Get Results'.

The answers have clickable links for easy editing. Otherwise, the option 'Cancel, go back' is available to edit all answers.  $(\mathbf{s})$ 

v

Step 5: The Facility Qualification Recommendation Result will contain a summary of your answers, the next steps, requirements and fees. Click on 'Open New Facility' to begin the process.

| A + Facility Services + Facility Qualification Becommendations Result:  | ↑ Facility Services Facility C                  | Qualification Recommendations Result  | dubai.ae | عربى |
|---|---|---|----------|------|
| Facility Details<br>You have requested the following specialities: General Practice<br>A Company Clinic is an outpatient clinic within a company intended to provide basic medical care, examining employees, prescribing<br>proper treatments and refer them to the specialist/primary health center if required.  | Activity ID<br>Please contact your trade licens | nuirements<br>nder the juridisction of DED. Please ensure you are licensed for the below activity:<br>Activity Name<br>sing authority for the activity codes of your selected facility category<br>nould have an equivalent activity on your trade license. |          |      |
| Add-Ons You have chosen the following add-ons: Telebealth Telebealth : To allow facilities to provide medical advice through telephonic or online communication channels  | Fees<br>New Facility License                    | Fees<br>AED 1000  |          |      |
| Next Steps  | Activate Facility License<br>Inspection Fees    | AED 5000<br>AED 2000  |          |      |
| You have selected: Dubal Mainland - Department of Economic Development  | Re-Inspection Fees                              | AED 1000  |          |      |
| Follow the steps below to open your facility:   | Add-on yearly fees: Telehealth                  | AED 14000   |          |      |
| If your plot is commercial, obtain approval for commercial use of location from Land department.     Obtain a trade license for the respective authority.   | Total   | AED 23000   |          |      |
| <ol> <li>Apply for your New Facility License from Duba; Health Authointy.</li> <li>Complete your facility detailed design layout. Ensure that your contracted company is pre-approved (link to list of engineering companies).</li> <li>Prepare your facility, ensure construction matches your approved legislate.</li> <li>Review medical director requirements.</li> <li>Activate your professionals.</li> </ol> | Activating professional licenses will incur add | on fees will be applied at checkout. *Based on minimum requirements. Actual cost may vary based on you<br>litional fees per license.<br>  |          | nts. |
| 5. Request and pass final inspection.   | Open New Facility                               | My Dashboard  |          |      |

# **New Facility License**

This service allows individuals and holding companies to request for a new healthcare facility License in the Emirate of Dubai under the jurisdiction of DHA. The license must later be activated through the Activate Facility License service in order to start operating. Through this service, the facility can request to add add-ons which include: home healthcare, telehealth, 24 hour facility, pharmacy delivery, pharmacy drive-thru, clinical training service, mobile unit (depending on the facility category, different add-ons are permitted).

> Cost: 1020AED\* Average Processing Time : 10 working days

\* Depending on facility type

Aside from the 'Open New Facility' button, you can create your application from the Facility Dashboard.

Click 'Facilities' to reach the list of facility services. Click on New Facility License. The service guide will open, scroll down and click 'Apply for License'.

| Want to Open a Facility in Dubai?      |   |
|--|---|
| Facility Qualification Recommendations | > |
| Get a Facility License                 |   |
| New Facility License                   | > |
| Activate Facility License              | > |



After clicking on 'Open New Facility' the New Facility License application will appear.

•<u>Save</u>: Saves the documents uploaded in the current session. If logged out, saved session will not appear in Draft application.

•<u>Go Back</u>: Takes you back to results page, no information/document will be saved.

•<u>Withdraw Application</u>: This rejects the entire application from the user's end.

| i • | Facility Services     New Facility License | dubai.ae |
|-----|--|----------|
| Ne  | ew Facility License                        |          |
| Þ   | License Information                        |          |
| Þ   | Applicant Details                          |          |
| Þ   | Facility Overview                          |          |
| Þ   | Location Details                           |          |
| Þ   | Facility Layout                            |          |
| Þ   | Additional Documents                       |          |
|     |  |          |

#### Terms & Conditions

Please make sure you provide the correct information in all sections. By submitting your application you agree that all information provided is accurate and complete.



# New Facility License – Step Description

| Sections                       | Description  |
|--------------------------------|--|
| Step 1: License Information    | Select facility category, trade license authority, trade name, and ownership details (owners/partners).  |
| Step 2: Applicant Details      | Personal details of applicant. We recommend selecting someone who is permanent in the facility (i.e. owner, partner, etc.)                               |
| Step 3: Facility Overview      | Fulfill the sections of facility type and planned professionals.   |
| Step 4: Location Details       | Fulfill the section of location details matching Ejari and trade license.  |
| Step 5: Facility Layout        | Upload the floor plan (measurement: sqm) in AutoCad, PDF format.   |
| Step 6: Additional Documents   | Other documents like Ejari, Dubai Municipality certificate, proposal letter, Memorandum of Association (MOA) and Power of Attorney can be uploaded here. |
| Step 7: DHA Undertaking Letter | Download the undertaking letter, print and sign then upload.   |
| Step 8: Terms & Conditions     | Read the terms & conditions and tick the box beside 'I Agree'.   |

## New Facility License – License Information

| A ► Facility Services ► New Facility License                                      | dubai.ae | عربى |
|---|----------|------|
| ▼ License Information   |          |      |
| Authority Details   |          | _    |
| Facility Sector   |          |      |
| DHA Government Facility   |          |      |
| Other Government Facility   |          |      |
| Facility Trade License Authority  |          |      |
| Dubai Mainland - Department of Economic De… <                                     |          |      |
| Do You Have an Existing Trade License for the Health Activity to be<br>Performed? |          |      |
|   |          |      |
| Please make sure you provide the correct information in all fields.               |          |      |

# New Facility License – Applicant Details

|   | _ |
|---|---|
| Applicant Details                                     |   |
| This section displays the logged-in user information. |   |
| ersonal Information (Individual)                      |   |
| DHA Unique ID   |   |
| 9990  |   |
| English First Name                                    |   |
| к   |   |
| English Last Name                                     |   |
| Healthcare  |   |
| Date of Birth   |   |
| 24/02/1976  |   |
| Gender  |   |
| Male  |   |
| Nationality   |   |
| United Arab Emirates                                  | • |
| Email Address   |   |
|   |   |
| Mobile Number   |   |
| +971•   |   |
|   |   |
|   |   |

# New Facility License – Facility Overview

| acility Overview   |   | Planned Professionals  |
|--|---|--|
| lity Type  |   | Planned Number of Physicians 0   |
| Facility Category         Select Option         Facility Specialities         Select Multiple Options         Service Excellence(Optional)         Select Option         Add-Ons(Optional)         Select Multiple Options         Value Proposition         Enter your facility's value proposition | From the selected specialities indicate which<br>specialities will the facility be focusing on as it's core<br>service.<br>Select any add-ons to be added to the facility.<br>Applicable fees will apply. Add-ons may be requested<br>through the Amend Facility License service if the<br>add-on document requirements are not ready yet.<br>Explain how the facility will bring added value to it's<br>patients and contribute to the healthcare ecosystem<br>in Dubai. | Planned Number of Dentists          0         Planned Number of Nurses / Midwives         0         Planned Number of Allied Health Professionals         0         Planned Number of Traditional Complimentary and Alternative         Medicine (TCAM) Professionals         0    Please make sure you provide the correct information in all fields. |
| Project Cost (AED)   | Amount is in AED  |  |
| Opening Date   | Select the expected Opening Day   |  |



### New Facility License – Location Details

#### ▼ Location Details

You can retreive location details and property classification using the map pin, makani number or plot number fields. If the property selected is classified as residential, you will be required to submit a NOC from Dubai Municipality along with your application.

Please make sure you provide the correct information in all fields.



## New Facility License – Facility Layout

### ▼ Facility Layout

Facility floor plans must be reviewed and stamped by an approved expert house. You must ensure that all floor plans are:

- In pdf format

- Services offered are labelled on each room

- Room sizes are labelled for each room
- Expert house stamp clearly mentioned

#### Floor Plan

| Upload Floor Plans  | Floor plans must be in pdf format and cover all the areas in the facility |
|---|---|
| Select File   |   |
| Additional Files +  |   |
| Please make sure you provide the correct information in all | l fields.   |
| Confirm   |   |



### New Facility License – Additional Documents

### ▼ Additional Documents

In case the document you wish to upload consists of multiple pages, kindly upload them as one PDF document – please note that the maximum number of attachment is 10

#### Add More Documents(Optional)

| Upload File                           |                              | Label |
|---------------------------------------|------------------------------|-------|
| Upload File                           | ±                            |       |
|                                       |                              |       |
| Add Another Attachment                |                              |       |
|                                       |                              |       |
| Please make sure you provide the corr | ect information in all field | ds.   |
| Confirm                               |                              |       |

#### New Facility License – Terms & Conditions

#### ▼ Terms & Conditions

#### Terms & Conditions

You, hereby acknowledge and accept that all payments are due on system prompt. If a payment is not received or payment
method is declined, it is deemed that the user has forfeited their right to service.

Refund or payment exemption is **only** considered if

- 1. There has been a system error in the processing of your application.
- 2. If DHA identifies that there has been a processing error in your application.

The Dubai Health Authority will not provide credit, refunds, or prorated billing after the 'Service' (In part or full) has been provided.

- You hereby acknowledge and accept that you have restricted right to withdraw the application after submission. Withdrawal
  will forfeit the applicant's right for a refund of fees associated to the service, as per DHA refund policy.
- You hereby acknowledge and accept that in cases when additional information is required from the applicant, the applicant is liable to respond to the request for information, in a timely manner. Failure to provide the requested information will lead to rejection of the application.

The Dubai Health Authority reserve the right to reject the application if there is no response from the applicant, for more than 3 months (90 days).

- This will additionally forfeit the applicant's right for a refund of fees, associated to the service.
- You hereby acknowledge and accept that the Service Level Agreement (SLA) for this service is as defined in the service catalogue.

Dubai Health Authority reserves the full right to adjust or update the Service Level Agreement as it sees fit, and will not be required to provide updates on any changes made.

- You hereby acknowledge and accept that the Dubai Health Authority reserves the right to reject any application in which the
  applicant has failed background check procedures. The applicant is not entitled to be provided the reason of rejection by the
  Dubai Health Authority.
- You hereby acknowledge and accept that the Dubai Health Authority reserves the right to request additional documentation
  from the applicant outside of the standard guidelines to make an informed decision. The Dubai Health Authority shall not be
  responsible or liable for the availability, usefulness, or accuracy of any information provided by the applicant. The Dubai
  Health Authority shall not liable or responsible for any omission or error in the information provided.
- You hereby acknowledge and accept that it is your responsibility to renew the license months prior to the expiry of the
  Professional License. If the license is not renewed on time, you will be subject to recurring monthly fines and penalties as per
  the Dubai Health Authority regulations until the license is cancelled or renewed.

- You hereby acknowledge and accept that you have the adequate/relevant approvals and authorizations from the facility
  owners to apply for a new facility license, on their behalf.
- You hereby acknowledge and accept that if the facility requires installation of radiology equipment, it is required to provide evidence of inspection by the Rashid Hospital Radiology Department.
- You hereby acknowledge and accept that you are required to have all valid trade license and No Objection Certificates for any
  add-ons before the facility or the add-ons are in operation.
- You hereby acknowledge and accept that this service will provide the facility with an inactive facility license under which the
  facility is prohibited from starting operations. The facility can only begin healthcare operations once the facility license has
  been activated.
- You hereby acknowledge and accept that the inactive facility license will have to be renewed if the facility is not completed
  within one year. If the inactive facility license expires, you will be required to reapply.
- You hereby acknowledge and accept that the facility, once built, will be inspected based on the approval provided in this
  service. If the facility requires any amendments, as per the inspection results, you will be required to apply for the Amend
  Facility License Service and request for a paid re-inspection.
- You hereby acknowledge and accept that professionals are unable to operate in facilities in which the license status is inactive.
- You hereby acknowledge and accept that once the facility is ready after physical inspection, it is your responsibility to request
  to activate the facility license.
- · You hereby acknowledge and accept to provide owners access to the facility account when it is so requested.
- You hereby acknowledge and accept that the Dubai Health Authority inspectors will be allowed entry to the facility at the full
  discretion of the Dubai Health Authority and will extended / provided full cooperation by the facility representatives.
- You hereby acknowledge and accept to uphold to all the Dubai Health Authority regulations, policies, and circulars published before, during, and after the date of this application.
- You hereby acknowledge and accept that if the facility is required to attain any accreditations, they must be acquired within
  the first six months of facility operation.
- You hereby acknowledge and accept the following conditions of facility naming conventions:

   The facility name should not have been previously registered or currently used for the same category of activity or for a similar type of activity.
   The facility name should not have been previously registered or currently used for the same category of activity or for a similar type of activity.

2. The facility name should not be identical or similar to any local or international trade name registered with Dubai Economic Department or the Ministry of Economy.

3. The facility name must be compatible with the required type of activity and legal status.

4. The facility name should not contain Allah Almighty's Names, names of any religion, denomination, governing authority or names or logos of any local, Arab and international bodies, institutions and organizations.

5. The facility name should not violate the public law and order.

The facility name should not be misleading to the patients with regard to the type of facility, its importance, size, etc.
 The facility name should be identical to the approved trade name from the Department of Economic Development

## New Facility License – Review Form

<u>Step 9:</u> Once all steps are confirmed and completed, the button at the bottom of the page will show 'Review Form'.





New Facility License – Review Form

### Review the details in the form.

| الله المعالم معالم<br>المعالم المعالم م<br>معالم معالم المعالم المعالم المعالم المعالم المعالم المعالم المعالم معالم معالم معالم معالم معالم معالم معالم م | Policies and Regulations DHA e-Services   | ه ۵ ★ ¢ |
|--|---|---------|
| New Facility License   |   |         |
| < Back   |   |         |
| License Information  |   |         |
| Authority Details  |   |         |
| Do You Have an Existing Trade License for the Health Activity to be<br>Performed?<br>No  | Facility Sector<br>Private Facility   |         |
|  | Facility Trade License Authority<br>Dubai Mainland - Department of Econo<br>Development | mic     |
| Expected Trade Name in English   | Expected Trade Name In Arabic   |         |
| Overar -1  |   |         |
| Role<br>Owner  | Type<br>Individual  |         |
| First Name   | Last Name   |         |
| Arabic First Name  | Arabic Last Name  |         |
| Dete of Birth  | Gender  |         |
| Nationality<br>United Arab Emirates  | Place of Birch<br>United Arab Emirates  |         |
| Passport Number  | Passport Expliny Date   |         |
| Passoort Coov  | Emirates ID Number  |         |
| Emirates ID Exolivy Date   | Country of Residence<br>United Arab Emirates  |         |
| Email Address  | Mobile Number   |         |
|  |   |         |

| Applicant Details   |  |
|---|--|
| Applicant Details   |  |
| DHA Unique ID<br>84551277   | Nationality<br>United Arab Emirates                |
| English First Name  | English Last Name                                  |
| Date of Birth<br>01/01/1925   | Gender   |
| Email Address   | Mobile Number                                      |
| Facility Overview   |  |
| Facility Type   |  |
| Facility Category<br>PolyClinic (2 Specialties)   | Facility Specialities<br>Cardiology,Dermatology    |
| Service Excellence<br>Cardiology  |  |
| Value Proposition<br>to do good work  | Planned Investment Amount<br>400000000             |
| Planned Professionals   |  |
| Planned Number of Physicians<br>3   | Planned Number of Dentists<br>O                    |
| Planned Number of Nurses / Midwives<br>4  | Planned Number of Allied Health Professionals<br>1 |
| Planned Number of Traditional Complimentary and Alternative<br>Medicine (TCAM) Professionals<br>O |  |
| Location Details  |  |
| Makani Number<br>31882 93977  |  |
| Street Name<br>DEIRA CITY CENTER  |  |
| Building Name<br>DEIRA CITY CENTER  |  |
| Apartment/Villa Number  |  |

| Facility Layout   |                      |  |
|---|----------------------|--|
| Version Number<br>1                                     | Uploaded By          |  |
| Upload Date   | Floor Flan           |  |
| Room and Bed Count                                      |                      |  |
| Room Type<br>General Room<br>Specialities<br>Cardiology | Number of Rooms<br>3 |  |
| Total Number of Rooms<br>3                              |                      |  |
| Additional Documents                                    |                      |  |
| Additional Documenta                                    |                      |  |
| Version No<br>1   | Uploaded By          |  |
| Upload Date   | Upload File          |  |
| DHA Undertaking Letter                                  |                      |  |
| Signed Undertaking Letter                               |                      |  |
| Upload File   |                      |  |
|   |                      |  |

## New Facility License - Payment

7. The facility name should be identical to the approved trade name from the Department of Economic Development

I agree to the terms and conditions

CIL.

**Step 10:** If all the information is correct, agree to terms and conditions again and proceed to payment. (via Dubai Smart Government E-pay)

| Total   |                      |
|---|----------------------|
| AED 1020  |                      |
| Application Fee: AED 1000 + Knowledge & innovation fee: AED 20            |                      |
| Are you exempted from payment?  |                      |
|   |                      |
| Please make sure you provide the correct information in all the sections. |                      |
| Pay Now <u>Go Back</u>  | Withdraw Application |

\*If you have any exemption certificate, click on the Exemption Reason drop down menu and select the certificate. Upload the exemption proof.

# Total AED 1020

Application Fee: AED 1000 + Knowledge & innovation fee: AED 20

| Are you exempted from payment?  |                      |
|---|----------------------|
| Exemption Reason  |                      |
| Exemption Proof   Exemption Proof   |                      |
| Please make sure you provide the correct information in all the sections. |                      |
| Submit <u>Go Back</u>   | Withdraw Application |

## New Facility License – DHA Review

The application status will change from 'Draft' to 'Submitted'. It will be reviewed by the facility licensing team.

If additional documents are requested, the application will be returned for you to fulfill the request.

\*Check Appendix 2 on how to resubmit returned applications.

If all requirements are met, the application is approved and an 'Inactive' license is issued.

# Step 11:

You can view and download the license through the 'New Facility License' application. Open the application, click 'View Facility License'

# My Applications

| < Go   | To Dashboard         |                      | Active                | Closed              |            | Download Excel |
|--------|----------------------|----------------------|-----------------------|---------------------|------------|----------------|
| new    |                      | ×                    |                       |                     |            |                |
| Status |                      | Application Name     | Reference No          | Submitted For       | Cost (AED) | Submitted On ▼ |
| 0      | lssued<br>21/11/2020 | New Facility License | NFL-2020-<br>00001179 | Dubai Test Hospital | 0.00       | 21/11/2020     |



<u>View Facility</u>

#### New Facility License – Download License



License Status: Inactive Date: 21-11-2020

**License Details** 

Facility Name: Dubai Test Hospital Facility Category: Company Clinic Trade License Number:

#### Address

Street Name: al khail st Apartment/Villa Number: 234 Makani Number(s): N/A Email Address: N/A Healthcare Facility License



Facility ID: 5866959 License Number: 5866959 License Expiry Date: 21-11-2021

Building Name: al khail 128 Area Name: Al Aweer - 1 Telephone Number: N/A

| Customer Information |               |                      |
|----------------------|---------------|----------------------|
| Customer Name        | Customer Type | Customer Nationality |
| N/A                  | N/A           | N/A                  |

#### Medical Director

Medical Director Name: N/A Medial Director Position: N/A

Medical Director Nationality: N/A

Thank you for your continuous cooperation, Yours Sincerely,

Health Regulation Sector Dubai Health Authority

#### Remarks:

- If any of the given information has been changed, you are requested to contact and inform the Health Regulation Department at DHA.

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رخصة المنشأة الصحية

حالة الرخصة: غير فعالة تاريخ: 2020-11-2020

#### بيانات الرخصة

اسم المنشأة : مستشفى اختبار دبي فئة المنشأة الصحية : عيادة شركة رقم الرخصة التجارية :

#### العنوان

اسم الشارع : al khail st رقم الشقةالفيلا : 234 رقم مكاني : N/A البريد الإلكتروني : N/A

رقم المنشأة الصحية : 5866959 رقم الرخصة الصحية : 5866959 تاريخ انتهاء الرخصة الصحية : 11-202

> اسم المبنى : al khail 128 اسم المنطقة : Al Aweer - 1 رقم الهاتف : N/A

| بيانات العملاء |            |       |
|----------------|------------|-------|
| اسم العميل     | الجنسية    | الصفة |
| -              | 2 <u>1</u> | -     |

#### المدير الطبي

اسم المدير الطبي : -تخصص المدير الطبي : -

جنسية ال<mark>م</mark>دير الطبي : -

شاكرين لكم حسـن تعاونكـم الدائــم، وتفضلــوا بقبــول فائــق الاحتــرام والتقديــر،

#### قطاع التنظيم الصحي هيئة الصحة بدبي

ملاحظات:

- إذا تم تغيير في أي من المعلومات المعطاة، فعليكم مراجعة وإبلاغ إدارة التنظيم الصحي هيئة الصحة بدبي.

CP\_9.2 F-01



### New Facility License – Other Approvals

Necessary approvals and applications to other authorities can be acquired once the inactive license is issued.

Recommendations mentioned in the application such as number of professionals for each specialty, facility layout, etc., must be met to apply for facility license activation.

The inactive facility license is valid for one (1) year from the date of issue. The facility representatives must apply for the Activate Facility License service before beginning their operations/practice.

| Active Applications<br>Required Action<br>Action Required<br>Reference Number: ACT-2020-00000469<br>Estimated time: | Facility License<br>Valid for<br><b>12 Months</b><br>Expires 21 November 2021<br>Company Clinic<br>2 Specialties | Sick Leave<br>You can start purchasing sick leave<br>notes once your facility license is<br>activated |
|---|--|---|
| $\bigcirc$  | Inactive License   |   |

# **Activate Facility License**

This service allows healthcare facilities to activate their previously issued inactive license in order to start operating. The facility can also request to add add-ons in this service, which include: home healthcare, telehealth, 24 hour facility, pharmacy delivery, pharmacy drive-thru, clinical training service, mobile unit (depending on the facility category, different add-ons are permitted).

Cost: <u>Check Portal (Facility Category)</u> Average Processing Time : 1 working day
Activate Facility License – Accessing the Service

# Want to Open a Facility in Dubai? Facility Qualification Recommendations Get a Facility License New Facility License Activate Facility License

# Approximate Cost

|                                      | Air Ambulance |
|--------------------------------------|---------------|
| Facility License Fees (yearly)       | AED 5000      |
| Inspection Fees                      | AED 2000      |
| Re-Inspection Fees                   | AED 1000      |
| Add-on yearly fees: 24 Hour Facility | AED 0         |
|                                      |               |

### Knowledge and Innovation Fees will be applied at checkout.



Go back to Dashboard and click on 'Facilities', then 'Activate Facility License'.

Scroll down, click on 'Activate License

# Activate Facility License – Application Form

### ♠ Facility Services ► Activate Facility License

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- License Information
- Review Professionals
- Radiology Regulation Compliance
- Final Inspection
- Review Contact Details
- Terms & Conditions

# License Information

| <ul> <li>License Information</li> </ul>      |   | Complete 🗸 |
|--|---|------------|
| Health Facility License Information          |   |            |
| Facility Name English<br>Dubai Test Hospital | Facility Name Arabic<br>مستشفی اختبار دبي |            |
| License Issue Date 21/11/2020                | License Expiry Date 21/11/2021            |            |
| License Status<br>Inactive                   | Facility Category<br>Company Clinic       |            |
| Speciality<br>2                              | Facility Type<br>DHA Government Facility  |            |
|  |   |            |
| Confirm                                      |   |            |

# **Review Professionals**

### ▼ Review Professionals

| Note: You must add the following Health Professionals to your facility before being able to activate the Facility License:  |
|---|
| Allied Health : 0   |
| Dentist : 0   |
| Physician : 1   |
| Nurse : 0   |
| TCAM:0  |
| Pharmacist : 0  |
| From the list of professionals that have been added to the facility below, select the Facility Medical Director. You should upload the NOC letter from the Medical  |
| Director.   |
| The licenses of the Health Professionals that have been added to your facility will be automatically activated once this application is approved. To add more<br>professionals to the facility use the Activate Professional License service. |
|   |

### Select Medical Director

| Select Nan           |                           |                               | Category               |               |      |
|----------------------|---------------------------|-------------------------------|------------------------|---------------|------|
|                      | table                     |                               |                        |               |      |
|                      |                           |                               |                        |               |      |
| Showing 0 to 0 of 0  | entries                   |                               | First                  | Previous Next | Last |
| imum Professio       | onals Requirem            | ents                          |                        |               |      |
| Here you can see     | e the total number of     | f professionals under your fa | acility in each catego | ry.           |      |
| Physicians           | Dentists                  | Nurses/Midwives               | Allied Health          | TCAM          |      |
| 0                    | 0                         | 0                             | 0                      | 0             |      |
| 🗴 You don't H        | nave enough professi      | ionals from each cateogry     |                        |               |      |
|                      | -                         | cility using the Activate     |                        |               |      |
| Professional Licens  | e service in the Facility | Service Catalogue             |                        |               |      |
| se make sure you pro | ovide the correct info    | ormation in all fields.       |                        |               |      |

# \*Radiology Regulation Compliance

Note: Based on your facility category, DHA policy requires you to obtain a license from the Federal Authority for Nuclear Regulation. Submit evidence of request of the Federal Authority for Nuclear Regulation License below. You will receive an email outlining the next steps in order to obtain approval to start using the radiology equipment in your facility.

### **Compliance Details**

| Facility Owner            |      |  |  |
|---------------------------|------|--|--|
|                           |      |  |  |
| Facility Manager          |      |  |  |
|                           |      |  |  |
|                           |      |  |  |
| FANR Number               |      |  |  |
| [                         |      |  |  |
|                           |      |  |  |
| Facility Location Details |      |  |  |
|                           |      |  |  |
|                           |      |  |  |
| Mobile Number             |      |  |  |
| = +971 - Mobile Numb      | er   |  |  |
|                           |      |  |  |
| Facility Category         |      |  |  |
| PolyClinic (2 Special     | ies) |  |  |
|                           |      |  |  |

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\*In some facilities providing radiology services, the Radiology Regulation Compliance step is required.

# **Final Inspection**

### ▼ Final Inspection

Note: Once your activate facility license application is approved you can expect the inspection team to get in touch with you to scheduling the inspection within 5 working days.

### Final Inspection Details

Yes

Will the Applicant be Present during the inspection? No

### Inspection Coordinator Name

Inspection Coordinator Name

Inspection Coordinator Mobile Number

+971 • Inspection Coordinator Mobile Number

By submitting this application I confirm that the facility is ready for final inspection

Please make sure you provide the correct information in all fields.

Confirm

If the applicant will not be present on the day of the inspection provide contact details of an inspection coordinator. The inspection team will get in touch with this facility representative

# **Review Contact Details**

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Ψ.

### ▼ Review Contact Details

This section displays the logged-in user information.

Personal Information (Individual)

DHA Unique ID

999

E

English First Name

E de la companya de la compa

English Last Name

А

Date of Birth

01/01/1900

Gender

ale

Nationality

United Arab Emirates

Email Address

demo@test

Mobile Number

+971•

Please make sure you provide the correct information in all fields.

Confirm

### **Terms & Conditions**

### ▼ Terms & Conditions

### Terms & Conditions

You, hereby acknowledge and accept that all payments are due on system prompt. If a payment is not received or payment
method is declined, it is deemed that the user has forfeited their right to service.

Refund or payment exemption is **only** considered if

1. There has been a system error in the processing of your application.

2. If DHA identifies that there has been a processing error in your application.

The Dubai Health Authority will not provide credit, refunds, or prorated billing after the 'Service' (In part or full) has been provided.

- You hereby acknowledge and accept that you have restricted right to withdraw the application after submission. Withdrawal
  will forfeit the applicant's right for a refund of fees associated to the service, as per DHA refund policy.
- You hereby acknowledge and accept that in cases when additional information is required from the applicant, the applicant is liable to respond to the request for information, in a timely manner. Failure to provide the requested information will lead to rejection of the application.

The Dubai Health Authority reserve the right to reject the application if there is no response from the applicant, for more than 3 months (90 days).

This will additionally forfeit the applicant's right for a refund of fees, associated to the service.

 You hereby acknowledge and accept that the Service Level Agreement (SLA) for this service is as defined in the service catalogue.

Dubai Health Authority reserves the full right to adjust or update the Service Level Agreement as it sees fit, and will not be required to provide updates on any changes made.

- You hereby acknowledge and accept that the Dubai Health Authority reserves the right to reject any application in which the
  applicant has failed background check procedures. The applicant is not entitled to be provided the reason of rejection by the
  Dubai Health Authority.
- You hereby acknowledge and accept that the Dubai Health Authority reserves the right to request additional documentation
  from the applicant outside of the standard guidelines to make an informed decision. The Dubai Health Authority shall not be
  responsible or liable for the availability, usefulness, or accuracy of any information provided by the applicant. The Dubai
  Health Authority shall not liable or responsible for any omission or error in the information provided.
- You hereby acknowledge and accept that it is your responsibility to renew the license months prior to the expiry of the
  Professional License. If the license is not renewed on time, you will be subject to recurring monthly fines and penalties as per
  the Dubai Health Authority regulations until the license is cancelled or renewed.

- You hereby acknowledge and accept that you have the adequate/relevant approvals and authorizations from the facility
  owners to apply for a new facility license, on their behalf.
- You hereby acknowledge and accept that if the facility requires installation of radiology equipment, it is required to provide
  evidence of inspection by the Rashid Hospital Radiology Department.
- You hereby acknowledge and accept that you are required to have all valid trade license and No Objection Certificates for any
  add-ons before the facility or the add-ons are in operation.
- You hereby acknowledge and accept that this service will provide the facility with an inactive facility license under which the
  facility is prohibited from starting operations. The facility can only begin healthcare operations once the facility license has
  been activated.
- You hereby acknowledge and accept that the inactive facility license will have to be renewed if the facility is not completed
  within one year. If the inactive facility license expires, you will be required to reapply.
- You hereby acknowledge and accept that the facility, once built, will be inspected based on the approval provided in this
  service. If the facility requires any amendments, as per the inspection results, you will be required to apply for the Amend
  Facility License Service and request for a paid re-inspection.
- You hereby acknowledge and accept that professionals are unable to operate in facilities in which the license status is inactive.
- You hereby acknowledge and accept that once the facility is ready after physical inspection, it is your responsibility to request
  to activate the facility license.
- · You hereby acknowledge and accept to provide owners access to the facility account when it is so requested.
- You hereby acknowledge and accept that the Dubai Health Authority inspectors will be allowed entry to the facility at the full
  discretion of the Dubai Health Authority and will extended / provided full cooperation by the facility representatives.
- You hereby acknowledge and accept to uphold to all the Dubai Health Authority regulations, policies, and circulars published before, during, and after the date of this application.
- You hereby acknowledge and accept that if the facility is required to attain any accreditations, they must be acquired within
  the first six months of facility operation.
- You hereby acknowledge and accept the following conditions of facility naming conventions:
   The facility name should not have been previously registered or currently used for the same category of activity or for a similar type of activity.

2. The facility name should not be identical or similar to any local or international trade name registered with Dubai Economic Department or the Ministry of Economy.

3. The facility name must be compatible with the required type of activity and legal status.

4. The facility name should not contain Allah Almighty's Names, names of any religion, denomination, governing authority or names or logos of any local, Arab and international bodies, institutions and organizations.

5. The facility name should not violate the public law and order.

6. The facility name should not be misleading to the patients with regard to the type of facility, its importance, size, etc. 7. The facility name should be identical to the approved trade name from the Department of Economic Development

### Tick 'I Agree to the Terms and Conditions'



Tick the box beside 'I agree to the terms and conditions'. The button will change from 'Save' to 'Review Form'. Review the information on the page, submit and pay for license activation.

| الالالالالالالالالالالالالالالالالالال   | Registry Policies and Regulations DHA e-Services 🛛 🕇 🔍 📑                |
|--|---|
| A + Facility Services + New Facility License   | dubelaa uur   |
| New Facility License   |   |
| License Information  | Complete 🥑  |
| Review Professionals   | Complete 🥑  |
| Final Inspection   | Complete 🥑  |
| Review Contact Details   | Complete 🥑  |
| Terms & Conditions   | Complete 🥑  |
| Please make sure you provide the correct information in al<br>provided is accurate and complete. | sections. By submitting your application you agree that all information |
| Review Form Go Back  | Withdraw Application  |
|  |   |

Payment / Payment Exemption

Exemption Proof

Exemption Proof

**<u>Step 5:</u>** Click 'Pay Now' to make the payment through Dubai Smart Government portal - Epay. Please use a valid credit card.

If you are exempted from payment, click the tick box beside 'Are you exempted from payment?' A dropdown menu will appear. Select the reason for exemption.

| otal                                   |   |                   |
|--|---|-------------------|
| AED 1020                               |   |                   |
| itial Approval Fees                    | AED 1000.0  |                   |
| nowledge & innovation fee              | AED 20  |                   |
| Are you exempted from pay              | /ment?  |                   |
|  |   |                   |
|  |   |                   |
| lease make sure vou provide            | the correct information in all the sections.            |                   |
| lease make sure you provide<br>Pay Now | the correct information in all the sections.<br>Go Back | Withdraw Applicat |
|  |   | Withdraw Applicat |
|  |   | Withdraw Applicat |
|  | <u>Go Back</u>  | Withdraw Applicat |
| Pay Now                                | <u>Go Back</u>  | Withdraw Applicat |
| Pay Now                                | Go Back   | Withdraw Applicat |

1

The application status will change from 'Draft' to 'Submitted'. It will be reviewed by the facility licensing team.

If required, an inspection is scheduled.

If additional documents are requested, the application will be returned for you to fulfill the request. The status changes from 'Submitted' to 'Returned'.

Once final approval is issued and inspection is passed, a 'Required Action' must be completed.

# **Required Action – Fill Survey**

The mandatory survey must be filled before the license is activated.

A notification alert (!) will appear on the menu icon. Click on menu and select 'Notification Centre'. Click on the required action and complete the survey.

# ABDULLAH MOHAMMED DHAID: 00123456

# My Applications

Notification Centre

Settings



# Survey Pages

| city internation  | Facility Identity  | Facility Contact Duralls  | Outputient Appointment  |
|---|--|---|---|
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| Operating Hours   | Materia         Water of the Policy generation that parts that the part that the port of the   | Frise reary of the following are effected to this specialty?  | In the fast full coloradar years, which types of services and base many of each error provided from your facility?  It is also a base to be any service of the service service provided from your facility?  It is also a base to be any service of the service of the service service provided from your facility?  It is also a base to be any service of the service of the service service provided from your facility?  It is also a base to be any service of the |

After the survey is completed, the Active Facility License is automatically issued. You can view and download the license through the 'Activate Facility License' application. The license status in the Facility Dashboard will also be updated.





\*Note: General Practitioners can acquire up to 4 part-time licenses under School Clinics. Part-time license holders are <u>not</u> allowed to rotate in the other branches of the same group.

# **APPENDIX 1**

Application Status Resubmit Returned Application



# How to Check Application Status

| Status                   | Action  |
|--------------------------|---|
| DRAFT                    | Application is pending in your account. It is not submitted.  |
| SUBMITTED                | Application is successfully submitted and pending for DHA action.   |
| APPROVED                 | Application is completed.   |
| ISSUED                   | Application is completed, document issued.  |
| RETURNED                 | Application is returned in your dashboard. Read the comment, complete the pending action and re-submit the application.   |
| REJECTED                 | <ul> <li>Application is rejected. Read the comment in the application. Possible reasons:</li> <li>Requirements not met</li> <li>Missing documents</li> <li>Instructions not followed etc.</li> <li>Rejected applications cannot be activated. You must re-apply.</li> </ul> |
| CANCELLED/AUTO-CANCELLED | Application exceeded 90 days without any action.  |

<u>Step 1:</u> Login to your account, open the menu and select 'Applications'.

# ABDULLAH MOHAMMED DHAID:00123456

My Dashboard

My Applications

Verifications and CBT Assessments

Notification Centre

Settings

**<u>Step 2:</u>** Under Active tab, search for the status 'Returned'. Click on the arrow on the right to open the application form.

**Returned Applications** 

| 300        | er van<br>شریــــــــــــــــــــــــــــــــــــ | Professionals | Facilities     | Dubni Medic | al Registry           | Policies and Regula | ations | DHA e Services | πq             | es es |
|------------|---|---------------|----------------|-------------|-----------------------|---------------------|--------|----------------|----------------|-------|
| <b>n</b> - | My Applica  | tions         |                |             |                       |                     |        |                | dubalae        |       |
| My         | Ар  | plicat        | ions           |             |                       |                     |        |                |                |       |
|            | o To Dashbo                                       | -             |                | -           | Active                | Closed              |        |                | Download Excel | ٥     |
| return     | ned   |               |                | ×           |                       |                     |        |                |                |       |
| Status     |   | Ap            | plication Nan  | ne          | Reference N           | lo Submitted F      | or     | Cost (AED)     | Submitted On 🔻 |       |
| 0          | Returned 21/11/20                                 | h h           | w Facility Lic | ense        | NFL-2020-<br>00001179 | (a=)                |        | 0.00           | 21/11/2020     | >     |
| 0          | Returned<br>09/10/20                              | N/r           | w Facility Lic | ense        | NFL-2020-<br>00001152 |                     |        | 0.00           | 09/10/2020     | >     |

Step 3: Scroll down at the bottom of the page and click 'Edit' button.



Request Refund

### **Appendix 1: Returned Applications**

Step 4: Fill-up each section, upload the required document. All sections must be complete and bright green. Click Review Form.

# New Facility License

| Complete 🖌 |
|------------|
| Complete 🧹 |
| Complete 🧹 |
| Complete 🥪 |
| Complete 😔 |
| Complete 🖌 |
| Complete 🕑 |
|            |

<u>Step 5:</u> Review the summary of information provided. Agree to the terms and conditions again. Click Submit.

Please make sure you provide the correct information in all sections. By submitting your application you agree that all information provided is accurate and complete.

Submit Go Back

Withdraw Appplication

The status will change to Submitted.

# New Facility License

Application Name: New Facility License
 Application Submission Time : 18:40
 Application Submission Date: 21-11-2020
 Application Status: Submitted
 Application Reference Number: NFL-2020-00001179



# New Facility License Flow Chart





DHA

Applicant

Legend



# Sample Proposal Letter

### Date: DD-MM-YYYY

Respected Dubai Health Authority,

(Registered Facility Name), (Location), (DHA Facility license number) would like to request your initial approval make some modifications as per below:

### We proposed to add the following services:

1. Gastroenterology 2. Speech Therapy

3. Diet and Nutrition

|   | Room description | Space (m <sup>2</sup> ) | Currently Approved as | Proposed Change of  |
|---|------------------|-------------------------|-----------------------|---------------------|
|   |                  |                         |                       | Usage To:           |
| 1 | Room No          | 16.3 m²                 | Cardiology            | Sharing:            |
|   |                  |                         |                       | Cardiology          |
|   |                  |                         |                       | Gastroenterology    |
|   |                  |                         |                       | Orthopaedic         |
| 2 | Room No          | 16 m²                   | Paediatrics           | Sharing:            |
|   |                  |                         |                       | Paediatrics         |
|   |                  |                         |                       | Occupational Therap |
|   |                  |                         |                       | Speech Language     |
|   |                  |                         |                       | therapy             |
| 3 | Room No          | 15.8 m²                 | Internal Medicine     | Sharing:            |
|   |                  |                         | Dietician             | Internal Medicine   |
|   |                  |                         |                       | Dietician           |
|   |                  |                         |                       | Gastroenterology    |

The rooms will be used to provide daily care for patients on out-patient basis and all services will be managed by skilled and experienced Consultants/Specialists with adequate DHA licensing.

For your kind approval,

Yours Sincerely, (Authorized Signatory)

NOTE: The letter needs to be printed on the facility's letter head, ink singed and stamped.

Clearly enumerate the amendments requested and actions done to support these changes.

> Include complete information of the requesting facility.

Letter head, logo, stamp and signature of registered representative is required.

# Sample Trade License

Address / المتوان

| اقــتـصاديــة دب<br>UBAI ECONOMY | D                               | GOVERNMENT OF DUBA                     |   | ـــتـصاديـــة دبر<br>UBAI ECONOM | ž                |                                 |        |
|----------------------------------|---------------------------------|--|---|----------------------------------|------------------|---------------------------------|--------|
|                                  |                                 | trans. Investment Investme             |   |                                  |                  | : تجارية                        |        |
|                                  | ملحق الشركاء                    |  |   |                                  | al License       | Commercia                       |        |
| あっかった あった かった しゅう                | Partners                        | the second second second second second | تقاصيل الرخصة   | License Details /                |                  |                                 |        |
|                                  | Forthers                        |  | رقم الرخصة  |                                  | E.               | 785                             |        |
| تفاصيل الرخصة / License Details  | and the second second           |  | اسم الشركة  |                                  |                  |                                 |        |
| رقم الرخصة                       | Game No. الرقم العالمي          | D68 D-U-N-S *                          |   |                                  |                  |                                 |        |
|                                  |                                 | No.                                    | الإسم التجارى   |                                  |                  | ھیلٹ کیر ش۔ڈ،                   | ж,     |
|                                  |                                 |  | الأسم التجارى   | RELLC                            | HEALTHO          | هينت دير س.ت                    |        |
| اصحاب الرخصة / License Partners  | 1                               |  | الشكل القانون   | ذات مسلولية محدودة               |                  |                                 | any(11 |
| Name / الزمسم /                  | Nationality / كجنسية /          | مسلسل الشخص/Sr. No                     | تاريخ الإسدار   | 22/06/2017                       | Innue Date       | تاريخ الإنتهاء                  |        |
|                                  | United Arab Emirates / United   | 70.2600000%                            | دريح بوسدر<br>رقم الرخصة الام   | 743279                           | Main License No. | تاريخ الإنتهاء<br>الرقم العالمي |        |
|                                  | United Arab Emirates / الاسليات | 29.7200000%                            |   |                                  |                  |                                 |        |
|                                  | Cigual / Critice Arab Entratas  | 24.30000                               | عضوية الغرفة  |                                  | DCEI No.         | رقم السجل التجارى               |        |
|                                  |                                 |  | اطراق الرخصة /  | License Members                  |                  |                                 |        |
|                                  |                                 |  | Name / purt   | Contraction of the second second | رقم الشخمن/.80   | ا الجنسية / tionality           | - 10   |
|                                  |                                 |  | لىقى /  | NEIL                             |                  | ed Kingdom / ابريطانيا          | Ur     |
|                                  |                                 |  |   |                                  |                  |                                 |        |
|                                  |                                 |  | and the second se | cense Activities / ight          | 1                |                                 |        |
|                                  |                                 |  | مجمع طبي  |                                  |                  |                                 |        |

Trade licenses may differ depending on the trade authority you are licensed under e.g. Dubai Economy. DAFZA, etc.

GOVERNMENT OF DUBA

License 5

Trade Nan Legal Type

Expiry Data D&B D-U-N-5 \* No.

Register N

Share / الجمعين

Poly Clinic

HEALTHCARE LLC

Limited Liability Company(LLC) 21/06/2018

1192703

Role / Laul Manager / june

Always check the validity before uploading.

| منتدوق البريد      |                                     | P.O. Box            | تليقون                             |                       |                 | Telephone |
|--------------------|-------------------------------------|---------------------|------------------------------------|-----------------------|-----------------|-----------|
| رقم القطعة         |                                     | Parcel ID           | فاكس                               |                       |                 | Fax       |
|                    |                                     |                     | الهاتف المتحرك                     |                       |                 | Mobile No |
| دي                 |                                     |                     |                                    |                       |                 |           |
| emarks / المادحظات | R                                   |                     | 1                                  |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
|                    |                                     |                     |                                    |                       |                 |           |
| رقم الإيصال        | Receipt No.                         |                     | تاريخ الطباعة                      | 847 <b>āci</b> jā     | 20/07/2017      | rint Date |
|                    |                                     |                     | AL AGER 83 - 8 - 1 - 1             | HE MARK               | and of the last |           |
| يعكنك الآن لح      | جديد رخستك التجاربة من خلال الرسائل | بالل السبة اللسيرة. | رسل رقم الرجمية إلى دودو زدو رامير | And Strengthened & Br | Con Class       |           |

# Sample No Objection Certificate (NOC)

Depending on its purpose, a No Objection Certificate (NOC) may vary in content.

It should, however, always include the letterhead, stamp and signature of authorized signatory.

The content must be clear, concise and detailed (e.g. dates, reference numbers, etc.)

|                                   | إتش ھيلث دير خم م<br>Healthcar                                   | e LLC                        |  |
|-----------------------------------|--|------------------------------|--|
|                                   |  |                              |  |
| Ar.<br>Heal                       | CEO<br>thicare LLC   |                              |  |
| .O. Box<br>Jubai, U/              | AE   |                              |  |
| une 1 <sup>st</sup> 2             | 017  |                              |  |
| Health Re<br>P.O. Box<br>Dubai, U |  |                              |  |
|                                   | intment of Medical Director for                                  | College Hospital             | Jumeirah Road, Dubai.  |
| To whom                           | it may concern,  |                              |  |
| Co                                | ased to inform you of my intent<br>ollege Hospital               | at Jumeirah Road, I          | as Medical Director of our new<br>Dubai, which with your support and |
|                                   | l, is due to open on September                                   |                              |  |
|                                   | be grateful for your acceptance<br>tion to the above appointment |                              | on of our approval and statement of                                  |
| Dr                                | DHA eligibility reference n                                      | umber is                     |  |
| Should y                          | ou require any further informa                                   | tion, please do not hesitate | e to contact me.   |
| Yours si                          | ncerely,   |                              |  |
|                                   |  |                              | JEALTH CARE  |
| Mr.                               | 9  |                              | Dubai-UAE  |
| CEO                               | Healthcare LLC   |                              | [Teles   |
|                                   |  |                              |  |

Sample Engineering Layout – Auto Cad





# Facility FAQ

### Service Catalogue



# Sheryan FAQ



# **Policies and Regulations**



# Health Licensing Department

| Prepared by: | Vanessa Alexandra Avisado Rafael<br>Administrative Officer              |
|--------------|---|
| Verified by: | Ruqaya Abdelghafar Ali A AlMarzooqi<br>Administrative Officer           |
| Reviewed by: | Aisha Rashid Al Falasi<br>Head of Healthcare Facility Licensing Section |
| Approved by: | Dr. Hisham Hassan Alhammadi<br>Director of Health Licensing Department  |