

# HEALTH LICENSING DEPARTMENT

## SHERYAN USER GUIDES

JUNE 2019

**SHERYAN USER GUIDE to:**  
**PROFESSIONAL REGISTRATION**

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## **Definitions/Abbreviations:**

**Authorities:** The Regulatory Authorities within the United Arab Emirates according to the geographical jurisdiction, Ministry of Health and Prevention, Department of Health - Abu Dhabi and Dubai Health Authority.

**Credentials:** Are the documented evidence of education/ qualifications, registration/ license, training/ experience and other documents that are required to check the eligibility of the health professional to obtain a license

**Dubai Medical Registry:** Dubai Medical Registry is a public database maintained by DHA, which includes details of HPs' eligible to become licensed in Dubai.

**Experience:** Hands on clinical experience gained by a licensed healthcare professional during a salaried employment/contractual period and it excludes volunteer jobs, observership, or clinical attachment.

**Good Standing Certificate:** A certificate showing evidence that the healthcare professional is competent to practice the profession, has not been found guilty of unprofessional conduct, and that there are no pending or previous disciplinary orders or criminal proceedings against the healthcare professional. Must be issued by the same licensing authority of the healthcare professional registration/ license,

**Healthcare Professional:** A person who by education, training, certification and licensure is qualified to provide healthcare services.

**License:** A permission granted by an authority to practice a healthcare profession.

**Logbook:** A typed comprehensive record from physicians and dentists with surgical specialties for the last two (2) years demonstrating clinical competence through mixed major cases, signed, and stamped by the medical director of the facility or the head of department, mentioning the name, date, and total number of procedures performed within the mentioned period.

**Medical Fitness Certificate:** A report issued by DHA Health Centers within the last three (3) months confirming that the applicant/ HP is medically fit to practice.

**Negative Report:** A verification result indicating a negative feedback of the submitted credentials.

**Position:** The term describing the applicant/ HP designation which consist of Category, Title, and Specialty

**Positive report:** A verification result indicating that all submitted credentials have been verified successfully.

**Primary Source Verification:** A process of validating documents required for licensure from the issuing organization.

**Qualification:** An educational evidence granted by universities, colleges, academic institutes or schools that are nationally accredited or formally recognized. PSV can be referred to as Document Verification.

**Unable to verify report:** A verification result indicating an incomplete verification process related to failure in providing all necessary credentials, and/or applicant is not responding to verification agency, and/or certain issues related to the issuing body.

**Unified Healthcare Professional Qualification Requirements (POR):** a unified document developed in cooperation with The Ministry of Health and Prevention (MOHP), Department of Health Abu Dhabi (DoH) and Dubai Health Authority (DHA) that specifies the professions that can practice in United Arab Emirates and sets out the standards of qualification, experience, license and requirements to obtain a license from the Authorities.

**DHA:** Dubai Health Authority

**GSC:** Good Standing Certificate

**HF:** Healthcare facility

**HP:** Healthcare Professional

**PQR:** Unified Healthcare Professional Qualification Requirements

**PSV:** Primary Source Verification

## 1. Introduction:

A healthcare career in Dubai starts with obtaining a registration then activating it into a license to practice. This guide provides an overview of the steps to acquire active registration in the Dubai Medical Registry.

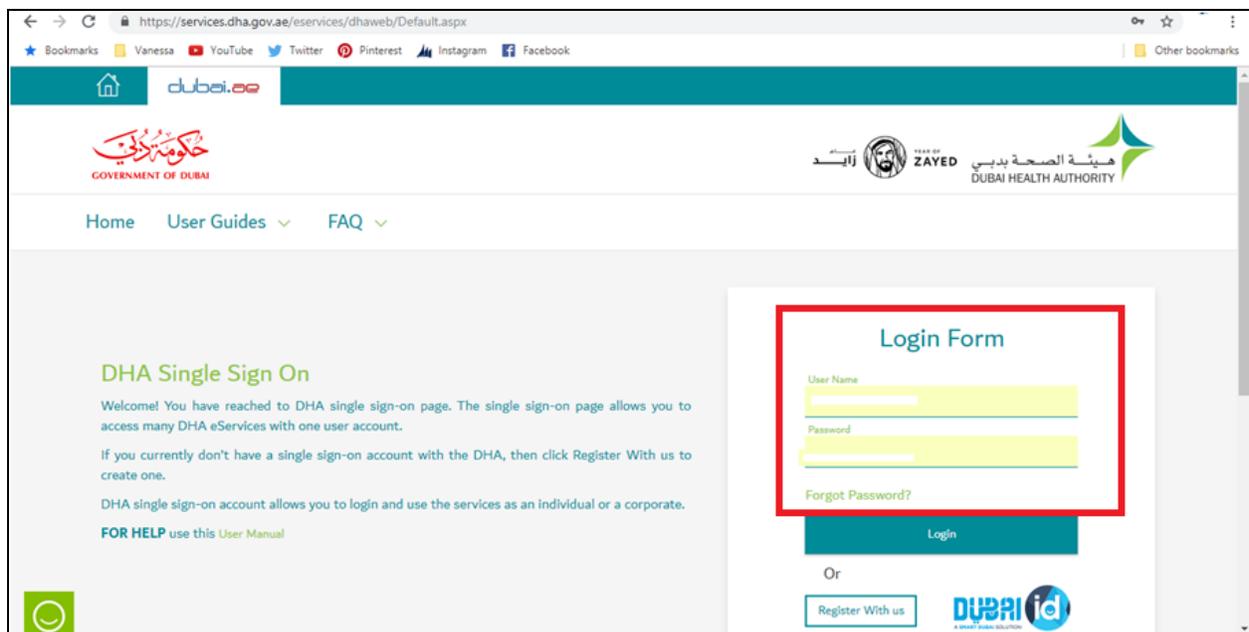
## 2. Accessing your DHA E-services Account

Follow the steps below to sign-up or login on the DHA Sheryan account:

- Visit the [website](#) and click on the Login icon to access the DHA Sheryan [portal](#).

### 2.1 Login

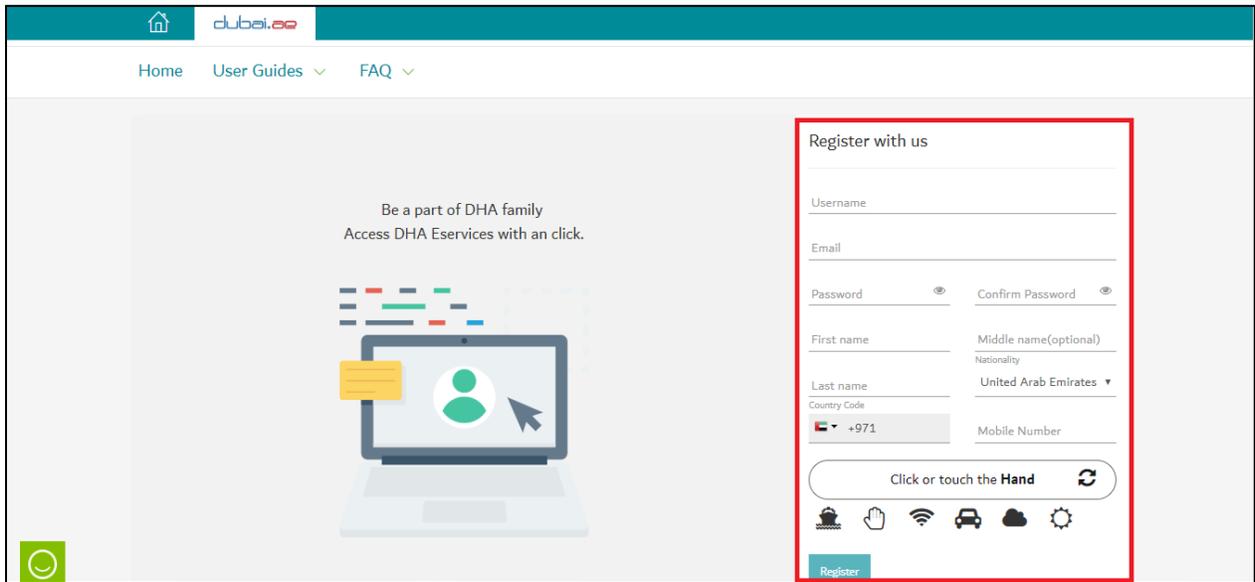
- Existing users can enter their username and password on this page.



The screenshot displays the DHA Single Sign On page. The page features a header with the Government of Dubai logo and the Dubai Health Authority logo. Below the header, there are navigation links for Home, User Guides, and FAQ. The main content area is titled "DHA Single Sign On" and includes a welcome message, instructions on how to use the single sign-on page, and a link to the User Manual. On the right side, there is a "Login Form" with fields for User Name and Password, a "Forgot Password?" link, and a "Login" button. Below the login form, there is an "Or" section with a "Register With us" button and the DUBAI ID logo.

## 2.2 Registration

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



Be a part of DHA family  
Access DHA Eservices with an click.

Register with us

Username

Email

Password  Confirm Password

First name Middle name (optional)

Nationality

Last name United Arab Emirates

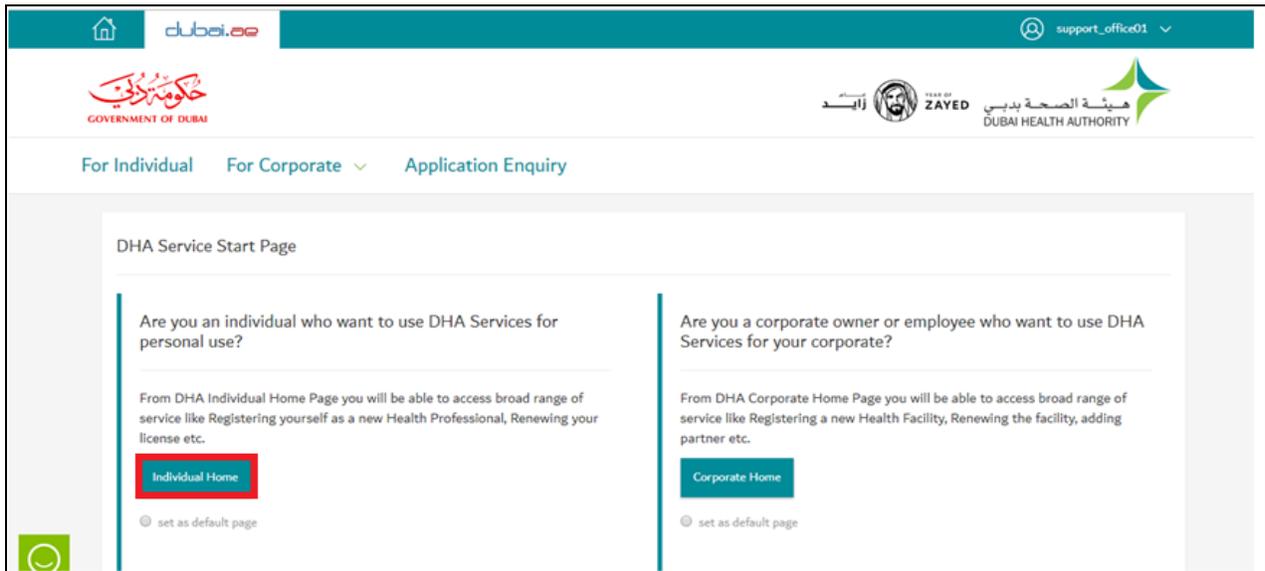
Country Code +971 Mobile Number

Click or touch the Hand

Register

## 2.3 Set Preference

After login, a prompt to set preference for 'Individual Home' or 'Corporate Home' will appear. Set 'Individual Home' as the default page.



support\_office01

GOVERNMENT OF DUBAI

هيئة الصحة بدبي DUBAI HEALTH AUTHORITY

For Individual For Corporate Application Enquiry

DHA Service Start Page

Are you an individual who want to use DHA Services for personal use?

From DHA Individual Home Page you will be able to access broad range of service like Registering yourself as a new Health Professional, Renewing your license etc.

Individual Home

set as default page

Are you a corporate owner or employee who want to use DHA Services for your corporate?

From DHA Corporate Home Page you will be able to access broad range of service like Registering a new Health Facility, Renewing the facility, adding partner etc.

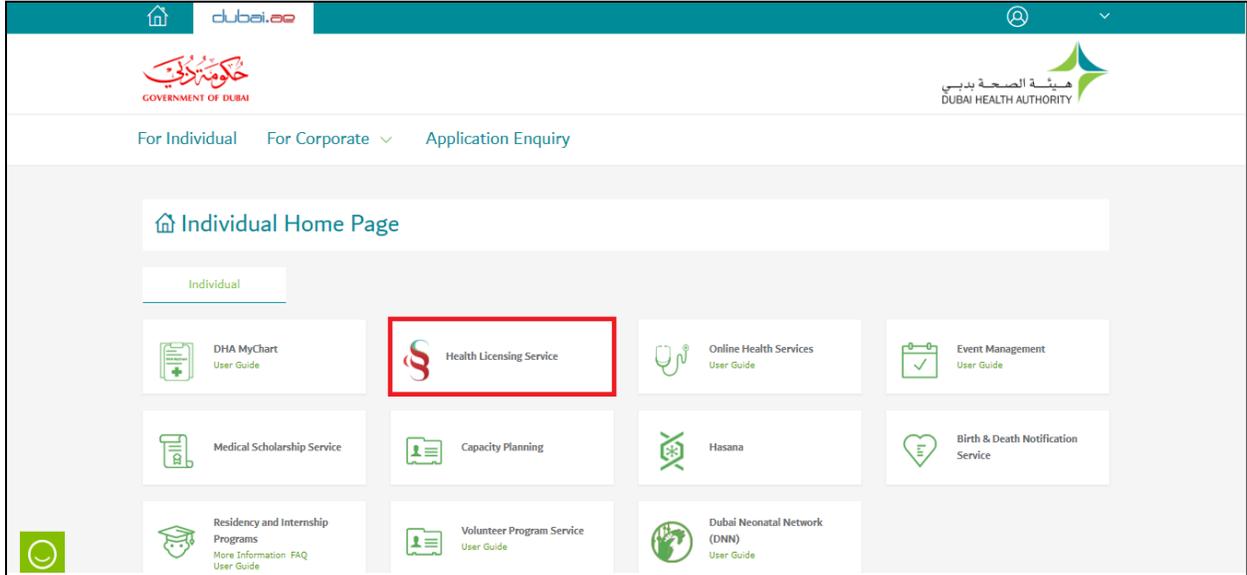
Corporate Home

set as default page

- Access to all the services provided by Dubai Health Authority will be on the next page.

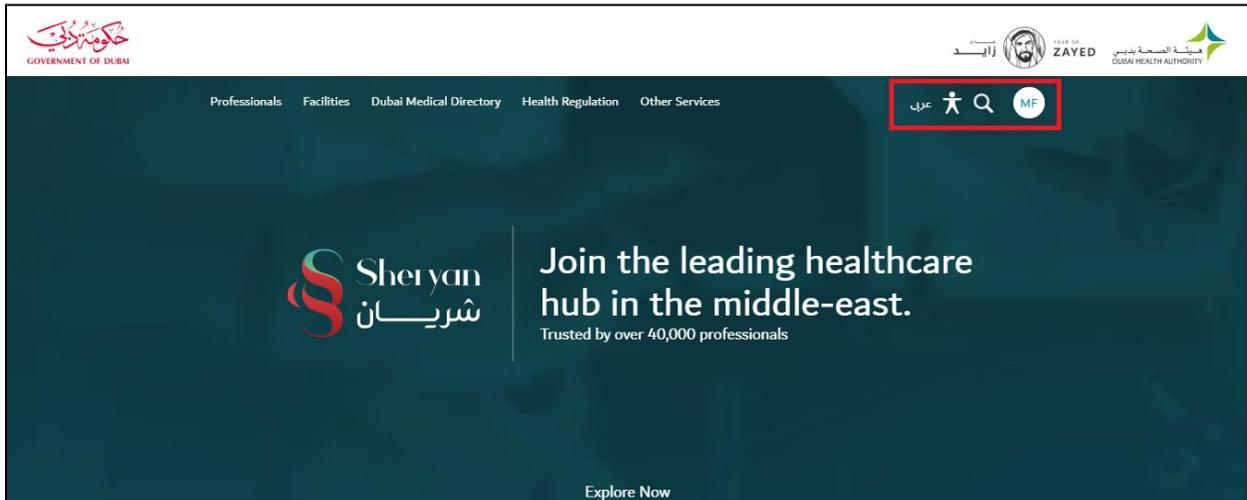
## 2.4 Accessing the Sheryan Licensing System

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

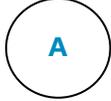


## 3. Managing the Account

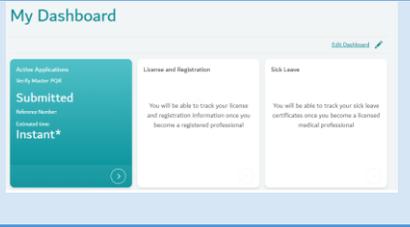
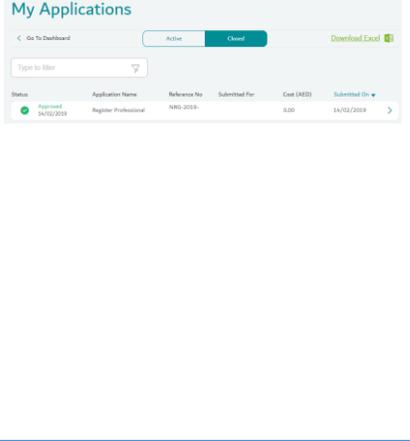
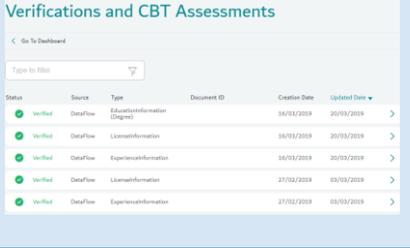
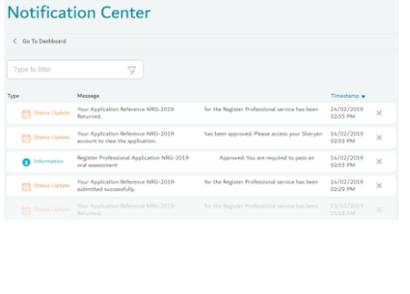
Before proceeding to the licensing services, users must be familiar with account management.

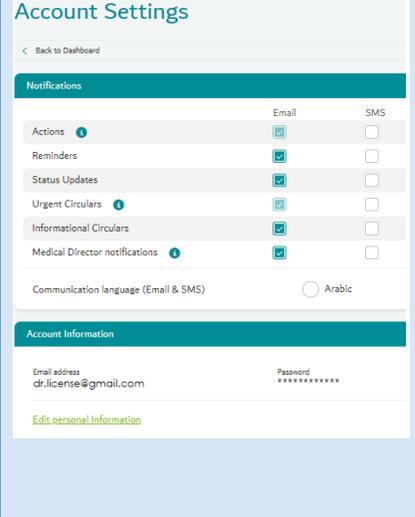


### 3.1 Homepage Icons and Actions

Icon	Action
عربي / English	Change Language Preference
	Accessibility (Text Resize, Contrast Switch, Read Speaker)
	Search
	The initials depend on the user's first and last name. Click on the icon to view your unique ID, access your dashboard, applications, verified documents, notifications and settings pages.

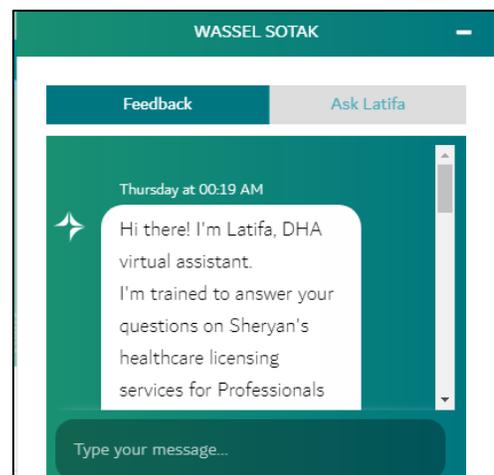
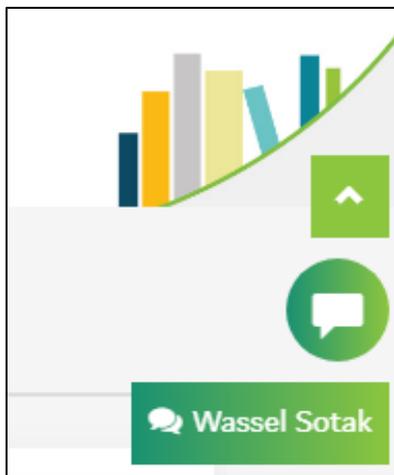
### 3.2. Account Menu Options

<p>ABDULLAH MOHAMMED DHA ID: 00123456</p> <p>My Dashboard My Applications Verifications and CBT Assessments Notification Centre Settings</p> <p>Logout</p>	<p><b>Name and Unique ID</b> - important when accessing third party services (Prometric, Dataflow) and license activation by a hiring facility.</p>	<p><b>Note:</b> The unique ID never changes and is only an identifier.</p>																																				
	<p><b>My Dashboard</b> - quick view of application status, current registration/ license status, services, issued sick leaves (eligible professionals), etc.</p>																																					
	<p><b>My Applications</b> - comprehensive view of applications. There are 2 tabs on the screen:</p> <p><b>Active tab</b>- will show a list of all applications that are either in draft, submitted, returned to you.</p> <p><b>Closed tab</b>- will show a list of all applications that are either approved, rejected or cancelled by the user.</p>	 <table border="1"> <thead> <tr> <th>Status</th> <th>Application Name</th> <th>Reference No.</th> <th>Submitted For</th> <th>Cost (AED)</th> <th>Submitted On</th> </tr> </thead> <tbody> <tr> <td>Approved</td> <td>Register Professional</td> <td>NRD-2019-</td> <td></td> <td>0.00</td> <td>14/02/2019</td> </tr> </tbody> </table>	Status	Application Name	Reference No.	Submitted For	Cost (AED)	Submitted On	Approved	Register Professional	NRD-2019-		0.00	14/02/2019																								
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	<p><b>Verifications and CBT Assessments</b> - list of all verified documents from Dataflow and assessment results from Prometric.</p>	 <table border="1"> <thead> <tr> <th>Status</th> <th>Source</th> <th>Type</th> <th>Document ID</th> <th>Creation Date</th> <th>Updated Date</th> </tr> </thead> <tbody> <tr> <td>Verified</td> <td>Dataflow</td> <td>EducationInformation (Degree)</td> <td></td> <td>06/03/2019</td> <td>20/03/2019</td> </tr> <tr> <td>Verified</td> <td>Dataflow</td> <td>LicenceInformation</td> <td></td> <td>06/03/2019</td> <td>20/03/2019</td> </tr> <tr> <td>Verified</td> <td>Dataflow</td> <td>ExperienceInformation</td> <td></td> <td>06/03/2019</td> <td>20/03/2019</td> </tr> <tr> <td>Verified</td> <td>Dataflow</td> <td>LicenceInformation</td> <td></td> <td>27/02/2019</td> <td>03/03/2019</td> </tr> <tr> <td>Verified</td> <td>Dataflow</td> <td>ExperienceInformation</td> <td></td> <td>27/02/2019</td> <td>03/03/2019</td> </tr> </tbody> </table>	Status	Source	Type	Document ID	Creation Date	Updated Date	Verified	Dataflow	EducationInformation (Degree)		06/03/2019	20/03/2019	Verified	Dataflow	LicenceInformation		06/03/2019	20/03/2019	Verified	Dataflow	ExperienceInformation		06/03/2019	20/03/2019	Verified	Dataflow	LicenceInformation		27/02/2019	03/03/2019	Verified	Dataflow	ExperienceInformation		27/02/2019	03/03/2019
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	<p><b>Notification Centre</b> - (!) alerts represented by a red exclamation point beside your name's initials can be seen here.</p>	 <table border="1"> <thead> <tr> <th>Type</th> <th>Message</th> <th>Timestamp</th> </tr> </thead> <tbody> <tr> <td>Status Update</td> <td>Your Application Reference NRD-2019-XXXXXX for the Register Professional service has been returned.</td> <td>14/02/2019 02:05 PM</td> </tr> <tr> <td>Status Update</td> <td>Your Application Reference NRD-2019-XXXXXX has been approved. Please access your Shergan account to view the application.</td> <td>14/02/2019 02:03 PM</td> </tr> <tr> <td>Information</td> <td>Register Professional Application NRD-2019-XXXXXX Approved! You are required to pass an end assessment.</td> <td>14/02/2019 02:03 PM</td> </tr> <tr> <td>Status Update</td> <td>Your Application Reference NRD-2019-XXXXXX for the Register Professional service has been submitted successfully.</td> <td>14/02/2019 02:02 PM</td> </tr> <tr> <td>Status Update</td> <td>Your Application Reference NRD-2019-XXXXXX for the Register Professional service has been returned.</td> <td>14/02/2019 11:05 AM</td> </tr> </tbody> </table>	Type	Message	Timestamp	Status Update	Your Application Reference NRD-2019-XXXXXX for the Register Professional service has been returned.	14/02/2019 02:05 PM	Status Update	Your Application Reference NRD-2019-XXXXXX has been approved. Please access your Shergan account to view the application.	14/02/2019 02:03 PM	Information	Register Professional Application NRD-2019-XXXXXX Approved! You are required to pass an end assessment.	14/02/2019 02:03 PM	Status Update	Your Application Reference NRD-2019-XXXXXX for the Register Professional service has been submitted successfully.	14/02/2019 02:02 PM	Status Update	Your Application Reference NRD-2019-XXXXXX for the Register Professional service has been returned.	14/02/2019 11:05 AM																		
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	<p><b>Settings</b> - changes in notification preference (SMS/Email), account information (name, email, password, etc.), and personal information (mobile number, address, etc.) can be made here.</p>	 <p>The screenshot shows the 'Account Settings' page. It has a 'Back to Dashboard' link at the top. Under the 'Notifications' section, there are checkboxes for 'Email' and 'SMS' for various categories: Actions, Reminders, Status Updates, Urgent Circulars, Informational Circulars, and Medical Director notifications. All 'Email' checkboxes are checked, while 'SMS' checkboxes are unchecked. There is also a radio button for 'Arabic' under 'Communication language (Email &amp; SMS)'. The 'Account Information' section shows the email address 'dr.license@gmail.com' and a masked password '*****'. A link for 'Edit personal information' is visible at the bottom.</p>
	<p><b>Logout</b> - exit the account.</p>	

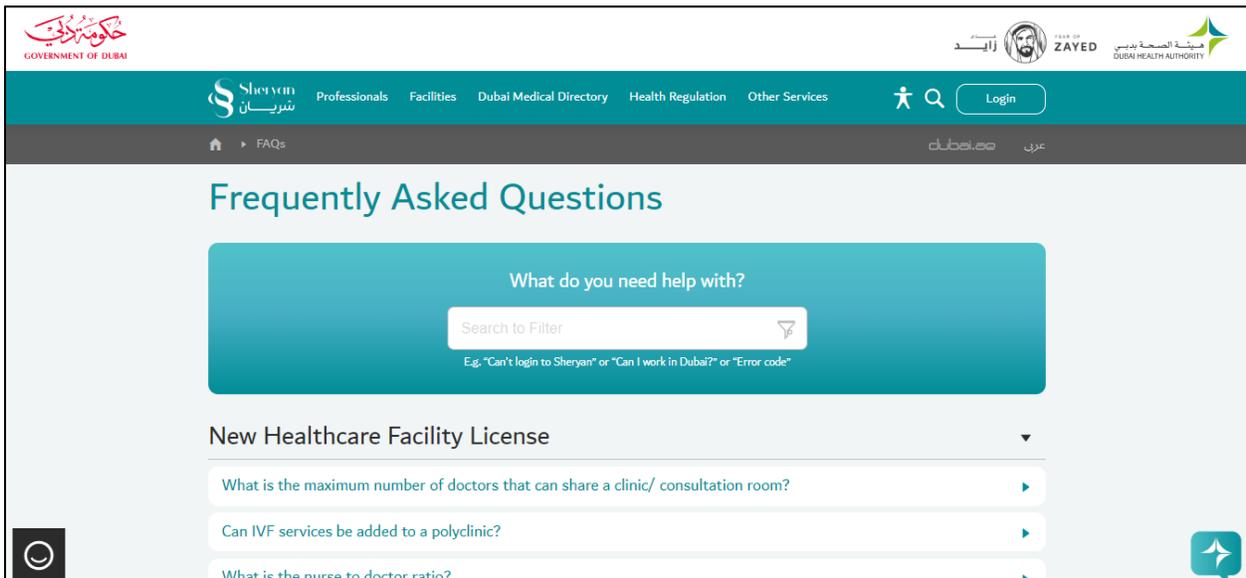
### 3.3 Ask Latifa

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 Wassel Sotak icon on the lower right hand corner of the DHA Sheryan portal.

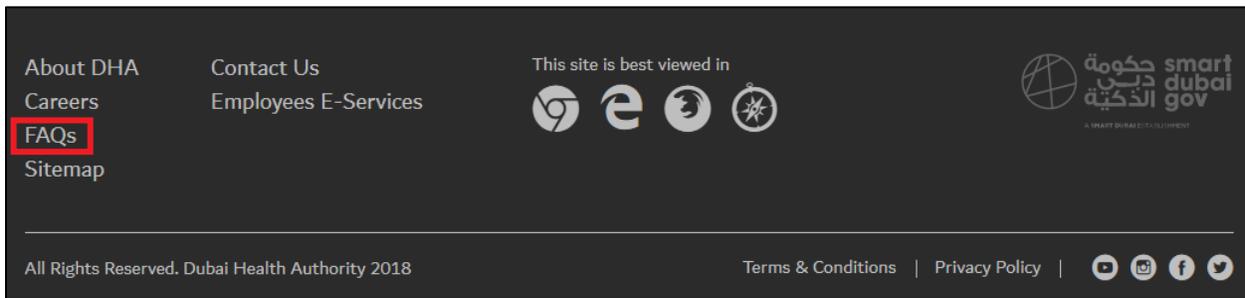


### 3.4 Frequently Asked Questions

An efficient way to gather information is to check the [Frequently Asked Questions/FAQ page](#).

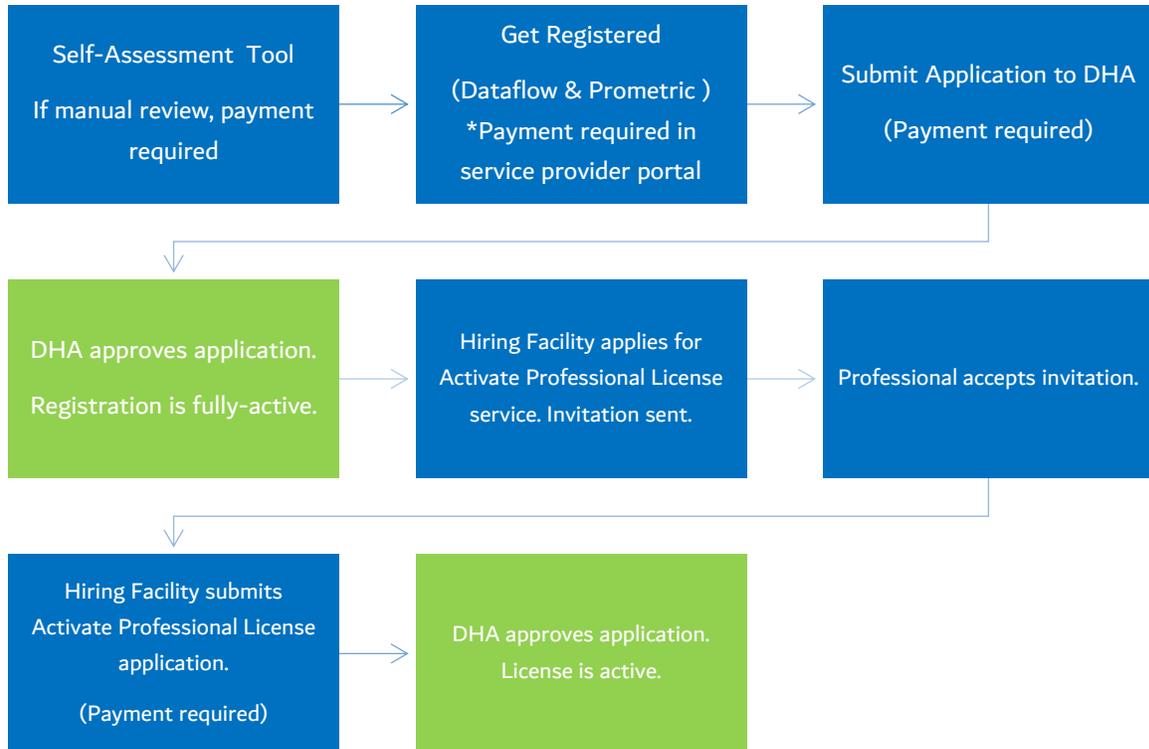


The link can be found at the bottom of the HRS [web page](#).



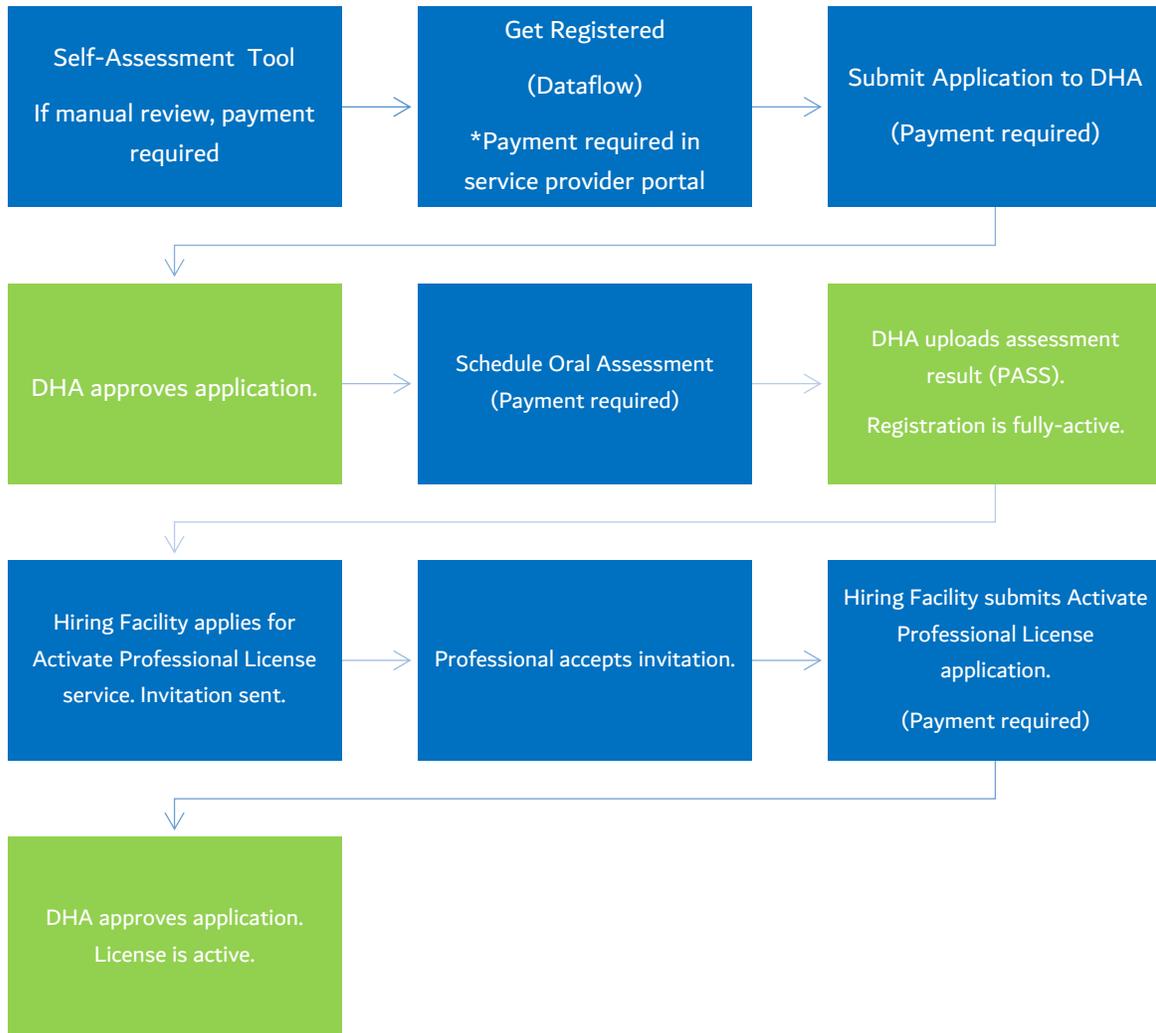
#### 4. Creating an Application for Professional Registration

##### 4.1 Professional Registration Flow Chart: [Computer Based Testing / Prometric](#)



Legend	
	<b>Applicant</b>
	<b>DHA</b>

**4.2 Professional Registration Flow Chart: Oral Assessment**

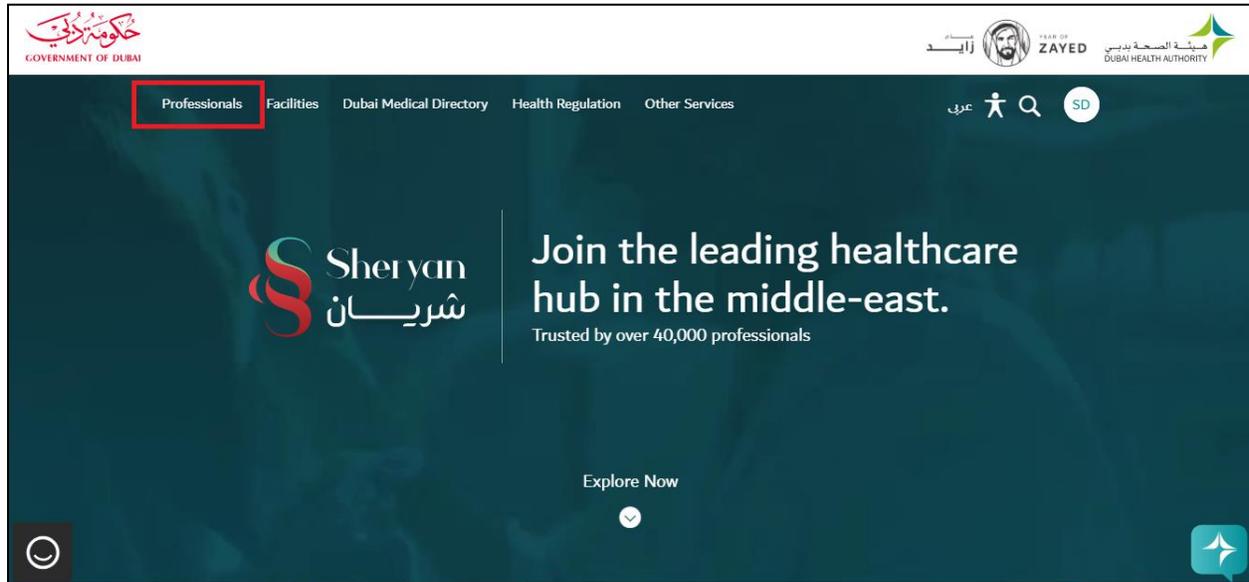


Legend	
	<b>Applicant</b>
	<b>DHA</b>

#### 4.3 Step 1: Self-Assessment Tool

To initiate the process of obtaining a New Registration, the first step is to go through 'Self-Assessment Tool'. It is a smart-tool that checks an applicant's eligibility for a selected title.

- On the DHA Sheryan Portal, click 'Professionals' to access the complete list of services.



- Click on Step 1: Self-Assessment Tool

Professional Services dubai.ae عربي

## Healthcare Professional Services

A career in healthcare in Dubai starts with obtaining a registration then activating it into a license to practice. The Health Regulation Sector of Dubai Health Authority actively assists you with the following:

### New Applicants

Step 1

Self Assessment Tool >

Step 2

Get Registered >

Schedule Oral Assessment >

Step 3

Activate Professional License >

- Scroll down; click 'Launch Tool'.

## Approximate Cost

### Free

\* Free for the automated assessment you're about to do.  
If you request a Manual Review after that however, it will cost AED 200.

---

Knowledge and Innovation Fees will be applied at checkout. This application is only an eligibility check. It does not give you the right to practice.

Launch Tool

- The Self-Assessment tool will launch; answer all questions accurately (e.g. all related education, all related experience, etc.)

## Self Assessment Tool

Tell us about yourself!

Which category are you applying for?

Please Select 



Your category is your healthcare occupation. Please select if you are applying to become a Physician, Dentist, Nurse, Allied Health or Traditional Complementary and Alternative Medicine.

- 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.

## Tell us about yourself!

I am from [United Arab Emirates](#) and I am applying to become a [Physician General Practitioner](#)  
My basic medical degree is from [Dubai Womens College - United Arab Emirates](#) and I graduated on [30/06/2017](#)  
[Yes](#), I completed my internship from [03/09/2017](#) to [03/09/2018](#)  
[No](#), I do not have professional experience in this field..

You can click any of your answers to change them.

[Get Results](#) [Cancel, go back](#)

- **Result: You are not eligible.** If you are certain that you are eligible for the title selected, click on 'Manual Review'. Or 'Edit Your Application'.
- Edit Your Application - allows you to edit the details entered.
- Manual Review - allows you to submit an application that will go through the traditional route (review by a licensing officer). This option requires additional payment.
- **Note:** If you decide on the manual review option, the 'Get Registered' service will be enabled **after** application is approved. Standard fees apply for the 'Get Registered' service even after payment for manual review option.

Professional Services > Verify Professional Qualification Requirement Result

dubai.ae عربي

**✕ You are Not Eligible**

Support Dummy unfortunately you are not eligible to become a [Registered Nurse](#) because your education degree is less than 3 years

If you continue your registration through the [Register Professional](#) service, please note you are at risk of having your application rejected.

This eligibility outcome is an automated response based on the information provided by you in the automated Professional Qualifications Requirements service. The Dubai Health Authority reserves the right to reject your Register Professional application based on the verified documents submitted at the time of your application.

Thank you for using Sheryan.

Only the positions you were eligible for will be carried over to your [Register Professional](#). If you think our automatic assessment of your eligibility is inaccurate, you can choose to [Request a Manual Review](#). Payment will apply.

[Edit Your Application](#)

- **Result: You are eligible,** the below result will appear.

Professional Services > Verify Professional Qualification Requirement Result

dubai.ae عربي

**Professional Qualification Requirement Results**

✉ 🖨️ ⬇️

**✓ you are eligible to become a registered healthcare professional as a General Practitioner!**

You have met the professional healthcare qualification requirements in the United Arab Emirates as a [General Practitioner](#) based on the information you have provided.

Please follow the steps below to complete your registration with the Dubai Health Authority.

🔄

- Scroll down to read the instructions and requirements. At the bottom of the page click on 'Start my Registration'.

Only the positions you were eligible for will be carried over to your [Get Registered](#). If you think our automatic assessment of your eligibility is inaccurate, you can choose to [Request a Manual Review](#). Payment will apply.

[Start My Registration](#) [Go to My Dashboard](#)

- If the approved title is inaccurate, you also have the option to 'Request a Manual Review'.

#### 4.4 Step 2: Get Registered

- Aside from the 'Start My Registration' button, you can create your application from the Dashboard.
- Click Professionals to reach the list of professional services. Click on Step 2: Get Registered. The service guide will open, scroll down and click 'Register Professional'.

## Healthcare Professional Services

A career in healthcare in Dubai starts with obtaining a registration then activating it into a license to practice. The Health Regulation Sector of Dubai Health Authority actively assists you with the following:

### New Applicants

Step 1

[Self Assessment Tool](#) >

Step 2

[Get Registered](#) >

[Schedule Oral Assessment](#) >

Step 3

[Activate Professional License](#) >

To acquire registration, three steps must be completed **before** an application is submitted. You will only be able to submit your application after both Dataflow and the CBT assessment (if required) are completed. **Dataflow and CBT can be done at the same time.**

- **Step 1 of Get Registered: Document Verification** - this is done through the third-party service provider, **Data Flow.**

 **Step 1 of 3: Document Verification**

All documentation required for registration must be certified through our document verification partner, DataFlow. Visit DataFlow and use your Professional ID to connect your account and start verifying the applicable documentation to complete this section. If a document available in DataFlow covers multiple experience and/or education, it should be submitted only once. Please note that you can perform your document verification and Prometric Assessment (if required) in parallel.

- Education
  - Diploma of Nursing or equivalent, 01/06/10, 31/01/14, United Arab Emirates
- Experience : **Assistant Nurse Nursing**
  - Experience Letters : 01/02/14, 27/02/19
  - Medical License : License/Registration for the same experience
  - Good Standing Certificate : Good Standing Letter for the same experience
- Assessment Exemption
  - Nursing exam, Nurse/Assistant Nurse/Nursing

Please enter your DHA Unique ID in Dataflow's Website to begin your document verification process.  
 DHA Unique ID: 71160413

\* Letters are required for any facility/employer you worked with in the past three years.  
 DHA will not be held liable for any disputes with DataFlow.

[Go To DataFlow](#)

- A green tick will appear next to the document verification bubble once the verified documents are received from Dataflow.

 **Document Verification**

All documentation required for registration must be certified through our document verification partner, DataFlow. Visit DataFlow and use your Professional ID to connect your account and start verifying the applicable documentation to complete this section. If a document available in DataFlow covers multiple experience and/or education, it should be submitted only once.

- Education
  - University, 02/02/07
  - License as a specialist awarded by the Ministry for Health, Welfare and Family Affairs, 02/08/12,
- Experience : **Consultant Neurosurgery**
  - Experience Letters : 01/08/12, 05/08/15
  - Experience Letters : 04/04/12, 12/02/19
  - Medical License : License/Registration for the same experience
  - Medical License : License/Registration for the same experience
  - Good Standing Certificate : Good Standing Letter for the same experience
  - Good Standing Certificate : Good Standing Letter for the same experience

DHA Unique ID:  
\* Letters are required for any facility/employer you worked with in the past three years.  
 DHA will not be held liable for any disputes with DataFlow.

[View Documents](#) 6 Documents available. Last received on Feb 12, 2019

- **Step 2 of Get Registered: CBT Assessment** - this is done through the third-party service provider, **Prometric**.

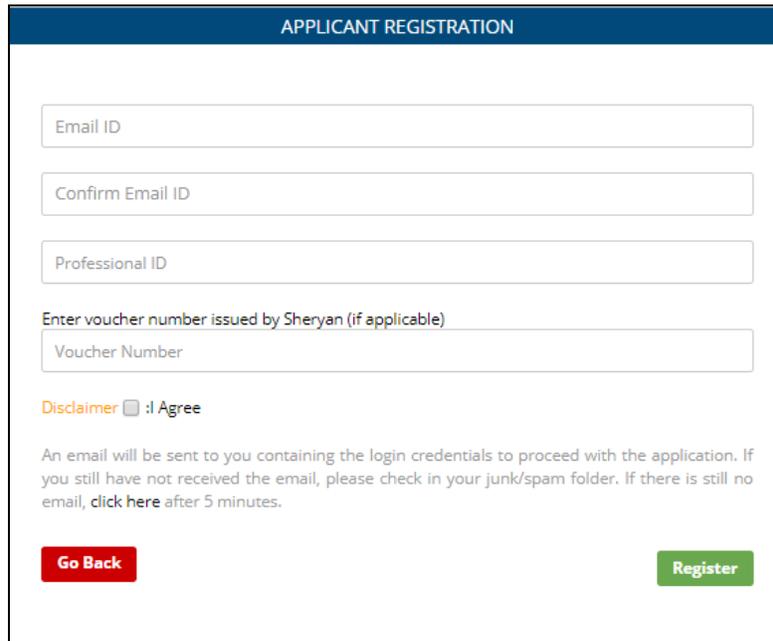
The screenshot shows a web interface for 'Step 2 of 3: CBT Assessment Nursing exam'. It includes a play button icon on the left. The main text explains that users must ensure their identification (passport number) is consistent with Prometric and DHA. It provides a link to the assessment exemption policy and instructions on how to select a reason for exemption from a dropdown menu. Below this, it displays the user's DHA Unique ID (71160413) with a 'Copy ID' link, the assessment name ('Nursing exam'), and the assessment type ('CBT'). A list of four steps is provided: 1. Click 'Generate Eligibility' on the Prometric website. 2. Enter DHA Unique ID and position details. 3. Generate the Prometric Eligibility ID. 4. Use the ID for scheduling. At the bottom, a green button labeled 'Go To Prometric' is highlighted with a red border.

- If you are exempt from the assessment based on the policy (link provided in the application), click on the dropdown menu and select the reason.
- You will be required to submit verified assessment exemption evidence once you reach Step 3: Application Form.
- **Step 3 of Get Registered: Application Form** - The button 'Open Form' will be active once steps 1 and 2 are completed.

The screenshot shows a web interface for 'Step 3 of 3: Application Form'. It features a play button icon on the left. The main text instructs users to 'Link and confirm your verified documents to complete your registration form.' Below this, the cost is listed as 'AED 200'. At the bottom, a green button labeled 'Open Form' is highlighted with a red border.

#### 4.5 Go to Dataflow

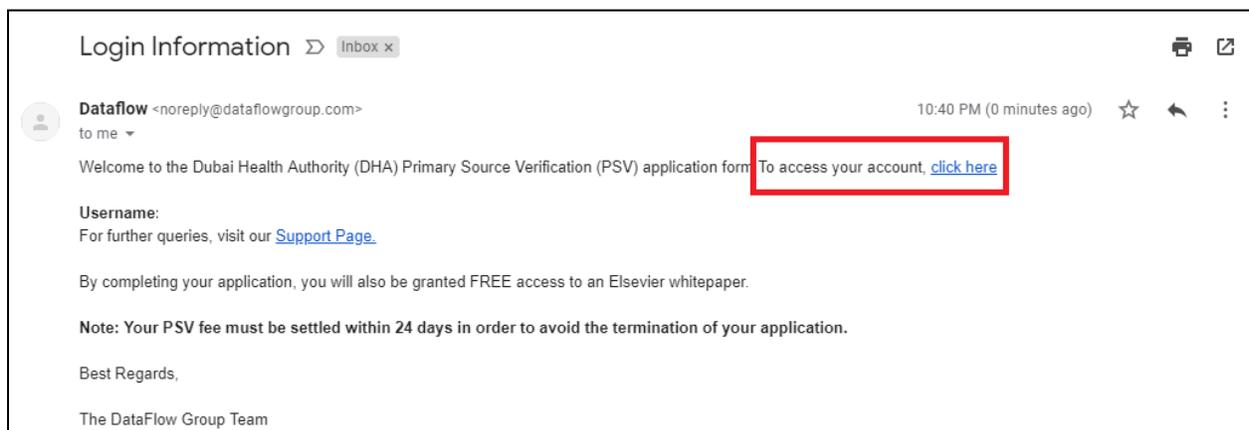
- Applicants can either click 'Go to Dataflow' from the registration page of their DHA Sheryan account. Or register directly by going to the Dataflow [portal](#).
- Register with your email id, unique ID, and if applicable, the voucher number (for DHA/Government staff).
- **Note:** Dataflow accounts from other authorities are not recognized in the DHA-Dataflow portal.



The screenshot shows a registration form titled "APPLICANT REGISTRATION". It contains the following fields and elements:

- Email ID
- Confirm Email ID
- Professional ID
- Enter voucher number issued by Sheryan (if applicable)
- Voucher Number
- Disclaimer  :I Agree
- Text: "An email will be sent to you containing the login credentials to proceed with the application. If you still have not received the email, please check in your junk/spam folder. If there is still no email, [click here](#) after 5 minutes."
- Buttons: "Go Back" (red) and "Register" (green)

- To complete the registration, an email will be sent to your registered email id. Follow the instructions and click the link as shown below.



- Create your password.

### CHANGE PASSWORD

Your Password has been successfully changed. Kindly logout and login again.

New Password

Confirm Password

[Previous](#) [Submit](#)

- Login to your account in the Dataflow portal.

### LOGIN

Welcome to The DataFlow Group portal for Dubai Health Authority. Please enter your login credentials to begin.

[Forgot password?](#)

I'm not a robot  [Privacy - Terms](#)

Success!

[Login](#)

New user? [Register here.](#)

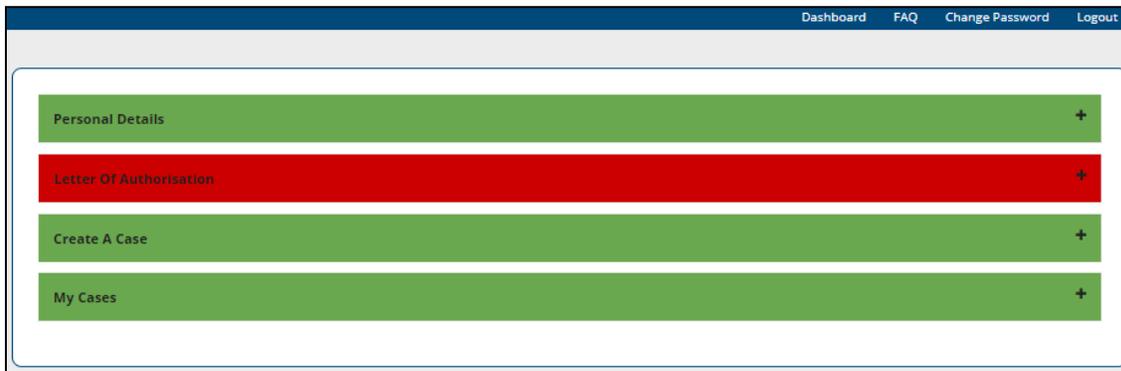
- Enter your personal details to proceed. Click 'Save and Next'.

The screenshot shows a web form titled "Please enter your Personal Details" on the Dataflow dashboard. The form includes the following fields:

- First/Given Name\* (text input)
- Middle Name (text input)
- Surname/Family Name\* (text input)
- Maiden Name (text input)
- Gender\* (dropdown menu: Select Gender)
- Date Of Birth\* (calendar icon)
- Identity Type\* (dropdown menu: Select Identity Type)
- Identity Card Number\* (text input)
- Current Passport Number\* (text input)
- Country Of Birth\* (dropdown menu: Select Country)
- Country Code\* (dropdown menu: Afghanistan (+93))
- Mobile number (excluding country code and leading zeros)\* (text input)
- Current Country of Residence\* (dropdown menu: Select Country)
- Nationality\* (dropdown menu: Select Nationality)
- Registered Email ID\* (text input: jeffrrafael@gmail.com)
- Copy of Passport ID page.\* (text input with an "Upload" button and a red "X" icon)

At the bottom right of the form is a green "Save and Next" button.

- Go to the Dataflow Dashboard. Click on the (+) icon for 'Letter of Authorization'. Download, print, fill-up, scan and upload the letter.

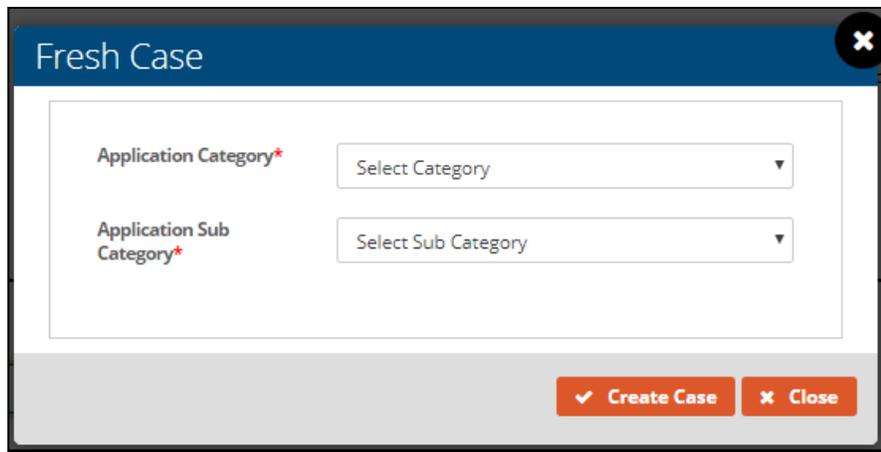


- Click on the (+) for 'Create A Case'.



Case Type	Description
<b>Create a new Dataflow case</b>	Fresh applicants without any existing Dataflow/PSV reports.
<b>Transfer a previous Dataflow case</b>	Applicants with Dataflow report previously issued by DHA or another authority (ex. MOH, HAAD, etc.)
<b>Raise an Appeal against a previous Dataflow case</b>	Applicants with negative or unable to verify Dataflow reports.

- Create a new Dataflow case



- After selecting the category and sub-category, you can 'Choose a Service'.

### Premium Services

Service offered	Features	Cost (AED)	Choose a Service
Regular	Processes your case in 24 working days.	935.00	<input checked="" type="checkbox"/>
Express	Fast-track your application with a completion time as fast as 14 working days at a premium of 495.45 AED.	1430.45	<input type="checkbox"/>
Applicant Assist	Complete your submission in just 15 minutes with the help of one of our Applicant Assistants at a premium of 146.80 AED.	1081.80	<input type="checkbox"/>
Express + Applicant Assist	Fast tracks your application with a turnaround time of as fast as 14 working days and helps you to complete application submission in just 15 minutes using Express + Applicant Assistants at a premium of 642.25 AED.	1577.25	<input type="checkbox"/>

[Go Back](#)
[Dashboard](#)
[Next >](#)

- All documents mentioned in the Self-Assessment result need to be submitted to Dataflow for verification.
- If you fail to submit the required documents for Dataflow, your application will be rejected.

Education
Health License
Employment
Certificate of Good Standing
Log Book
Review of Application

### Please enter your education details

Issuing Authority Name *	<input type="text"/>	Issuing Authority Address	<input type="text"/>	Issuing Authority City *	<input type="text"/>
Issuing Authority State	<input type="text"/>	Issuing Authority Country *	Select Country ▼	Issuing Authority PhoneType	Select Phone Type ▼
Issuing Authority Country STD Code	<input type="text"/>	Issuing Authority Telephone Number	<input type="text"/>	Issuing Authority Email	<input type="text"/>
Issuing Authority Website	<input type="text"/>	Qualification Attained*	Degree ▼	Applicants Name As Per Document*	<input type="text"/>
College Or Institution Name*	<input type="text"/>	Qualification Type*	Select Qualification Type ▼	Mode Of Study*	Select Mode Of Study ▼
Major Subject*	<input type="text"/>	Minor Subject	<input type="text"/>	Roll Or Seat Or Ticket Number	<input type="text"/>
Period Of Study From*	<input type="text"/>	Period Of Study To*	<input type="text"/>	Qualification Conferred Date*	<input type="text"/>
Degree Issue Date*	<input type="text"/>	Expected Degree Issue Date*	<input type="text"/>		
Professional qualifications- Certificate/Diploma/Degree/Post graduate (copy of original certificate(s)) *	<input type="button" value="Upload"/> <input type="button" value="X"/>				
Mark Sheet / Transcript	<input type="button" value="Upload"/> <input type="button" value="X"/>				

[Previous](#)
[Dashboard](#)
[Clear](#)
[Add Another Education](#)
[Next >](#)

<b>Component</b>	<b>Requirement</b>	<b>Mandatory/If Applicable</b>	<b>Package</b>
Education	Basic Education + Specialty Certificates (if applicable)	Mandatory	Yes. (refer to verification fees below)
Health License	License/Registration	Mandatory	Yes (refer to verification fees below)
Employment	Experience letters	Mandatory	Yes. (refer to verification fees below)
Certificate of Good Standing	Must state there are no derogatory records against your registration to practice.	If applicable	No. Additional Document. (refer to verification fees below)
Log Book	Required for professionals with surgical specialties.	If applicable	No. Additional Document. (refer to verification fees below)
Review of Application	Check if all details and documents are correct.		N/A

- After the required information is filled and documents are uploaded, the verification fees page will appear. Click 'Make Payment' button and complete the payment.

Additional Document Verification Charges: Education - AED 300; Employment - AED 300; Health License - AED 300				
Verification Fees* details are:				
Category	Sub Category	Case Type	Content	Fee
Physician	General Physician	New Case	<b>1)Educational Qualification:</b> Basic Qualification as per Client. <b>2)License:</b> As directed by Client or Last working Country / City Health License. <b>3)Experience:</b> 5 Years Employment Details or as per Client.	1235 AED
	Physician Specialist		<b>1)Educational Qualification:</b> Basic Qualification and Highest Qualification or As per Client. <b>2)License:</b> As directed by Client or Last working Country / City Health License. <b>3)Experience:</b> 5 Years Employment Details or as per Client.	
Nurse & Allied Health Care	Nurse & Allied Health Care	New Case	<b>1)Educational Qualification:</b> Basic Qualification as per Client. <b>2)License:</b> As directed by Client or Last working Country / City Health License. <b>3)Experience:</b> 3 Years Employment Details or as per Client.	935 AED
Additional Documents	1) One additional education qualification			300 AED
	2) One Good Standing Certificate			300 AED
	3) One Surgical log book			300 AED
	4) One Additional Professional license			300 AED
	5) Additional employment screening. Also applicable if applicant has more than TWO employers			300 AED
Report transfer	Report transfer fee from other authorities, plus charges for additional documents if necessary as per DHA regulations			200 AED

**Note: Please note that the case will not be processed till the amount has been transferred to our account**

Category	<input type="text" value="Non-Physician"/>
Sub-Category	<input type="text" value="Nursing and Allied Health"/>
Applying For	<input type="text" value="Fresh Case"/>
DHA Reference Number	<input type="text" value="DHA17220190034269478"/>
Data Flow Reference Number	<input type="text" value="4652"/>
Net Amount	<input type="text" value="1235.00"/>
VAS (Value Added Service for SMS notification)	<input type="text" value="9.54"/>
VAT Amount	<input type="text" value="62.23"/>
Gross Amount	<input type="text" value="1307"/>

Please keep me frequently updated with my case progress via SMS for an additional AED 10.

Applicant Mobile Number\*

Please Validate Your mobile Number to make payment or uncheck the box for proceed.

- After payment, go back to the dashboard. The application ID, barcode, status and receipt can be viewed here.
- Fresh cases will be completed within twenty four (24) working days from the date the confirmation mail is received from Dataflow. The status must be COMPLETED for the report to be linked to the DHA Sheryan account.

**My Cases**

Application ID	DF Case Ref No	CaseType	Category	Status	SubmissionDate	Action	Additional	Re-Verification	Receipt
DHA12345678911234567	D001-1234-5678910	Additional	Non-Physician	WIP	22 Jan 2019	View	Initiate Additional Case	NA	Download
DHA12345678911234567	D001-1234-5678910	Report Transfer		WIP	22 Jan 2019	View	Initiate Additional Case	NA	Download

- Transfer a previous Dataflow case. Enter your Dataflow barcode and click on 'Add Case'.

**Create A Case**

Transfer a previous DataFlow case

Previous Case Number: XXXX-XXXX-XXXXXX, XXXX-XX-XX-XXXXXX or XXXX-XX-XXXX-XXXX

**Add Case**

Need help finding your old case numbers? Use [www.dataflowstatus.com](http://www.dataflowstatus.com) to search for your old case numbers.

Report Transfer cases from a report which is older than 1-October 2017 will incur a AED100 fee for previous DHA reports; 200AED for non-DHA reports.

- If you do not know your barcode, go to the [portal](#) for options to determine the barcode.

  
DATAFLOW

**Check verification status and download report**

Search by DataFlow Case Number <sup>?</sup> Search by Reference Number <sup>?</sup>

Client Name

Client Reference Number  and Passport Number

**Check Status**

- Tick on the corresponding box to select the component you want to link to your DHA Sheryan account. A transfer fee is applicable except for **DHA** Dataflow reports issued on/after October 2017.
- **Note:** If your report has more components than the standard package, you may be required to submit more than one (1) transfer request. Transfer fees apply for each request.

Case Number to be Transferred : **D001-**

SrNo	Case Ref No.	Check Name	Client	Completed On	Include?	View
1	D001-	Education1	Dubai Health Authority	03/09/2018	<input type="checkbox"/>	<a href="#">View</a>
2	D001-	Education2	Dubai Health Authority	03/09/2018	<input type="checkbox"/>	<a href="#">View</a>
3	D001-	Health License1	Dubai Health Authority	03/09/2018	<input type="checkbox"/>	<a href="#">View</a>
4	D001-	Employment1	Dubai Health Authority	03/09/2018	<input type="checkbox"/>	<a href="#">View</a>

Service	Charge (AED)
Transfer Charges	0.00
Value Added Tax 5%	0.00
<b>TOTAL</b>	<b>0.00</b>

**Need to add a document for verification?**  
Please complete and submit this report transfer case then head over to My Cases to add an additional document.

[Reset](#) [Create Case](#)

- Transfer cases will be completed within five (5) working days from the date the confirmation mail is received from Dataflow. The status must be COMPLETED for the report to be linked to the DHA Sheryan account.
- After the report is transferred, it will be available in your DHA Sheryan account under 'Verifications and CBT Assessments' and in your application.

### Verifications and CBT Assessments

< Go To Dashboard

Type to filter

Status	Source	Type	Document ID	Creation Date	Updated Date	
Verified	DataFlow	EducationInformation (Degree)		16/03/2019	20/03/2019	>
Verified	DataFlow	LicenseInformation		16/03/2019	20/03/2019	>
Verified	DataFlow	ExperienceInformation		16/03/2019	20/03/2019	>
Verified	DataFlow	LicenseInformation		27/02/2019	03/03/2019	>
Verified	DataFlow	ExperienceInformation		27/02/2019	03/03/2019	>

### Step 1 of 2: Document Verification

All documentation required for registration must be certified through our document verification partner, DataFlow. Visit DataFlow and use your Professional ID to connect your account and start verifying the applicable documentation to complete this section. If a document available in DataFlow covers multiple experience and/or education, it should be submitted only once. Please note that you can perform your document verification and Prometric Assessment (if required) in parallel.

- Education
  - Bachelor of Nursing or equivalent, 15/04/04, 15/04/08, Philippines
- Experience | Registered Nurse -Nursing
  - Experience Letters : 20/02/16, 22/01/19
  - Medical License : License/Registration for the same experience
  - Good Standing Certificate : Good Standing Letter for the same experience

Please enter your DHA Unique ID in Dataflow's Website to begin your document verification process.

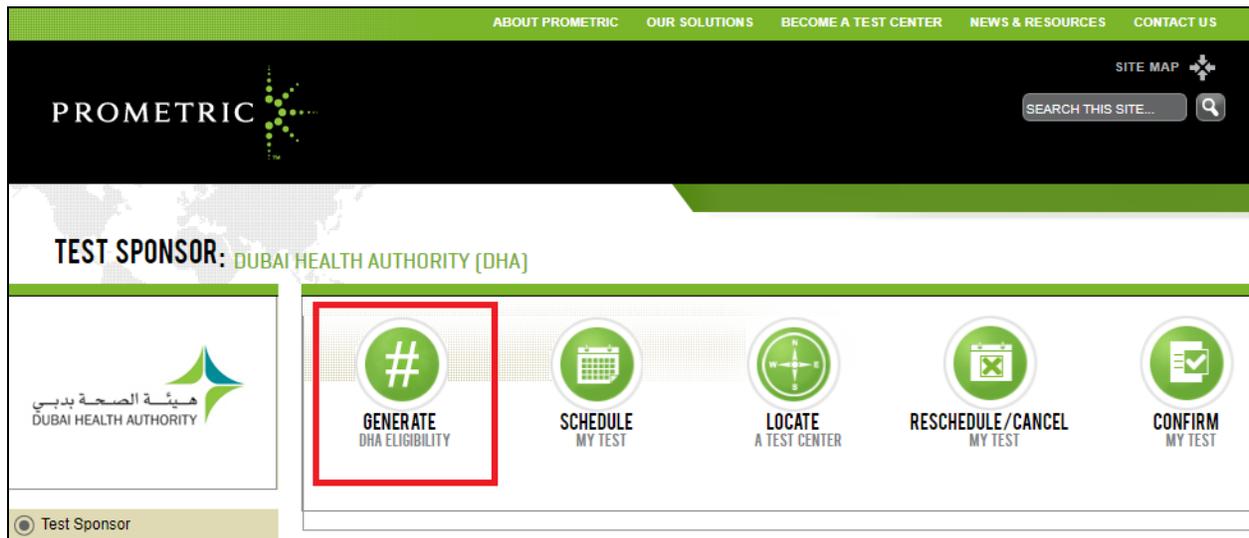
DHA Unique ID:  
\* Letters are required for any health employer you worked with in the past three years. DHA will not be held liable for any disputes with DataFlow.

[View Documents](#) 7 Documents available. Last received on Mar 20, 2019

#### 4.6 Go to Prometric

Applicants required to pass a Computer Based Test (CBT) through Prometric, can book their assessment by clicking 'Go to Prometric' or directly go to the [Prometric portal](#).

- Generate the DHA Eligibility Number. You must generate a new Eligibility Number for each attempt.



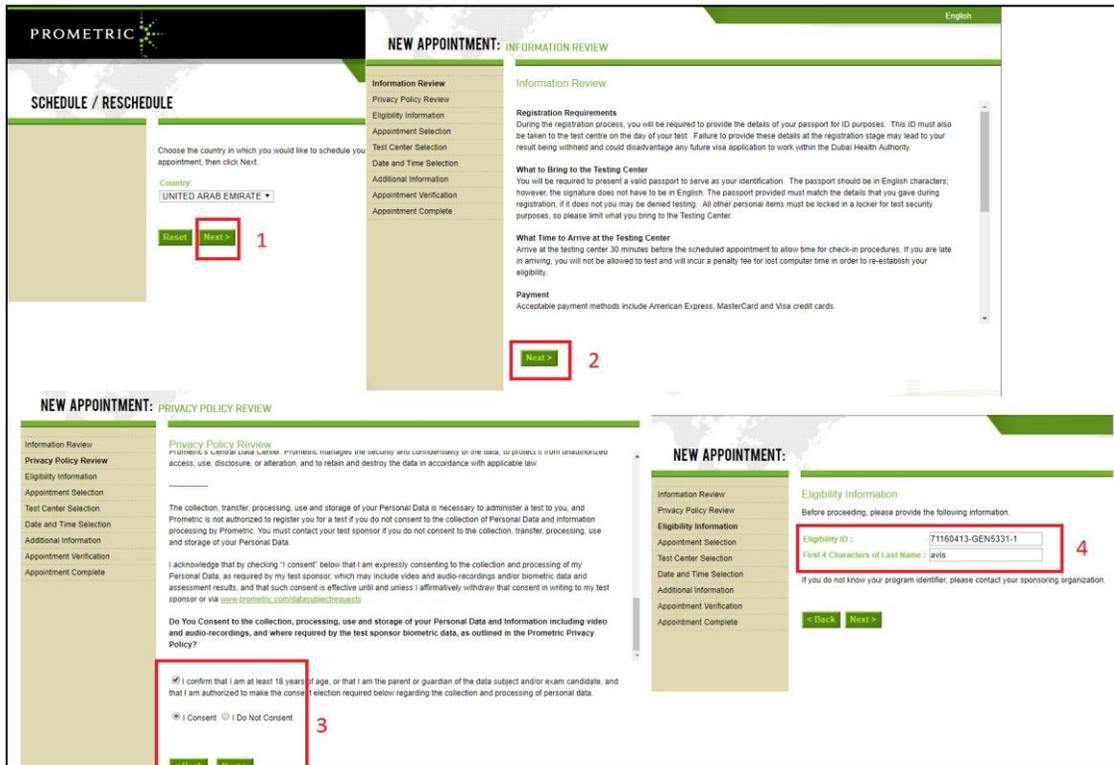
- Type the unique ID and fill categories required.

The screenshot shows a web browser window with the title 'Generate DHA CBT Eligibility Number - Google Chrome'. The URL is 'https://services.dha.gov.ae/sheryan/prometricEligibility/cbt-eligibili...'. The page content includes the heading 'Generate DHA CBT Eligibility Id' and a prompt: 'Please enter your DHA Unique ID, if you don't have it, then you can find it from [here](#)'. Below this, there is a text input field for 'DHA Unique ID' containing the value '71160413'. Further down, there is a section titled 'Please enter the position you want to be examined for' with three dropdown menus: 'Category' set to 'Physician', 'Title' set to 'General Practitioner', and 'Speciality' set to 'General Medicine'. A green 'Generate' button is located at the bottom right of the form area.

- Copy the eligibility number and click 'Schedule'.

The screenshot shows the 'Thank you' page of the web application. The heading is 'Thank you' in green. Below it, the text reads 'Your Assessment Eligibility Id is' followed by the ID number '71160413-GEN5331-1' in bold. A section titled 'Please ensure the following:' contains two bullet points: 'You save this assessment eligibility ID, as you will need this in your CBT assessment application.' and 'You are using the same passport details in your CBT assessment and DHA applications.' Below this, there is a prompt: 'Please click on Schedule to proceed to the next steps.' At the bottom, there are two green buttons: 'Print' on the left and 'Schedule' on the right.

- Follow the instructions on the Prometric site, schedule and pay for the assessment.



- After the result is posted, it will be available in your DHA Sheryan account under 'Verifications and CBT Assessments' and in your application.

Status	Source	Type	Document ID	Creation Date	Updated Date
Pass	Prometric	CBT Verified Record	79081	10/02/2019	10/02/2019

**Step 2 of 3: CBT Assessment Nursing exam**

Visit Prometric and Use your Professional ID to register for your assessment. Please ensure the identification (i.e., passport number) used with Prometric is the carried through your entire application with DHA - any discrepancies with identification may result in returned or rejected applications Review the assessment exemption policy [here](#) and your PQR results. Check the box if you are exempt from assessment. You will be required to PSV assessment exemption evidence and submit in your Register Professional application.

DHA Unique ID : 77234386 [Copy ID](#)

Assessment Name : Nursing exam

Assessment Type : CBT

Assessment Date : Feb 10, 2019

Assessment Result : Pass

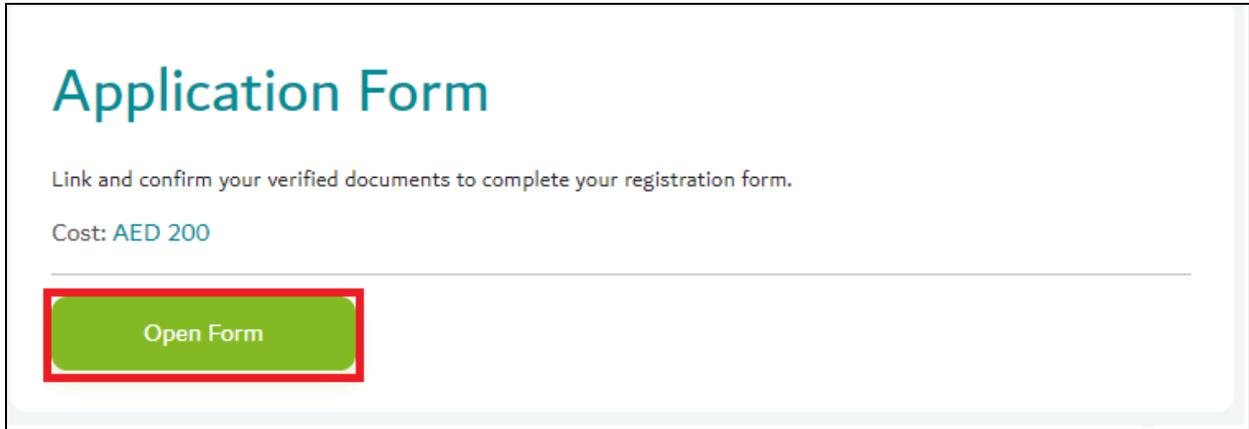
Assessment Expiry Date : Feb 10, 2019

[Unlink Assessment Results](#)

[Go To Prometric](#) Link would open in a new tab.

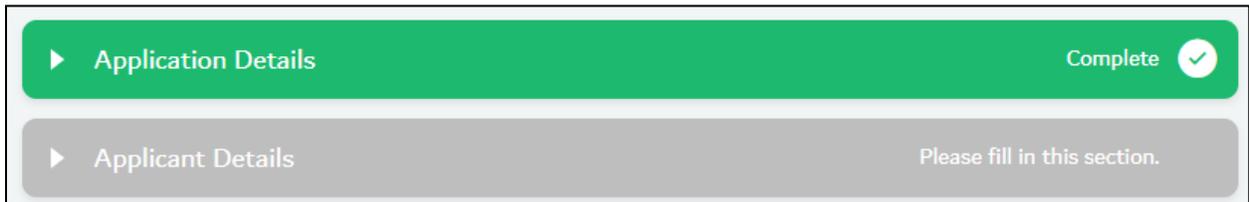
#### 4.7 Open Form

- After passing the assessment and once Dataflow report is ready, the 'Open Form' button at the bottom of the registration page is activated.



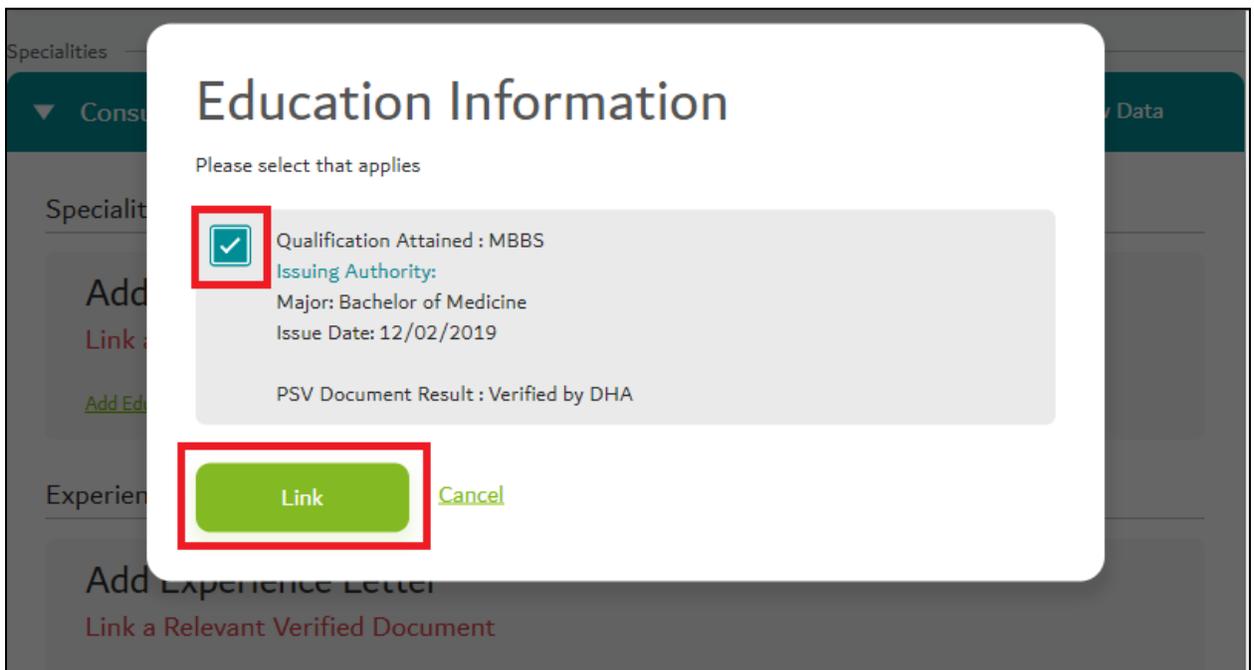
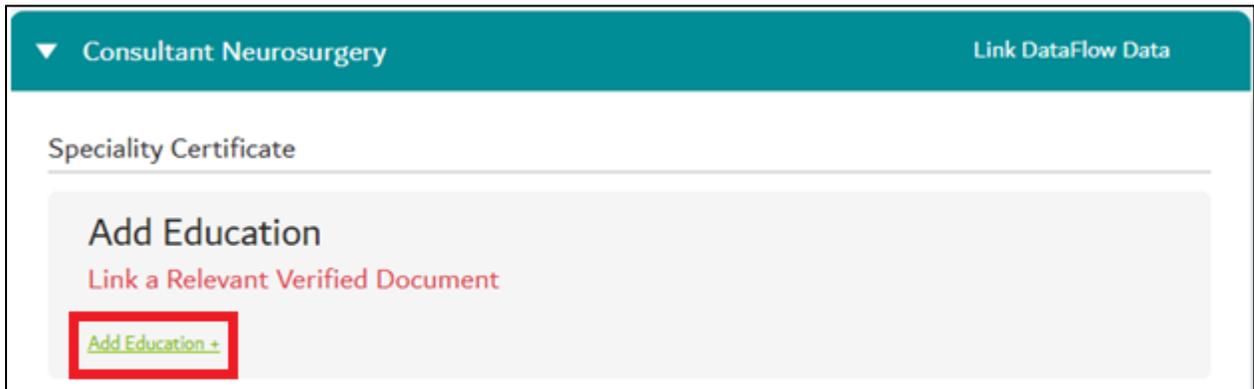
The screenshot shows a registration page titled "Application Form". Below the title, there is a sub-header: "Link and confirm your verified documents to complete your registration form." Below that, the cost is listed as "Cost: AED 200". At the bottom of the page, there is a green button labeled "Open Form" which is highlighted with a red border.

- Fill up the application form with up-to-date information and documents. Each section must be confirmed. The section becomes green once the required information is filled.



The screenshot shows a progress bar with two sections. The top section is green and labeled "Application Details" with a right-pointing triangle icon on the left and the word "Complete" followed by a checkmark icon on the right. The bottom section is grey and labeled "Applicant Details" with a right-pointing triangle icon on the left and the text "Please fill in this section." on the right.

- Link the required components from your PSV report in the correct sections of your application.



- Confirm each section until the button 'Review Form' appears at the bottom of the page. Click 'Review Form', check the information on the form and click 'Submit'.

## 4.8 Oral Assessment

- Applicants required to pass an oral assessment must first acquire a full and positive Dataflow/PSV report.
- Once the report is available, you will have the option to submit application (Get Registered.)
- This application will be forwarded to DHA for review. Upon approval, the option to schedule the oral assessment will become available.



### Step 1 of 2: Document Verification

All documentation required for registration must be certified through our document verification partner, DataFlow. Visit DataFlow and use your Professional ID to connect your account and start verifying the applicable documentation to complete this section. If a document available in DataFlow covers multiple experience and/or education, it should be submitted only once. Please note that you can perform your document verification and Prometric Assessment (if required) in parallel.

- Education
  - Bachelor of Nursing or equivalent, 15/04/04, 15/04/08, Philippines
- Experience : Registered Nurse Nursing
  - Experience Letters : 20/02/16, 22/01/19
  - Medical License : License/Registration for the same experience
  - Good Standing Certificate : Good Standing Letter for the same experience

Please enter your DHA Unique ID in Dataflow's Website to begin your document verification process.  
DHA Unique ID:

\* Letters are required for any facility/employer you worked with in the past three years.  
DHA will not be held liable for any disputes with DataFlow.

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[View Documents](#) 7 Documents available. Last received on Mar 20, 2019

### Step 2 of 3: Application Form

Your application has been processed successfully

---

[View Application](#) Reference no. NRG-2019-

### Step 3 of 3: Application Form

#### Oral Assessment

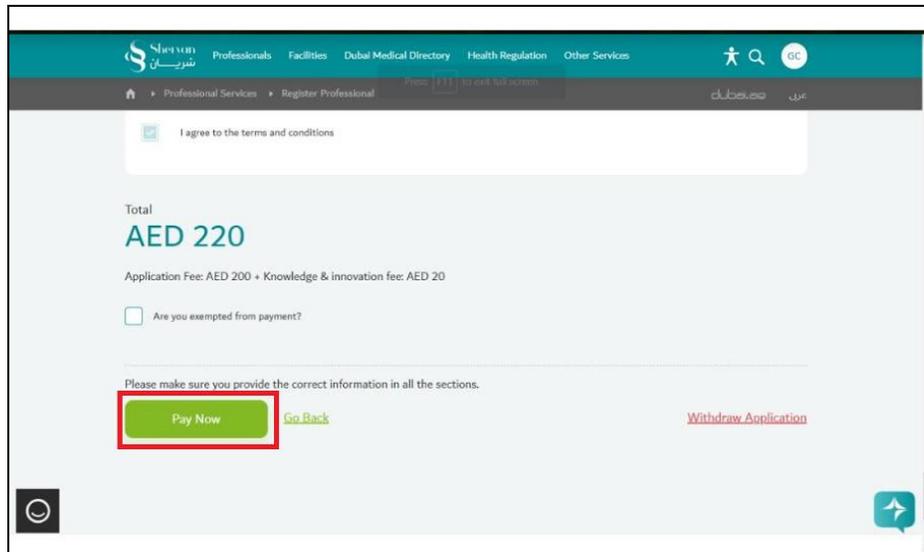
Assessment Name: Neurosurgery  
Assessment ID:  
Schedule Expiry Date: May 15, 2019

---

[Schedule Assessment](#)

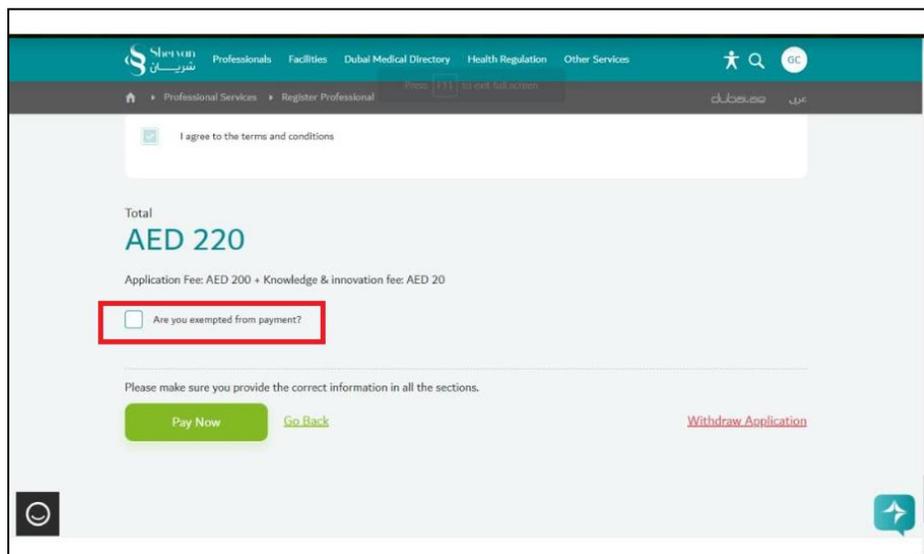
#### 4.9 Payment

- Click 'Pay Now' to make the payment through Dubai Smart Government - Epay. Please use a valid credit card.



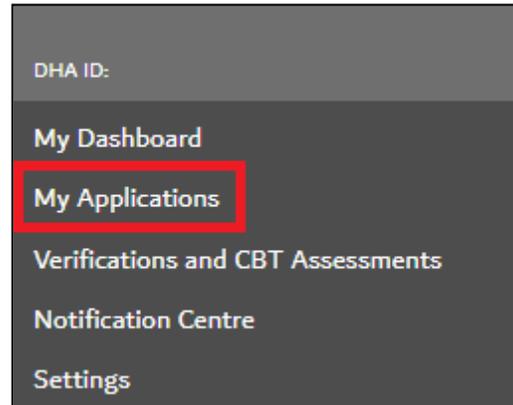
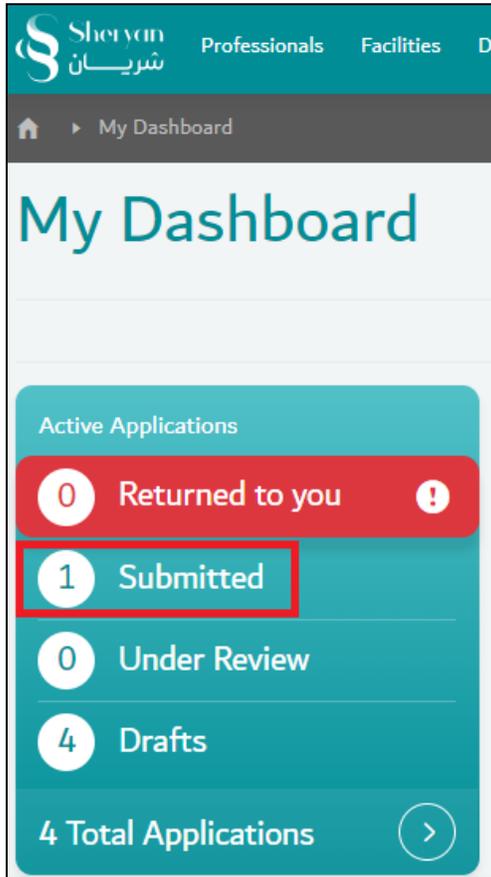
The screenshot shows the 'Register Professional' payment page. At the top, there is a navigation bar with the logo and menu items: Professionals, Facilities, Dubai Medical Directory, Health Regulation, and Other Services. Below the navigation bar, there is a breadcrumb trail: Professional Services > Register Professional. The main content area features a 'Total' amount of AED 220, with a breakdown: Application Fee: AED 200 + Knowledge & innovation fee: AED 20. There is a checkbox labeled 'Are you exempted from payment?' which is currently unchecked. Below this, a green 'Pay Now' button is highlighted with a red box. Other buttons include 'Go Back' and 'Withdraw Application'. A warning message states: 'Please make sure you provide the correct information in all the sections.'

- 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.



This screenshot is identical to the one above, but the 'Are you exempted from payment?' checkbox is now checked and highlighted with a red box. The 'Pay Now' button is no longer highlighted.

- Check if the application is submitted successfully through My Dashboard or My Applications.

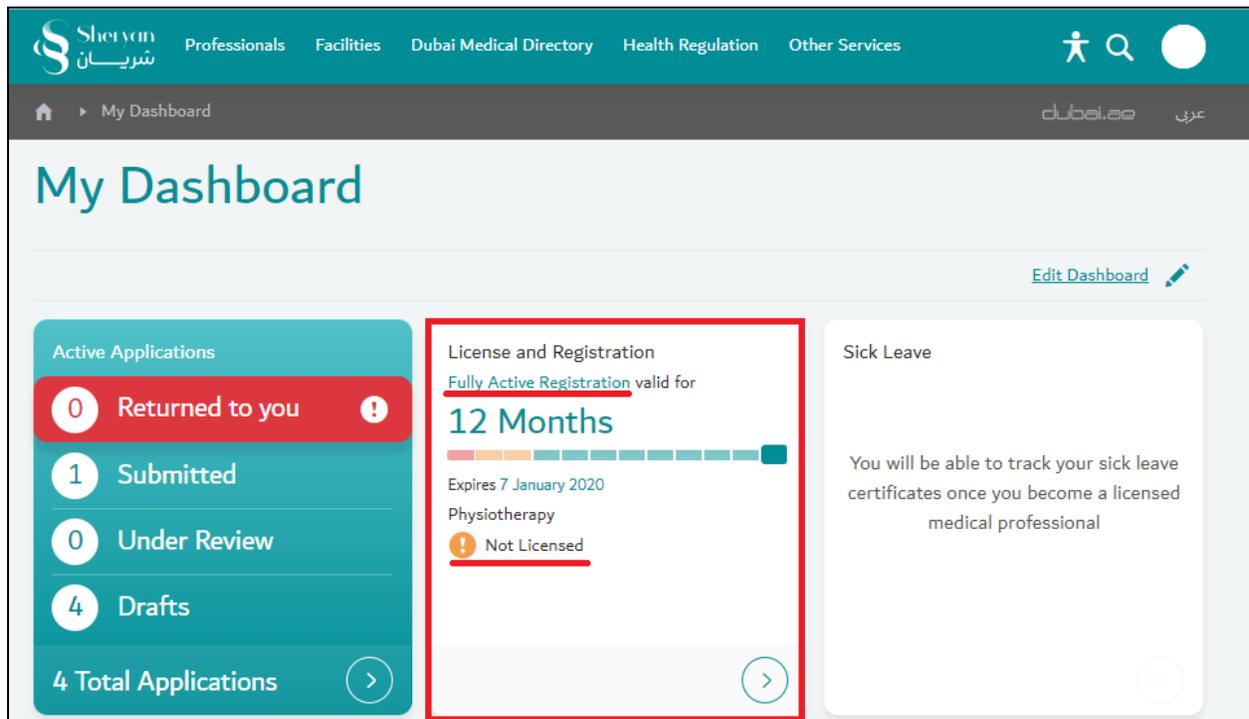


## 5. Active Registration

DHA will review the application after submission. Once approved, the applicant will acquire an active registration valid for one year/twelve months.

This is not a license, but a registration to confirm that the applicant is eligible for the title and can find a DHA licensed hiring facility.

The unique ID must be shared to the hiring facility for license activation.



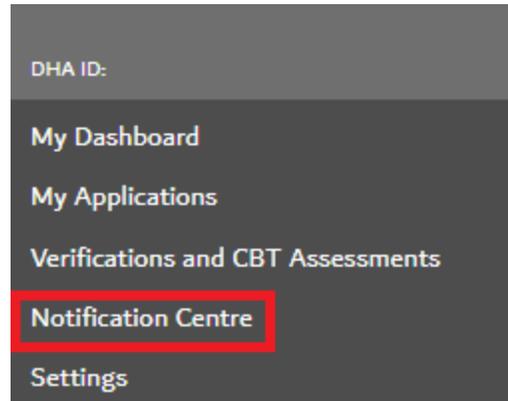
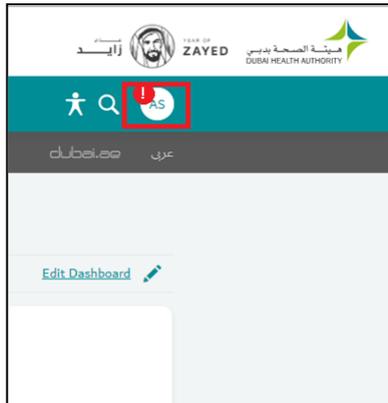
The screenshot displays the 'My Dashboard' interface. At the top, there is a navigation bar with the Sheryan logo and menu items: Professionals, Facilities, Dubai Medical Directory, Health Regulation, and Other Services. Below the navigation bar, there is a header area with 'My Dashboard' and a search icon. The main content area is titled 'My Dashboard' and includes an 'Edit Dashboard' link. The dashboard is divided into three main sections: 'Active Applications', 'License and Registration', and 'Sick Leave'. The 'Active Applications' section shows a list of application statuses: 0 Returned to you, 1 Submitted, 0 Under Review, and 4 Drafts, with a total of 4 applications. The 'License and Registration' section, highlighted with a red border, shows 'Fully Active Registration valid for 12 Months' and 'Expires 7 January 2020'. It also indicates 'Physiotherapy' and 'Not Licensed'. The 'Sick Leave' section contains text about tracking sick leave certificates.

### 5.1 Step 3: Activating a Professional License

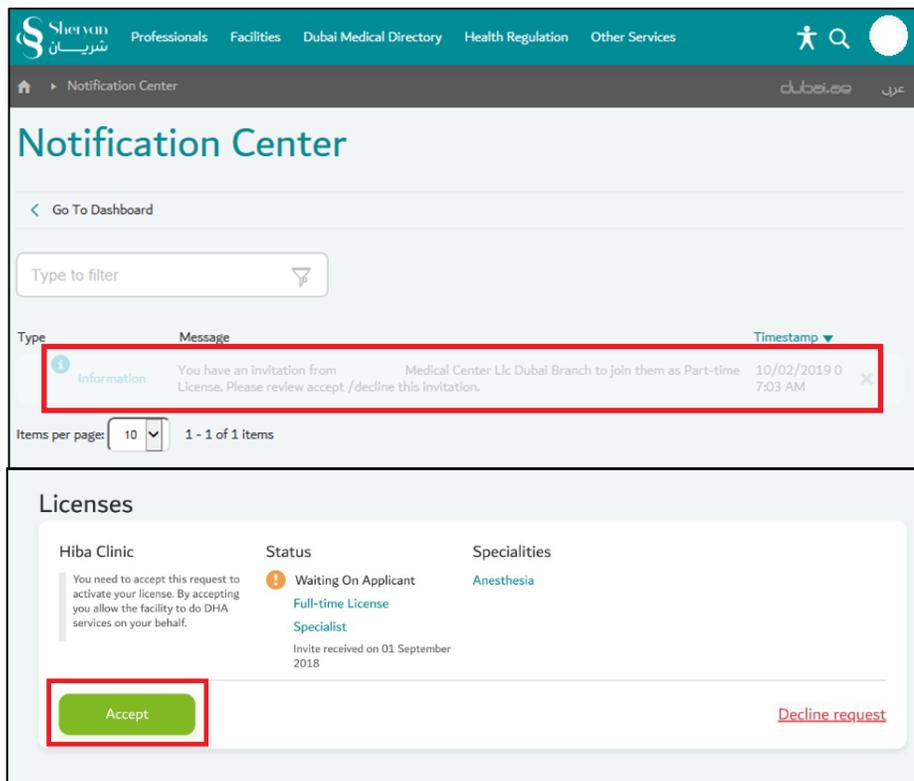
The process of activating a license begins with the hiring facility's account. The facility must use the 'Activate Professional License' service to be able to activate a professional license. An invitation to join the facility will be sent to the professional's account.

## 6. Accepting an Invitation

- Open the menu (white circle) with notification alert. Go to Notification Centre.

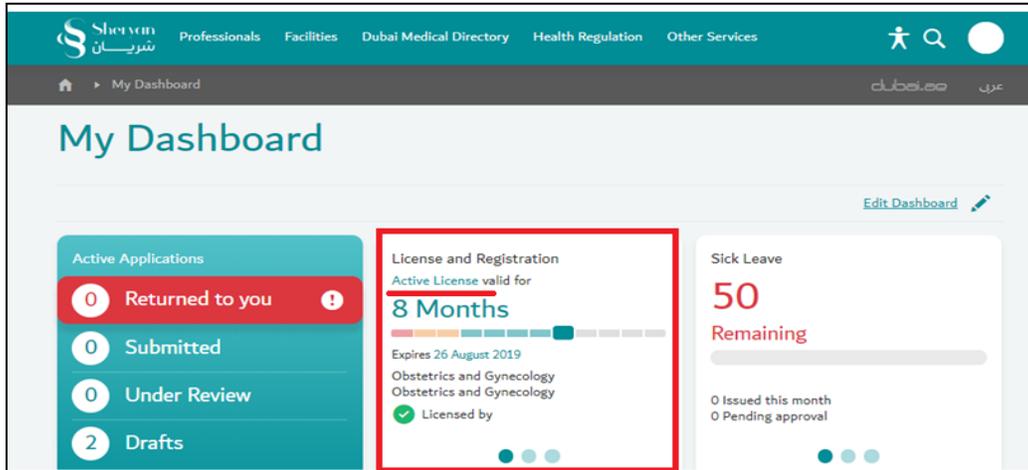


- View the invitation and click 'Accept'.

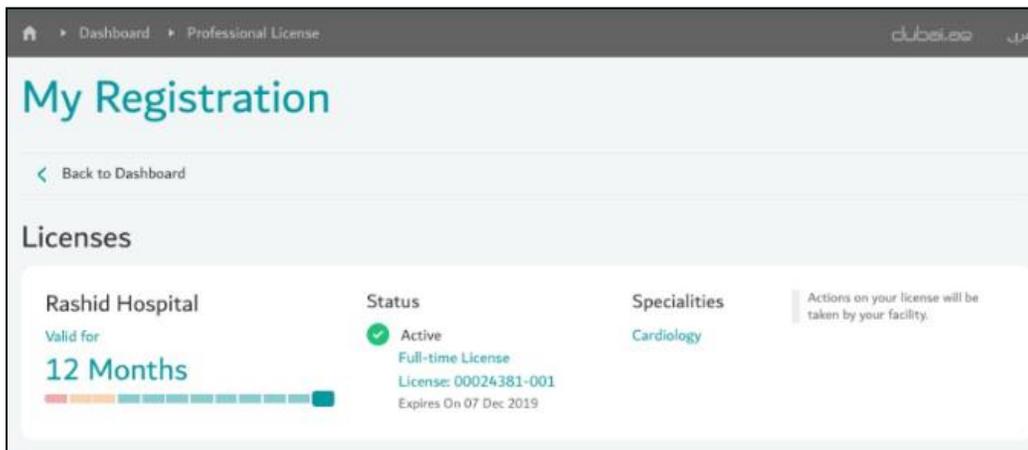


## 7. Active License

- After the facility submits the application, DHA will review it. Once approved, the applicant will acquire an active license valid for one year/twelve months.
- The facility can print an interim license/e-license for new professionals under the 'Activate Professional License' application. This license can temporarily be used until the license card is received.
- A professional with an active license will have a dashboard similar to the one shown below. Click the License and Registration widget to view the 'My Registration' page.



- **My Registration** - complete list of registration/license status.



- **Note:** It is the responsibility of both facilities and professionals to maintain a valid medical malpractice insurance covering the healthcare professional. The insurance certificate does not need to be uploaded upon license activation, however, it must be presented to DHA officials when requested.

<b>Prepared By</b>	<b>Name</b>	<b>Vanessa Alexandra Avisado Rafael</b>
	<b>Role/Title</b>	<b>Administrative Officer</b>

<b>Verified By</b>	<b>Name</b>	<b>Salam Mahmoud Swaid</b>
	<b>Role/Title</b>	<b>Senior Administrative Officer</b>

<b>Reviewed By</b>	<b>Name</b>	<b>Aisha Ali AL Maamari</b>
	<b>Role/Title</b>	<b>Head of Healthcare Professionals Licensing Section</b>

<b>Approved By</b>	<b>Name</b>	<b>Hisham Hassan Alhammadi</b>
	<b>Role/Title</b>	<b>Director of Health Licensing Department</b>

**SHERYAN USER GUIDE to:**  
**PART-TIME LICENSE ACTIVATION**

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## **1. Introduction**

### Activate Professional License

This service allows Healthcare Facilities to activate full-time, part-time, or trainee licenses for registered healthcare professionals. A Healthcare Professional can practice once the license activation is issued.

### **Who Can Apply:**

Delegated Healthcare Facility Representatives

### **Prerequisites:**

- Part-time permission must be provided by the Medical Director of the full-time facility
- Healthcare facility where the professional will work part-time should be active and should have the healthcare professional's speciality.
- Healthcare professional should grant the facility consent on being licensed
- Pay outstanding fines (if applicable)

### **Required Documents:**

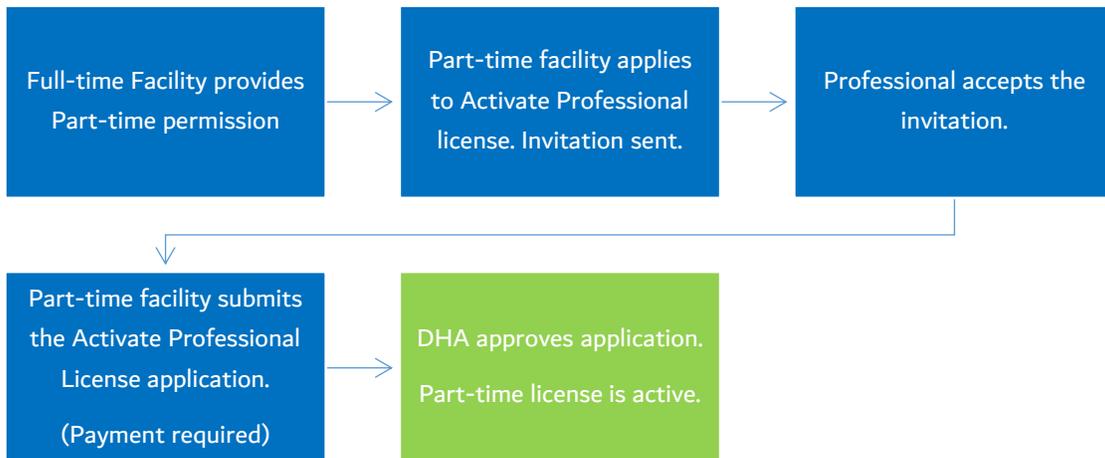
- Valid passport copy (if not previously updated on the system)
- Logbook (only for Surgeons licensed in outpatient healthcare facility for more than 2 years and applying for a part-time license in a Day Surgical Center or Hospital)

### **Note:**

- It is the responsibility of both facilities and professionals to maintain a valid medical malpractice insurance covering the healthcare professional. The insurance certificate does not need to be uploaded upon license activation, however, it must be presented to DHA officials when requested.

**This guide provides an overview of the steps to activate a part-time license.**

## 2. Part-time License Activation Flow Chart



Legend	
Applicant	
DHA	

### 3. Maximum number of Part Time Permissions

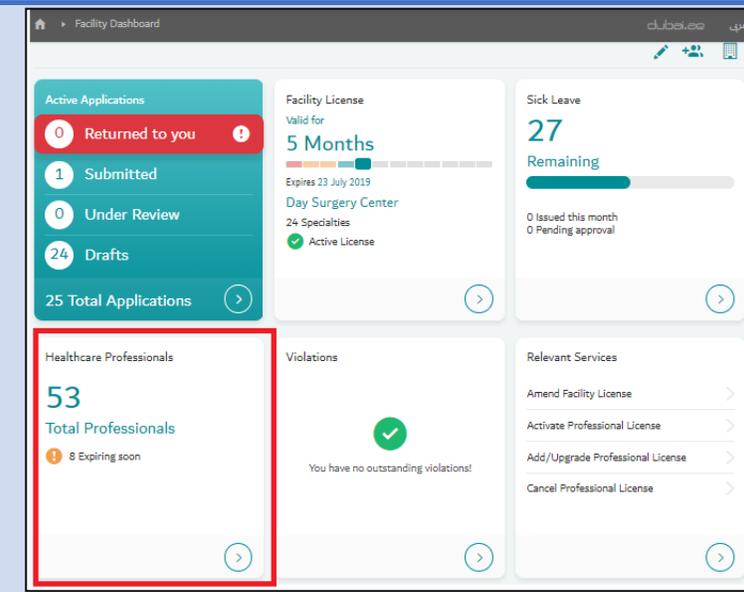
License position	Maximum number of Part Time Permissions
<b>General Practitioner/ General Dentist/ Nurses &amp; Midwives/ Allied Healthcare professionals/ TCAM</b>	1
<b>Specialist (non-surgical specialties)</b>	2
<b>Specialist (surgical specialties)</b>	4
<b>Consultant</b>	4
<b>Specialist under-supervision/ Registrar</b>	1

**4. Part-time Permission** - The medical director of the **full-time** healthcare facility must provide permission to the healthcare professional to work part-time in other healthcare facilities.

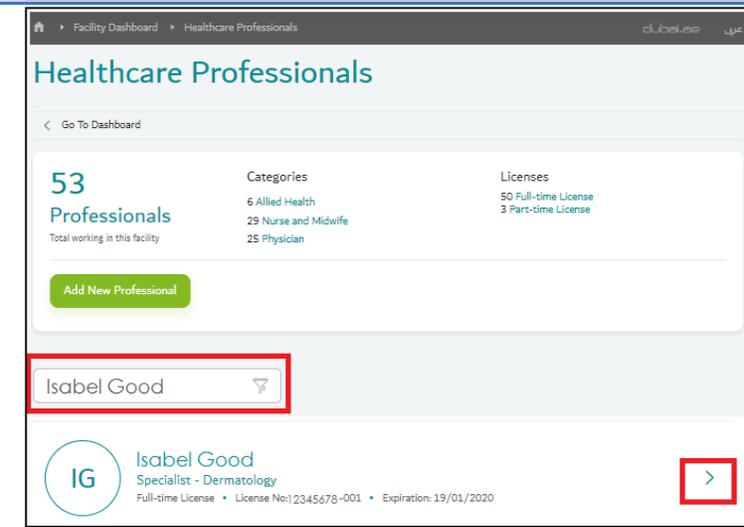
The Medical Director will login to his/her account and access the Health Licensing Service. Go to the 'Facility Dashboard'.



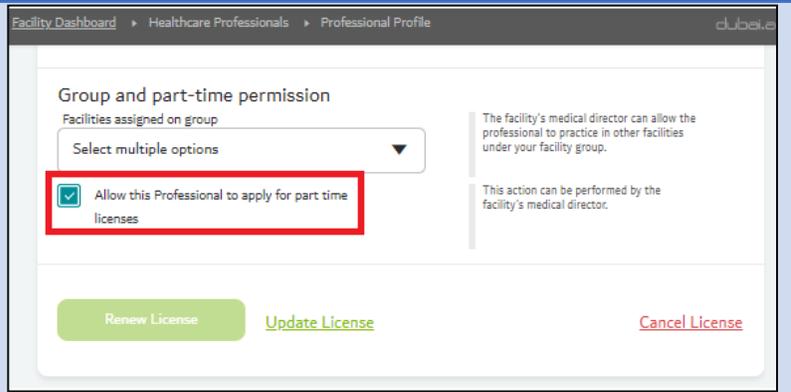
Click on the 'Healthcare Professionals' widget.



Search for the healthcare professional and click on the arrow button beside their details.

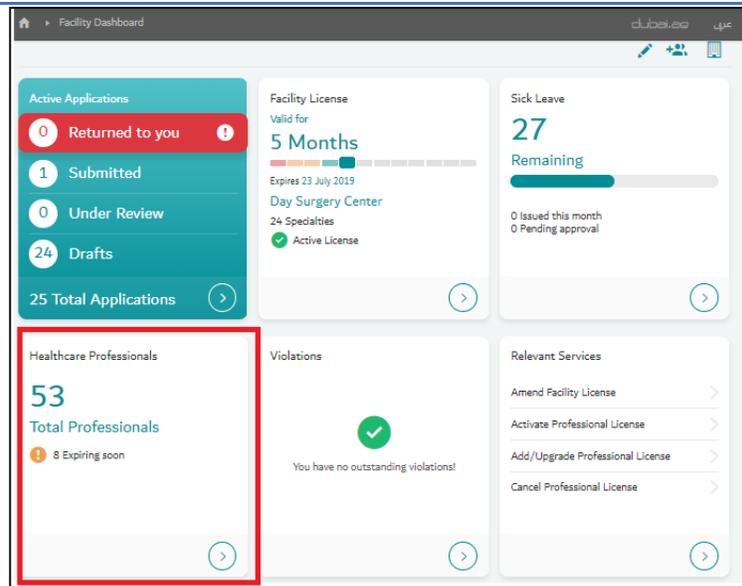


On the professional profile page, scroll down to reach the "Group and part-time permission" section. Tick the box beside 'Allow this Professional to apply for part-time licenses'.

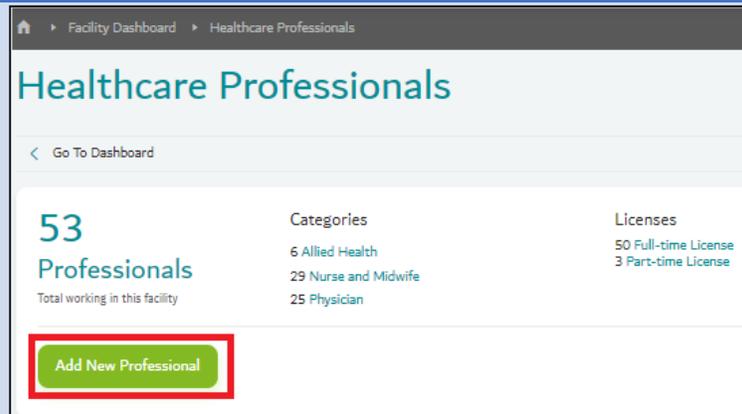


**5. Activate the Part-Time License** - The facility where the healthcare professional will work part-time can now activate the part-time license.

Login to the facility account and access the Health Licensing Service. Go to the 'Facility Dashboard'. Click on the 'Healthcare Professionals' widget.

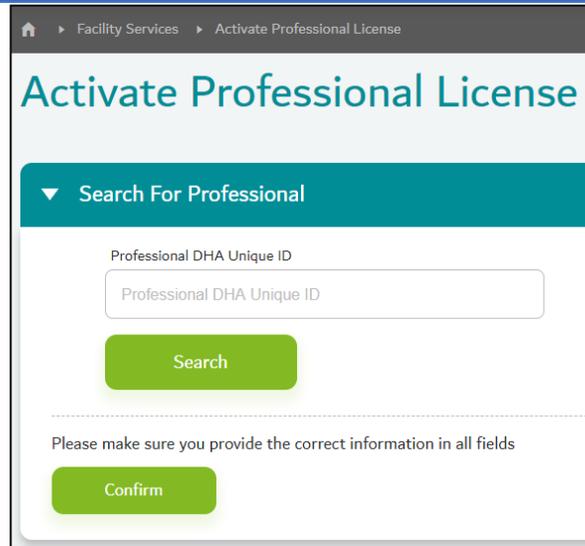


Click on 'Add New Professional'



The service for 'Activate Professional License' will open. Type the professional's unique ID and click 'Search'.

After finding the professional, click 'Confirm'.



The screenshot shows a web interface for activating a professional license. At the top, there is a breadcrumb trail: 'Facility Services > Activate Professional License'. The main heading is 'Activate Professional License'. Below this is a teal bar with a dropdown arrow and the text 'Search For Professional'. Underneath is a text input field labeled 'Professional DHA Unique ID' with the placeholder text 'Professional DHA Unique ID'. A green 'Search' button is positioned below the input field. A dashed horizontal line separates this section from the next, which contains a text input field with the placeholder 'Please make sure you provide the correct information in all fields' and a green 'Confirm' button.

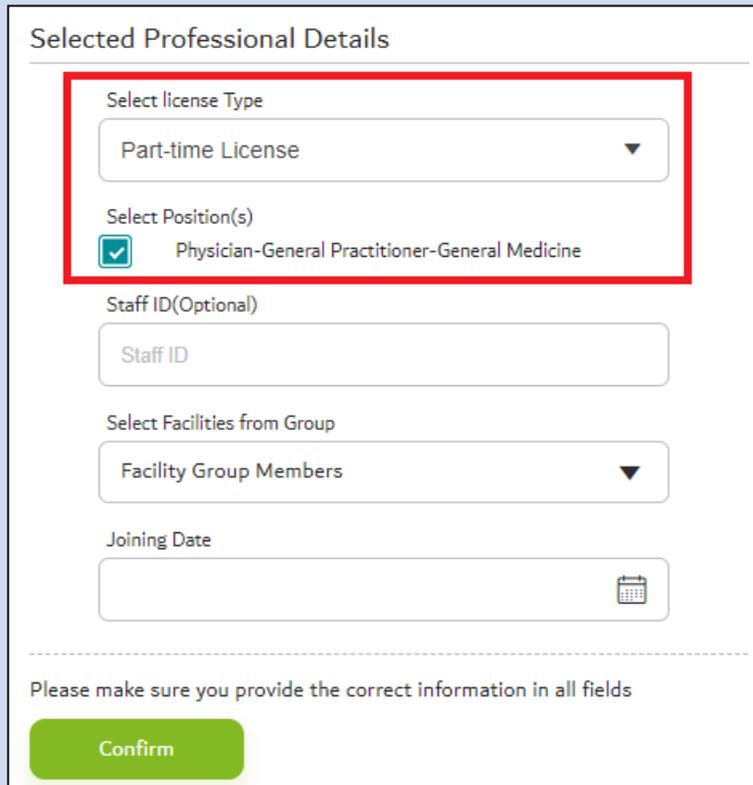
The 'Selected Professional' section will appear. Scroll down until you reach 'Selected Professional Details'.

Under 'Select license type', choose Part-time License.

Tick the box beside the position.

Under 'Select Facilities from Group', the option to choose which facilities under the same group the professional can practice in is available.

Select the joining date and click 'Confirm'.



The screenshot shows a web form titled 'Selected Professional Details'. The first section is 'Select license Type', which is highlighted with a red box. It contains a dropdown menu with 'Part-time License' selected. Below this is the 'Select Position(s)' section, which has a checked checkbox next to 'Physician-General Practitioner-General Medicine'. The 'Staff ID(Optional)' section has a text input field with the placeholder 'Staff ID'. The 'Select Facilities from Group' section has a dropdown menu with 'Facility Group Members' selected. The 'Joining Date' section has a text input field with a calendar icon. A dashed horizontal line separates this section from the next, which contains a text input field with the placeholder 'Please make sure you provide the correct information in all fields' and a green 'Confirm' button.

After confirming both sections, click 'Submit'.

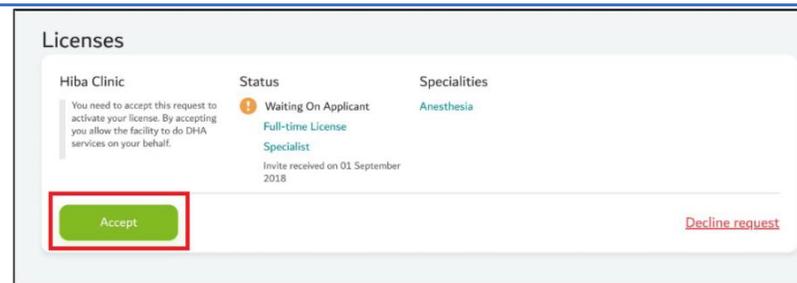


A bubble confirming the request submission will appear.



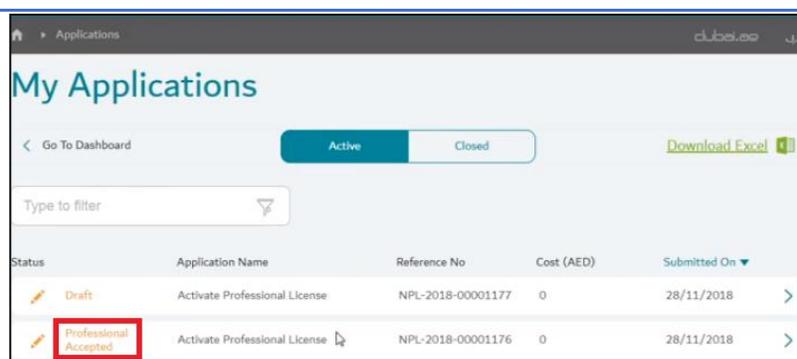
### 6. Accept the Invitation - The healthcare professional must login to his/her account and accept the invitation.

Go to 'Notification Center'. Select the invitation received from the hiring facility. Choose either to 'Accept' or 'Decline request'.



### 7. Submit Application to Activate Part-time License - After the professional accepts the invitation, the facility can submit and pay to activate the part-time license.

Login to the facility account and go to 'My Applications', under the 'Active' tab find and open the application with the status 'Accepted'.



There are two final sections that need to be completed, 'Delivery' and 'Terms & Conditions'.

Under Delivery, the address and contact details must be entered.

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.

Facility Services > Activate Professional License

Professional Information Complete ✓

Applicant Details Complete ✓

Delivery Please fill in this section.

Terms & Conditions Please fill in this section.

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

Save Go Back Withdraw Application

The application will be received by DHA for approval. Once approved, you will find the application under the 'Closed' tab of 'My Applications'.

The professional can now practice in the part-time facility.

My Applications

Go To Dashboard Active Closed Download Excel

Type to filter

Status	Application Name	Reference No	Submitted For	Cost (AED)	Submitted On
Approved 24/02/2019	Activate Professional License	NPL-2019-		4020.00	14/02/2019

<b>Prepared By</b>	<b>Name</b>	<b>Vanessa Alexandra Avisado Rafael</b>
	<b>Role/Title</b>	<b>Administrative Officer</b>

<b>Verified By</b>	<b>Name</b>	<b>Salam Mahmoud Swaid</b>
	<b>Role/Title</b>	<b>Senior Administrative Officer</b>

<b>Reviewed By</b>	<b>Name</b>	<b>Aisha Ali AL Maamari</b>
	<b>Role/Title</b>	<b>Head of Healthcare Professionals Licensing Section</b>

<b>Approved By</b>	<b>Name</b>	<b>Hisham Hassan Alhammadi</b>
	<b>Role/Title</b>	<b>Director of Health Licensing Department</b>

**SHERYAN USER GUIDE to:**  
**FACILITY LICENSING**

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## 1. Introduction:

Sheryan helps you setup, license and run a successful facility in Dubai.

This guide provides an overview of the steps to acquire your facility license.

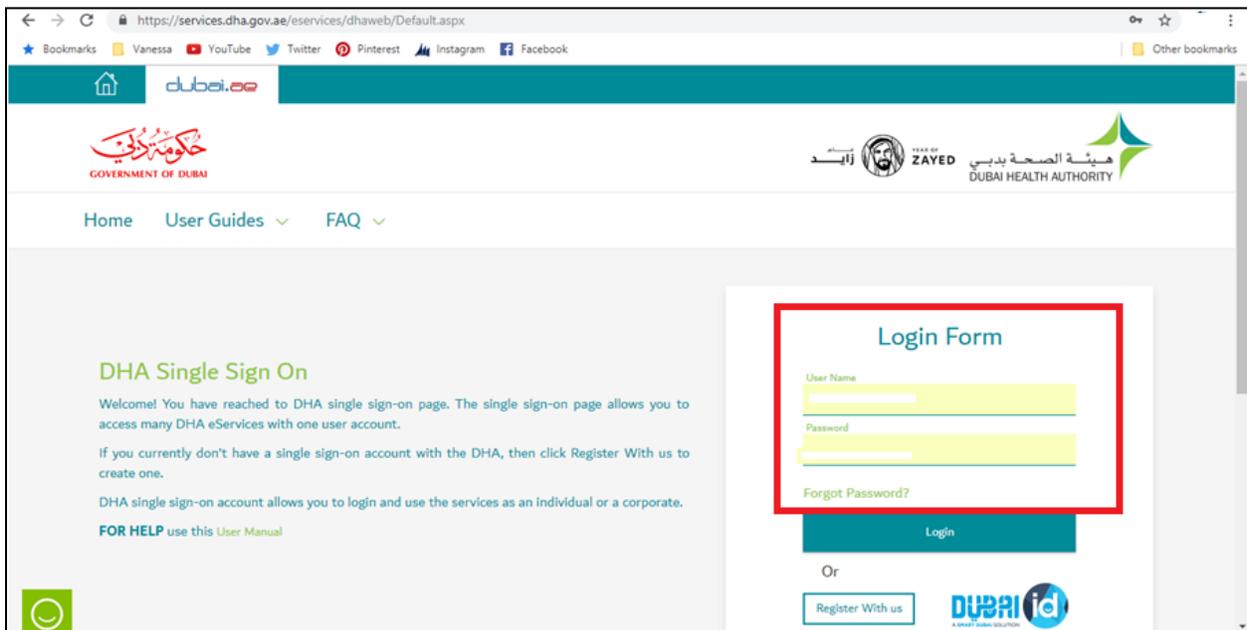
## 2. Accessing your DHA E-services Account

Follow the steps below to sign-up or login on the DHA Sheryan account:

- Visit the [website](#) and click on the 'Login' icon to access the DHA Sheryan [portal](#).

### 2.1 Login

- Existing users can enter their username and password on this page.



The screenshot displays the DHA Single Sign On page. The page features a header with the Government of Dubai logo and the Dubai Health Authority logo. Below the header, there are navigation links for Home, User Guides, and FAQ. The main content area is titled "DHA Single Sign On" and includes a welcome message and instructions for users. A "Login Form" is highlighted with a red border, containing fields for User Name, Password, and a Forgot Password? link. Below the form, there is a "Login" button and an "Or" section with a "Register With us" button and the Dubai ID logo.

## 2.2 Registration

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

Be a part of DHA family  
Access DHA Eservices with an click.

Register with us

Username

Email

Password  Confirm Password

First name Middle name(optional)

Nationality

Last name United Arab Emirates

Country Code +971 Mobile Number

Click or touch the Hand

Register

## 2.3 Set Preference

DHA Service Start Page

Are you an individual who want to use DHA Services for personal use?

From DHA Individual Home Page you will be able to access broad range of service like Registering yourself as a new Health Professional, Renewing your license etc.

Individual Home

set as default page

Are you a corporate owner or employee who want to use DHA Services for your corporate?

From DHA Corporate Home Page you will be able to access broad range of service like Registering a new Health Facility, Renewing the facility, adding partner etc.

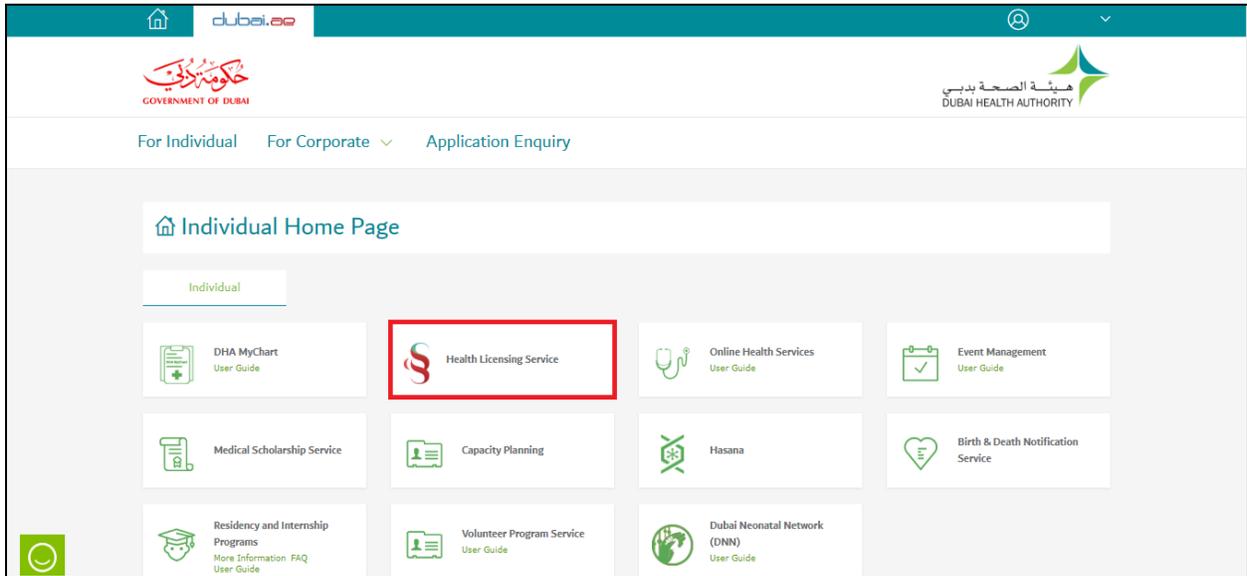
Corporate Home

set as default page

- After login, click on Individual Home to access to all the services provided by Dubai Health Authority.

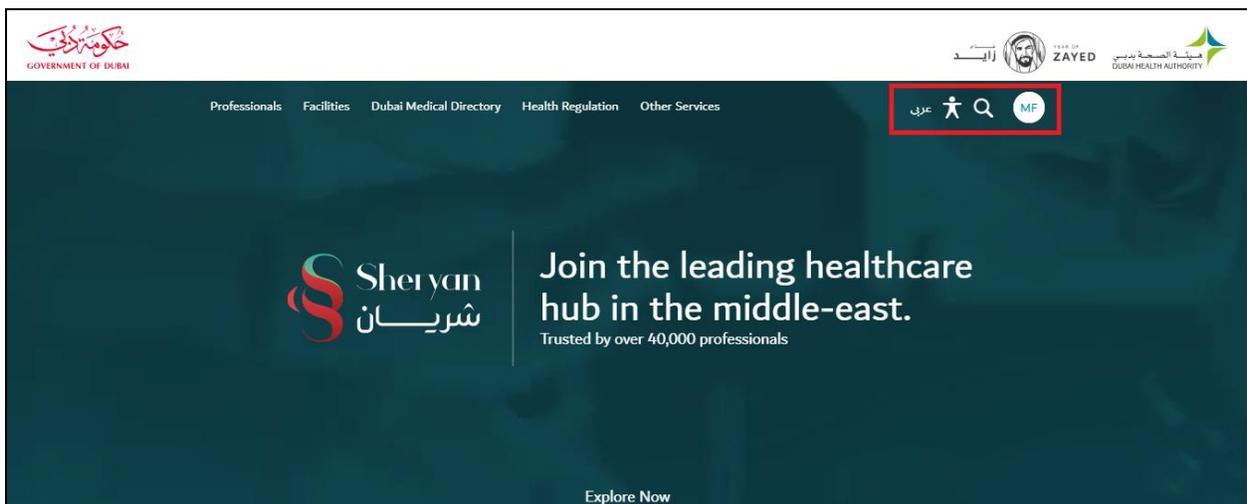
## 2.4 Accessing the Sheryan Licensing System

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

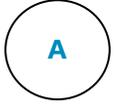


## 3. Managing the Account

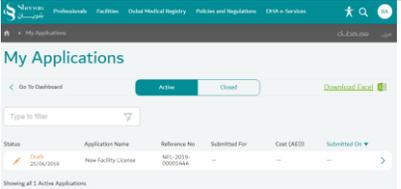
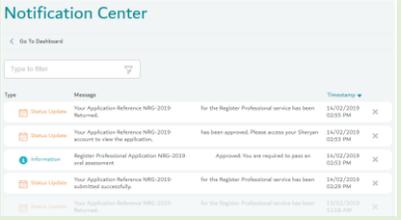
Before proceeding to the licensing services, users must be familiar with account management.

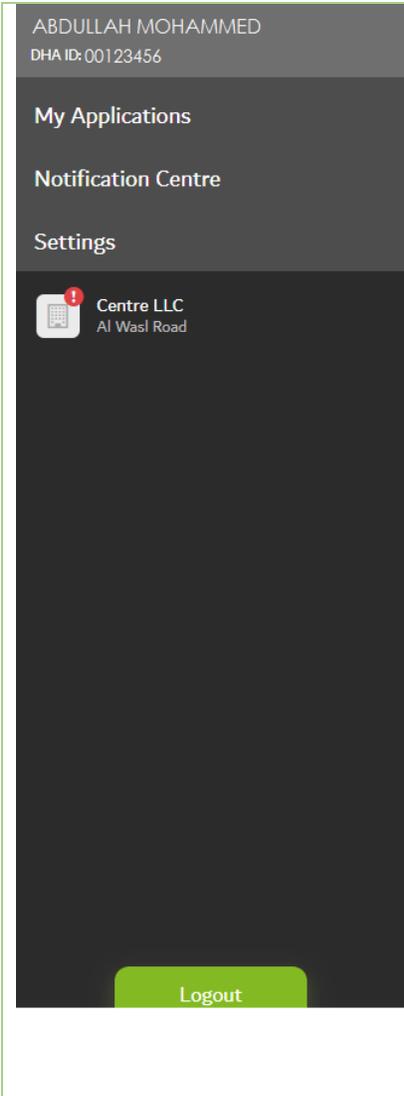


### 3.1 Homepage Icons and Actions

Icon	Action
عربي/English	Change Language Preference
	Accessibility (Text Resize, Contrast Switch, Read Speaker)
	Search
	The initials depend on the user's first and last name. Click on the icon to view your unique ID, access your dashboard, applications, verified documents, notifications and settings pages.

### 3.2. Account Menu Options

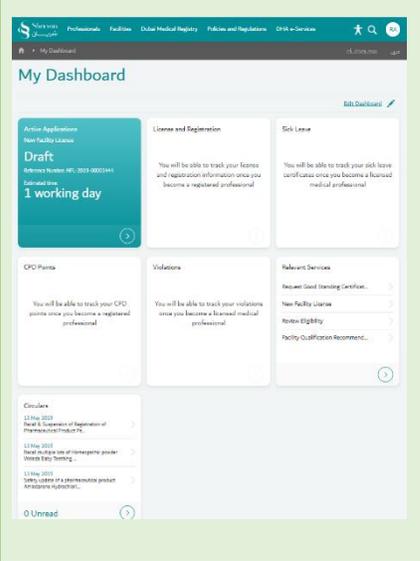
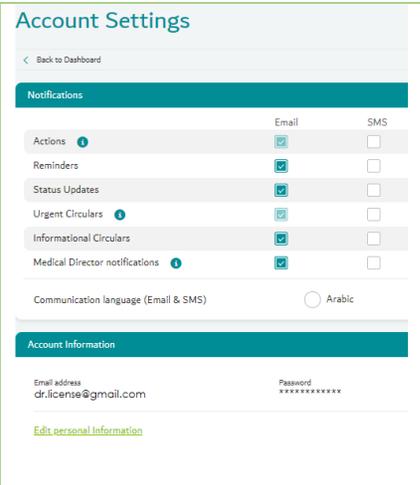
Menu	Description	Screenshot
	Name and DHA ID – contains name of applicant/current user and account ID.	Note: The DHA ID never changes and is only an identifier.
	<p><b>My Applications</b> - comprehensive view of applications. There are 2 tabs on the screen:</p> <p><b>Active tab-</b> will show a list of all applications that are either in draft, submitted, returned to you.</p> <p><b>Closed tab-</b> will show a list of all applications that are either approved, rejected or cancelled by the user.</p>	
	<p><b>Notification Center</b> - (!) alerts represented by a red exclamation point beside your name's initials can be seen here.</p>	



**Settings** - changes in notification preference (SMS/Email), account information (name, email, password, etc.), and personal information (mobile number, address, etc.) can be made here.

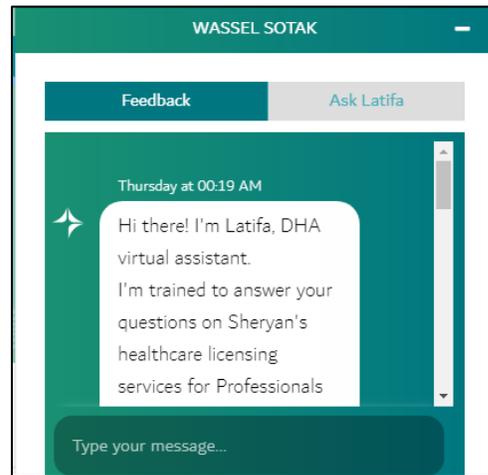
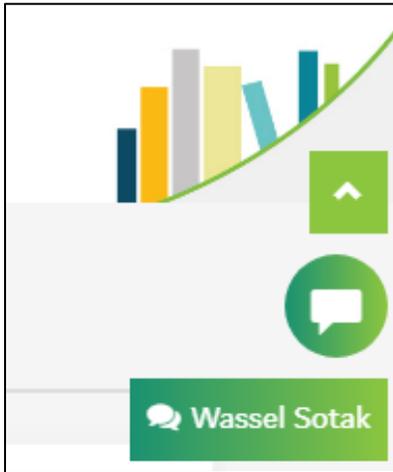
**My Dashboard** – To access this in facility accounts, click on the facility name. It contains quick view of application status, current registration/ license status, services, issued sick leaves, etc.

**Logout** - exit the account.



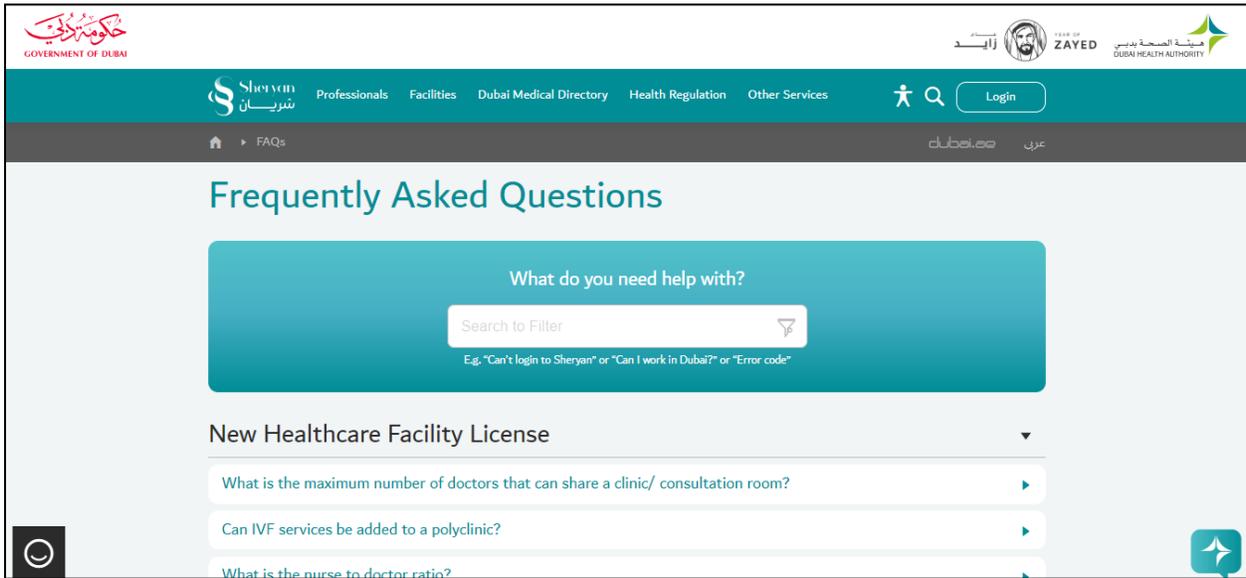
### 3.3 Ask Latifa

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 Wassel Sotak icon on the lower right hand corner of the DHA Sheryan portal.

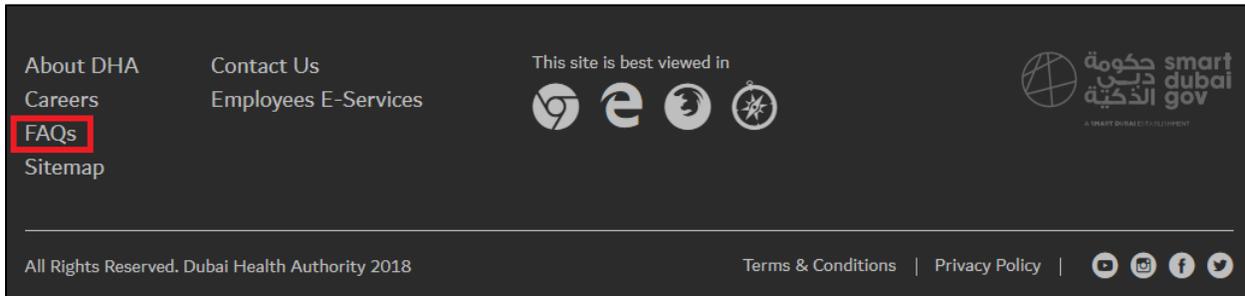


### 3.4 Frequently Asked Questions

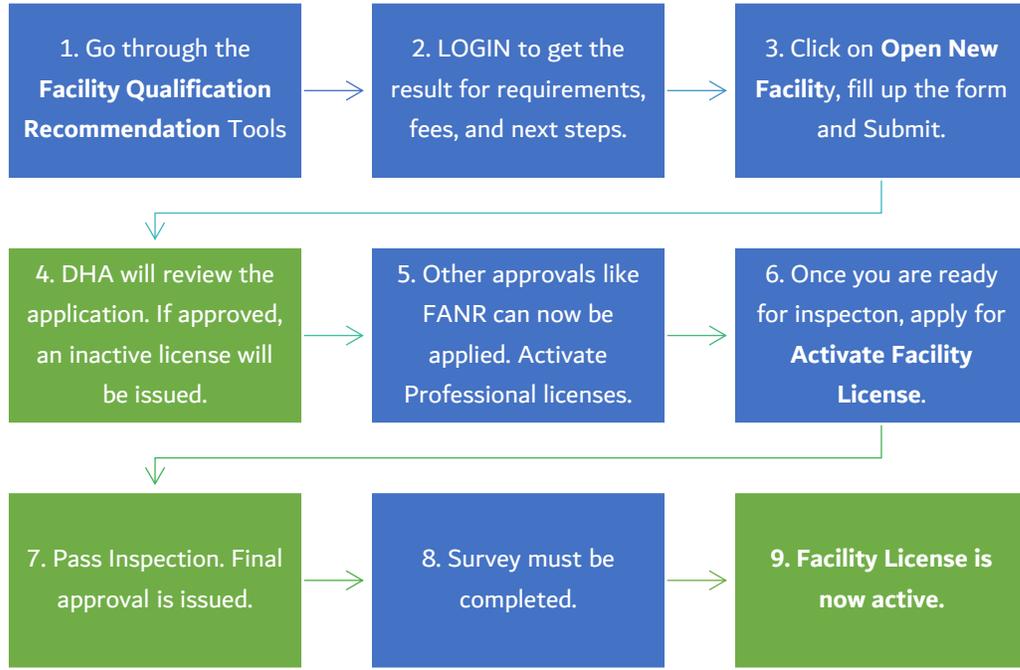
An efficient way to gather information is to check the [Frequently Asked Questions/FAQ page](#).



The link can be found at the bottom of the HRS [web page](#).



#### 4. New Facility Registration Application Flowchart



Legend	
	<b>Applicant</b>
	<b>DHA</b>

#### 4.1 Step 1: Facility Qualification Recommendations (Smart Tool)

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.

- On the DHA Sheryan Portal, click 'Facilities' to access the complete list of services.



- Click on Facility Qualification Recommendations

Sheryan شريان

Professionals Facilities Dubai Medical Registry Policies and Regulations DHA e-Services

Facility Services

## Healthcare Facility Services

Sheryan helps you setup, license and run a successful facility in Dubai. The Health Regulation Sector of Dubai Health Authority actively assists you with the following:

### ★ Popular Services

- Activate Professional License
- Renew Professional License
- Purchase Sick Leave Certificates

### Want to Open a Facility in Dubai?

- Facility Qualification Recommendations

### Get a Facility License

- New Facility License
- Activate Facility License

### Manage Facility License

- Renew Facility License
- Amend Facility License
- Change Facility Name
- Change Facility Ownership
- Change Medical Director
- Request Temporary Facility Closure
- Add Facility To Group
- Cancel Facility License

- The smart tool will launch, answer all the questions accurately.

The image displays two sequential screenshots of a web-based form titled "Facility Qualification Recommendations".

**Top Screenshot:** The form asks "What facility type would you like to open?". A dropdown menu shows "PolyClinic (2spec)" selected. Below the dropdown, there is a description: "An outpatient healthcare facility where both general and specialist treatments are provided for minimum two specialities. 2 license tiers are available: 2 Specialities 3 Specialities or more". At the bottom, there are two buttons: "Get Results" (highlighted in green) and "Cancel, go back" (in green text).

**Bottom Screenshot:** This screenshot shows the summary of the user's input. The text reads: "I want to open a [PolyClinic \(2spec\)](#), with 2 specialities: [Adolescence Medicine, Anatomic and Clinical Pathology](#). I would like to provide 1 add-ons: [Home Healthcare](#). I want to open it in [NA](#). I want it to operate under [Dubai Mainland - Department of Economic Development](#)". At the bottom, the "Get Results" button is highlighted with a red box, and the "Cancel, go back" button is also present.

- 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.

## 4.2 Step 2: Facility Qualification Requirement Results

If all requirements are fulfilled as listed in the results, scroll down and click on 'Open New Facility' to create your application.



The screenshot displays the 'Facility Qualification Requirement Results' page on the Sheryon website. The page features a teal header with navigation links: Professionals, Facilities, Dubai Medical Registry, Policies and Regulations, and DHA e-Services. A search icon and a user profile icon labeled 'RA' are also present. Below the header, a breadcrumb trail shows 'Facility Services' > 'Facility Qualification Recommendations Result'. The main content area is titled 'Facility Qualification Requirement Results' and includes three sections: 'Facility Details', 'Add-Ons', and 'Next Steps'. Each section contains specific information about the user's selections and the required steps for opening a facility.

**Facility Details**

You have requested the following specialities: [Adolescence Medicine](#) , [Anatomic and Clinical Pathology](#)

A [PolyClinic \(2spec\)](#) is an outpatient healthcare facility where both general and specialist treatments are provided for minimum two specialities. 2 license tiers are available: 2 specialities 3 specialities or more

**Add-Ons**

You have chosen the following add-ons: [Home Healthcare](#)

- Home Healthcare : To allow the facility to provide home healthcare services for their patients.

**Next Steps**

You have selected: [Dubai Mainland - Department of Economic Development](#)

Follow the steps below to open your facility:

1. If your plot is commercial, obtain approval for commercial use of location from Land department.
2. Obtain a trade license for the respective authority.
3. Apply for your New Facility License from Dubai Health Authority.
4. Complete your facility detailed design layout. Ensure that your contracted company is pre-approved ([link to list of engineering companies](#)).
5. Prepare your facility, ensure construction matches your approved layouts.
6. Review medical director requirements.
7. Activate your professionals.
8. Request and pass final inspection.

## Trade License Requirements

Your facility will be operating under the jurisdiction of DED. Please ensure you are licensed for the below activity:

Activity ID: 8620021      Activity Name: Poly Clinic

If you are operating in a free zone, you should have an equivalent activity on your trade license.

## Fees

	Fees
New Facility License	AED 1000
Activate Facility License	AED 12000
Inspection Fees	AED 2000
Re-Inspection Fees	AED 1000
Add-on yearly fees: Home Healthcare	AED 8000
<b>Total</b>	<b>AED 24000</b>

Terms & Conditions: Knowledge and Innovation fees will be applied at checkout. \*Based on minimum requirements. Actual cost may vary based on your application requirements. Activating professional licenses will incur additional fees per license.

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.

[Open New Facility](#)

[Go to My Dashboard](#)

### 4.3 Step 3: Open New Facility

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

Button	Action
<b>Save</b>	Saves the documents uploaded in the current session. If logged out, saved session will not appear in Draft application.
<b>Go Back</b>	Takes you back to results page, no information/document will be saved.
<b>Withdraw Application</b>	This rejects the entire application from the user's end.

## 1. License Information

▼ License Information

### Authority Details

Facility Sector  
 Public Facility  Private Facility

Facility Trade License Authority  
Dubai Mainland - Department of Economic De... ▼

Do You Have an Existing Trade License for the Health Activity to be Performed?  
 Yes  No

Expected Trade Name in English

Expected Trade Name in Arabic

### Owner's Details

1. Individual ▶

[Add Owner +](#)

---

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

## 2. Applicant Details

▼ Applicant Details

This section displays the logged-in user information.

### Personal Information (Individual)

---

DHA Unique ID  
84551277

English First Name

English Last Name

Date of Birth  
 

Gender  
 ▼

Nationality  
 ▼

Email Address

Mobile Number

---

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

### 3. Facility Overview

#### Facility Overview

---

#### Facility Type

---

Facility Category  
PolyClinic (2 Specialties) ▼

Facility Specialties  
Select Multiple Options 2 ▼

Service Excellence  
Cardiology ▼

Add-Ons(Optional)  
Select Multiple Options ▼

Value Proposition  
to do good work

Planned Investment Amount (AED)  
40000000

From the selected specialties indicate which specialties will the facility be focusing on as it's core service.

Select any add-ons to be added to the facility. Applicable fees will apply. Add-ons may be requested through the Amend Facility License service if the add-on document requirements are not ready yet.

Explain how the facility will bring added value to it's patients and contribute to the healthcare ecosystem in Dubai.

Amount is in AED

---

#### Planned Professionals

---

Planned Number of Physicians  
3

Planned Number of Dentists  
0

Planned Number of Nurses / Midwives  
4

Planned Number of Allied Health Professionals  
1

Planned Number of Traditional Complimentary and Alternative Medicine (TCAM) Professionals  
0

---

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

Confirm

#### 4. Location Details

▼ Location Details

Makani Number	31882 93977		
Plot Number			
Property Classification			
Street Name	Property Type		
DEIRA CITY CENTER			
Building Name	Area Name		
DEIRA CITY CENTER			
Apartment/Villa Number			

---

[Delete](#)

---

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

[Confirm](#)

## 5. 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

Version Number: 1  
Uploaded By:  
Upload Date: 16/05/2019

[Additional Files +](#)

#### Room and Bed Count

1. General Room (3) 

[Add Room Type +](#)

Total Number of Rooms  
3

---

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

[Confirm](#)

## 6. Additional Documents

### Additional Documents

Use this section if you wish to submit additional documents to support your application

#### Add More Documents(Optional)

Upload File 

Label

Version No: 1  
Uploaded By:  
Upload Date: 16/05/2019

[Add Another Attachment](#)

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

[Confirm](#)

## 7. DHA Undertaking Letter

### DHA Undertaking Letter

The following letter must be printed, signed by owners, partners or a person who has power of attorney and re-uploaded on the system

#### Signed Undertaking Letter

DHA Undertaking Letter  
[Download Letter](#)



Click on the link to download the DHA undertaking letter

Upload the signed undertaking letter. The letter must be signed by all Owners, Partners, or POA.

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

[Confirm](#)

## 8. 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 credits, 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 be 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:
  1. 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

I agree to the terms and conditions

---

Confirm

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

- Once all steps are confirmed and completed, the button at the bottom of the page will show 'Review Form'.

The screenshot displays the 'New Facility License' application page. The header includes the Sherym logo and navigation links for Professionals, Facilities, Dubai Medical Registry, Policies and Regulations, and DHA e-Services. The breadcrumb trail shows 'Facility Services' > 'New Facility License'. The main content area features a progress bar with the following steps, all marked as 'Complete':

- License Information
- Applicant Details
- Facility Overview
- Location Details
- Facility Layout
- Additional Documents
- DHA Undertaking Letter
- Terms & Conditions

Below the progress bar, a disclaimer states: '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.' At the bottom, there are three buttons: 'Review Form' (highlighted with a red box), 'Go Back', and 'Withdraw Application'.

- Review the details in the form.

The screenshot shows a web form for applying for a 'New Facility License'. The header includes the Shevyan logo and navigation links for Professionals, Facilities, Dubai Medical Registry, Policies and Regulations, and DHA e-Services. The breadcrumb trail indicates the path: Facility Services > New Facility License. The form title is 'New Facility License' with a back button. The main section is 'License Information'.

**License Information**

**Authority Details**

Do You Have an Existing Trade License for the Health Activity to be Performed? No	Facility Sector Private Facility
	Facility Trade License Authority Dubai Mainland - Department of Economic Development
Expected Trade Name In English	Expected Trade Name In Arabic

**Owner -1**

Role Owner	Type Individual
First Name	Last Name
Arabic First Name	Arabic Last Name
Date of Birth	Gender
Nationality United Arab Emirates	Place of Birth United Arab Emirates
Passport Number	Passport Expiry Date
Passport Copy	Emirates ID Number
Emirates ID Expiry Date	Country of Residence United Arab Emirates
Email Address	Mobile Number

### Applicant Details

---

DHA Unique ID  
84551277

Nationality  
United Arab Emirates

English First Name

English Last Name

Date of Birth  
01/01/1925

Gender

Email Address

Mobile Number

### Facility Overview

---

Facility Type

Facility Category  
PolyClinic (2 Specialties)

Facility Specialties  
Cardiology,Dermatology

Service Excellence  
Cardiology

Value Proposition  
to do good work

Planned Investment Amount  
400000000

Planned Professionals

Planned Number of Physicians  
3

Planned Number of Dentists  
0

Planned Number of Nurses / Midwives  
4

Planned Number of Allied Health Professionals  
1

Planned Number of Traditional Complimentary and Alternative  
Medicine (TCAM) Professionals  
0

### Location Details

---

Makani Number  
31882 93977

Street Name  
DEIRA CITY CENTER

Building Name  
DEIRA CITY CENTER

Apartment/Villa Number

### Facility Layout

---

Version Number  
1

Uploaded By

Upload Date

Floor Plan

### Room and Bed Count

---

Room Type  
General Room  
Specialties  
Cardiology

Number of Rooms  
3

Total Number of Rooms  
3

### Additional Documents

---

#### Additional Documents

---

Version No  
1

Uploaded By

Upload Date

Upload File

### DHA Undertaking Letter

---

#### Signed Undertaking Letter

---

Upload File

- If all the information is correct, proceed to payment. (via Dubai Smart Government E-pay)

**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.
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- 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.
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- 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.
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- 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.
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- You hereby acknowledge and accept the following conditions of facility naming conventions:
  1. 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

I agree to the terms and conditions

---

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.

- 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?

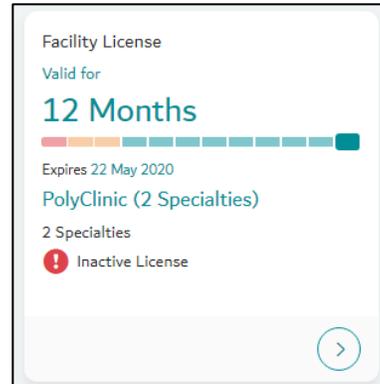
Exemption Reason  
[Dropdown menu]

Exemption Proof  
Exemption Proof 

#### 4.4 Step 4: DHA Reviews the Application

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. You will see the status change from 'Submitted' to 'Returned'.

If all requirements are met, the application is approved and an 'Inactive' license is issued. You can view and download the license through the 'New Facility License' application.



#### 4.5 Step 5: 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.

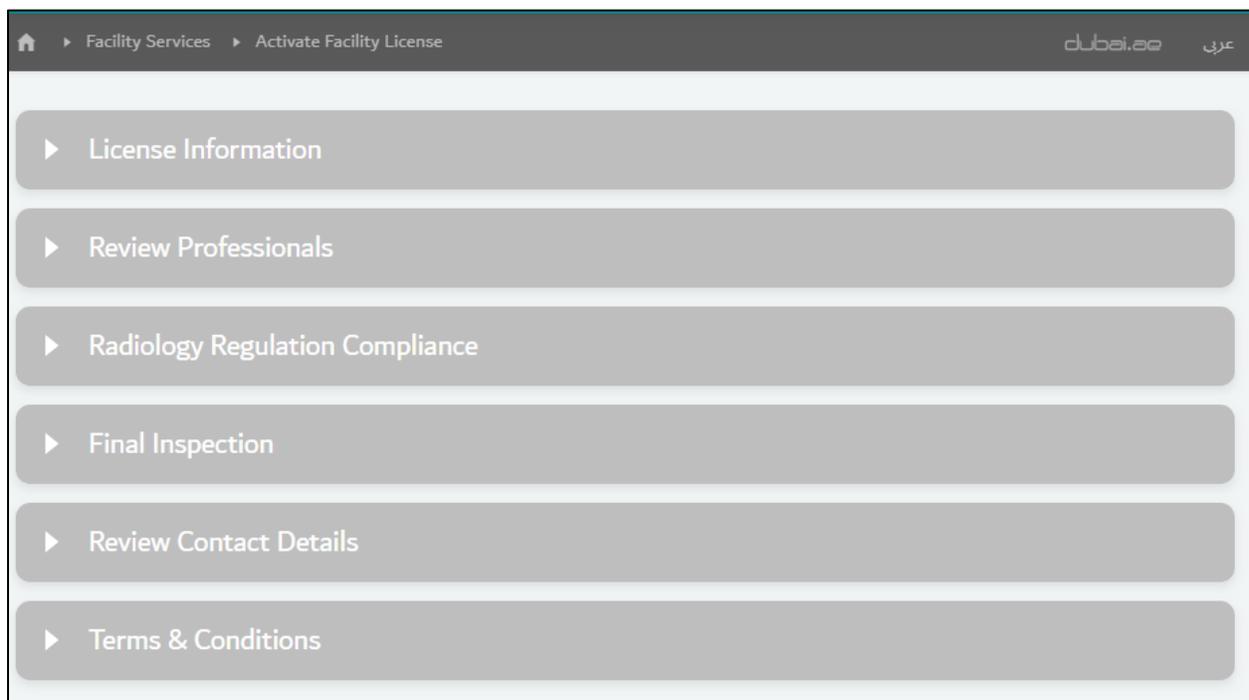
#### 4.6 Step 6: Apply for 'Activate Facility License'

This service allows healthcare facilities to activate their previously issued inactive license to start operating. The facility can also request for add-ons in this service, which include:

1. Home Healthcare
2. Telehealth
3. 24 hour facility
4. Pharmacy delivery
5. Pharmacy drive-thru,
6. Clinical training
7. Mobile unit

Different add-ons are permitted depending on the facility category.

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



Section	Screenshot
<p><b>License Information</b></p>	<p>Health Activity Trade License Information</p> <hr/> <p>Licensing Authority  <input type="text" value="Select Option"/></p> <p>Trade License Number  <input type="text"/></p> <p>Main License Number(Optional)  <input type="text"/></p> <p>Register Number(Optional)  <input type="text"/></p> <p>Facility Trade Name (English)  <input type="text"/></p> <p>Facility Trade Name (Arabic)  <input type="text"/></p> <p>Facility Company Name(Optional)  <input type="text"/> <small>Required if there is a mother company</small></p> <p>Facility Legal Type  <input type="text" value="Select Option"/></p> <p>Facility Trade License Issue Date  <input type="text" value=""/></p> <p>Facility Trade License Expiry Date  <input type="text" value=""/></p> <p><a href="#">Add License Activities +</a></p> <p>Facility Trade License  <input type="text" value="Trade License"/></p> <p>Memorandum of Association  <input type="text" value="Memorandum of Association"/></p> <hr/> <p>Ownership Details</p> <p>1. Owner :</p> <hr/> <p><input type="button" value="Confirm"/></p>

## 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 : 1  
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 professionals to the facility use the Activate Professional License service.

### Select Medical Director



Select	Name	Category
--------	------	----------

No data available in table

Showing 0 to 0 of 0 entries

[First](#)[Previous](#)[Next](#)[Last](#)

### Minimum Professionals Requirements

Here you can see the total number of professionals under your facility in each category.

Physicians	Dentists	Nurses/Midwives	Allied Health	TCAM
0	0	0	0	0

You don't have enough professionals from each category

You can add more professionals to your Facility using the Activate Professional License service in the Facility Service Catalogue

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

Confirm

**Radiology  
Regulation  
Compliance (if  
applicable)**

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 Name

Facility Owner

Facility Manager

FANR Number

Facility Location Details

Mobile Number

Facility Category

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

**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**

Will the Applicant be Present during the inspection?  
 Yes  No

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

Inspection Coordinator Name

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.

<p><b>Review Contact Details</b></p>	<p>This section displays the logged-in user information.</p> <p><b>Personal Information (Individual)</b></p> <hr/> <p>DHA Unique ID 84551277</p> <p>English First Name <input type="text"/></p> <p>English Last Name <input type="text"/></p> <p>Date of Birth <input type="text"/></p> <p>Gender Select Option ▼</p> <p>Nationality <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>Mobile Number <input type="text"/></p> <p>-----</p> <p>Please make sure you provide the correct information in all fields.</p> <p><input type="button" value="Confirm"/></p>
<p><b>Terms &amp; Conditions</b></p>	<p>- Same as previous T&amp;C</p>

**4.7 Step 7: Facility Inspection and Final Approval**

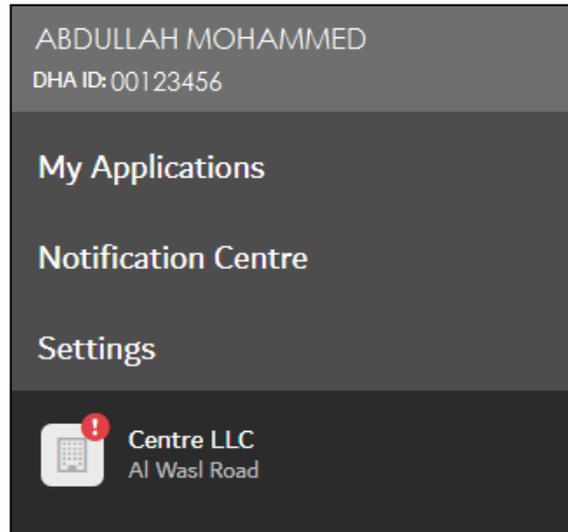
The application status will change from 'Draft' to 'Submitted'. It will be reviewed by the facility licensing team. If required, an inspection is scheduled. If additional documents are requested, the application will be returned for you to fulfill the request. The status changes from 'Submitted' to 'Returned'.

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

#### 4.8 Step 8: 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.

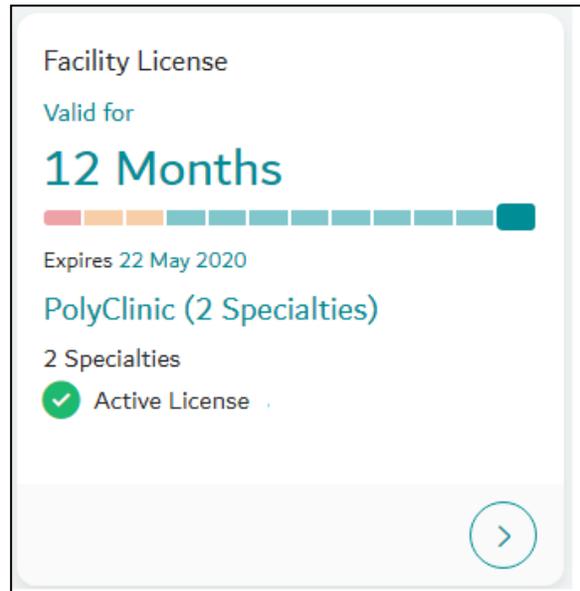


The survey pages appear as below:

<p><b>Facility Information</b></p> <p>Center Subtype* <i>Please select one that applies</i></p> <p><input type="radio"/> Day Care Surgery Centre</p> <p><input type="radio"/> Dental Centre</p> <p><input type="radio"/> Diagnostic Centre</p> <p><input type="radio"/> Fertilization Centre</p> <p><input type="radio"/> Medical Centre</p> <p><input type="radio"/> Rehabilitation Centre</p>	<p><b>Facility Identity</b></p> <p>What is your facility's mission statement ?</p> <p><input type="text"/></p> <p>What type of ownership is your facility?*</p> <p><i>Please select one that applies</i></p> <p><input type="radio"/> ADNOC</p> <p><input type="radio"/> DHA</p> <p><input type="radio"/> DHCC</p> <p><input type="radio"/> Military</p> <p><input type="radio"/> MOH</p> <p><input type="radio"/> Mubadala</p> <p><input type="radio"/> Private</p> <p>What date did your facility begin operations?</p> <p><i>Please select / enter a date</i></p> <p><input type="text"/></p> <p>What date is your planned facility expected to be commissioned?</p> <p><i>Please select / enter a date</i></p> <p><input type="text"/></p>	<p><b>Facility Contact Details</b></p> <p>Facility Street Number / Building Name*</p> <p><i>Street number or building name of health facility</i></p> <p><input type="text"/></p> <p>Facility Street Name*</p> <p><i>Name of the street that the health facility is on</i></p> <p><input type="text"/></p> <p>Facility Area or Community Name*</p> <p><i>Name of the Area or Community that the health facility is in</i></p> <p><input type="text"/></p> <p>Makani Number*</p> <p><i>Allocated by Dubai Municipality</i></p> <p><input type="text" value="3504306911"/></p>
<p><b>Outpatient Appointment</b></p> <p>How can patients make outpatient appointments?*</p> <p><i>Select all that apply</i></p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Online</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Phone</p> <p><input type="checkbox"/> Walk in</p> <p>Phone <i>If applicable</i></p> <p><input type="text"/></p> <p>Email <i>If applicable</i></p> <p><input type="text"/></p> <p>Website <i>If applicable</i></p> <p><input type="text"/></p> <p>If other, please specify <i>If applicable</i></p> <p><input type="text"/></p>	<p><b>Operating Hours</b></p> <p>Sunday*</p> <p><i>eg. 08:00 - 18:00</i></p> <p><input type="text"/></p> <p>Monday*</p> <p><i>eg. 08:00 - 18:00</i></p> <p><input type="text"/></p> <p>Tuesday*</p> <p><i>eg. 08:00 - 18:00</i></p> <p><input type="text"/></p> <p>Wednesday*</p> <p><i>eg. 08:00 - 18:00</i></p> <p><input type="text"/></p> <p>Thursday*</p> <p><i>eg. 08:00 - 18:00</i></p> <p><input type="text"/></p> <p>Friday*</p> <p><i>eg. 08:00 - 18:00</i></p> <p><input type="text"/></p>	<p><b>Insurance</b></p> <p>Which of the following Insurance does your facility accept? <i>Select all that apply</i></p> <p><input type="checkbox"/> Abu Dhabi National Insurance Company (ADNIC)</p> <p><input type="checkbox"/> Abu Dhabi National Takaful Company</p> <p><input type="checkbox"/> Adanjee Insurance Co. LTD</p> <p><input type="checkbox"/> Aetna Global</p> <p><input type="checkbox"/> Al An Ahsa Insurance Company</p> <p><input type="checkbox"/> Al Dhaira National Insurance Company</p> <p><input type="checkbox"/> Al Dhafra Insurance Company</p> <p><input type="checkbox"/> Al Fujairah National Insurance Company</p> <p><input type="checkbox"/> Al Hail Takaful - PSC</p> <p><input type="checkbox"/> Al Khazna Insurance Company</p>
<p>How many of the following are allocated to this specialty?</p> <p>Consultation Rooms*</p> <p><i>A room in which a doctor or other healthcare practitioner undertakes assessment and diagnosis, communicates, prescribes and provides minor treatments to a patient.</i></p> <p><input type="text"/></p> <p>Treatment Rooms*</p> <p><i>A specialised room to undertake diagnosis requiring a specialist device (eg ultrasound, ECG) or to conduct a specific procedure more than that available in a consultation room (eg, receiving x-rays, drawing a haematology picture, a record)</i></p> <p><input type="text"/></p> <p>Laboratories*</p> <p><i>Please enter number of Laboratories</i></p> <p><input type="text"/></p>	<p>In the last full calendar year, which types of services and how many of each were provided from your facility?</p> <p>Which of the following test types does your facility's Pathology &amp; Laboratory medicine service provide?*</p> <p><i>Please select all that apply</i></p> <p><input type="checkbox"/> Biochemistry</p> <p><input type="checkbox"/> Cell Saver</p> <p><input type="checkbox"/> Genetics</p> <p><input type="checkbox"/> Haematology</p> <p><input type="checkbox"/> Histopathology/Cytopathology</p> <p><input type="checkbox"/> Immunology</p> <p><input type="checkbox"/> Microbiology</p> <p><input type="checkbox"/> Molecular Medicine</p> <p><input type="checkbox"/> Toxicology</p> <p><input type="checkbox"/> Virology</p> <p>Total outpatient tests performed*</p> <p><i>All types</i></p> <p><input type="text"/></p>	<p><b>Comments/remarks</b></p> <p>Please provide additional comments/remarks to responses above if required</p> <p><input type="text"/></p>

#### 4.9 Step 9: Download the Facility License

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.



<b>Prepared By</b>	<b>Name</b>	<b>Vanessa Alexandra Avisado Rafael</b>
	<b>Role/Title</b>	<b>Administrative Officer</b>

<b>Verified By</b>	<b>Name</b>	<b>Ruqaya Abdelghafar Ali A AlMarzooqi</b>
	<b>Role/Title</b>	<b>Administrative Officer</b>

<b>Reviewed By</b>	<b>Name</b>	<b>Aisha Rashid AlFalasi</b>
	<b>Role/Title</b>	<b>Head of Healthcare Facilities Licensing Section</b>

<b>Approved By</b>	<b>Name</b>	<b>Hisham Hassan Alhammadi</b>
	<b>Role/Title</b>	<b>Director of Health Licensing Department</b>