





New Facility License Activate Facility License

User Guide

Latest update December/2020

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Quick Links



Guide Overview

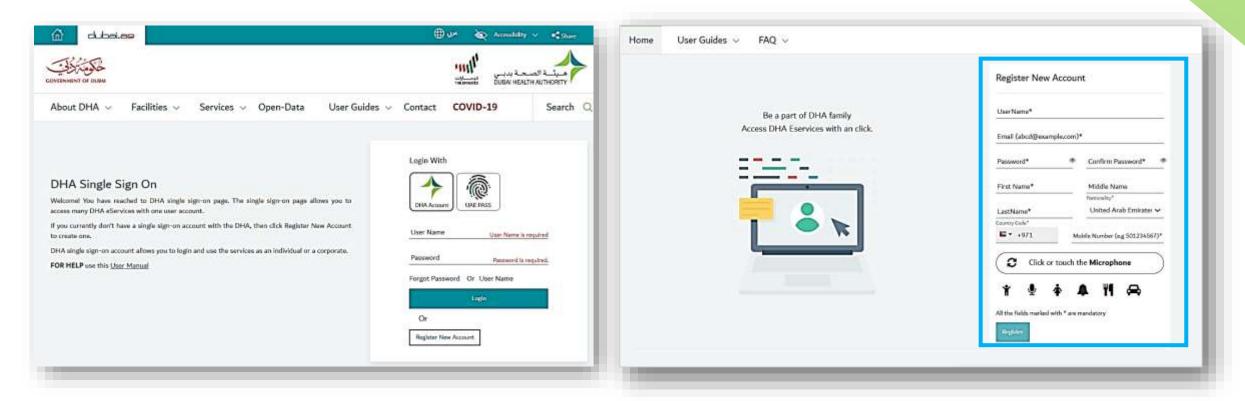


DHA E-service Account Access

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

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

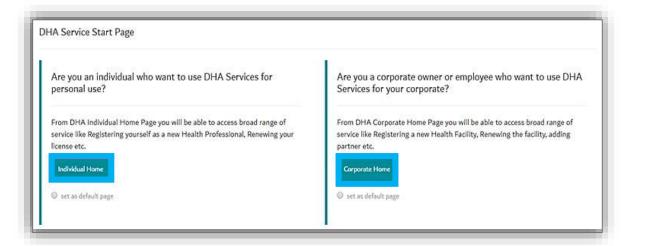
Registration: New users must create an account. Click the 'Register With Us' button to create a new username & password.



DHA E-service Account Access

Set Preference

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





Health Licensing Service (Sheryan) Access

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

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



Sheryan Account Management

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

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

Sheryan Account Management

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

Sheryan Account Management

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



Ask Latifa

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



Health Licensing Support

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

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

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

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



Frequently Asked Questions

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

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

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

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

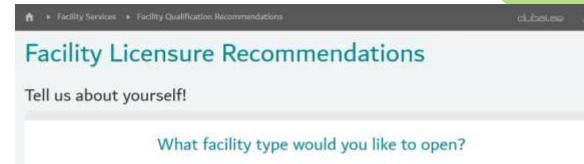
> Cost: Free Average Processing Time : Instant



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

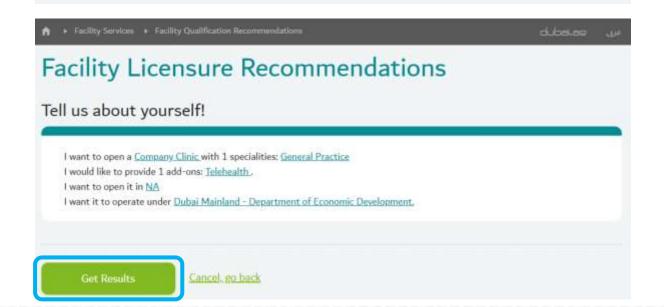
<u>Step 2</u>: Click Facility Qualification Recommendations

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



Please Select

Press ENTER when you're done



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

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

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

v

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

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

New Facility License

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

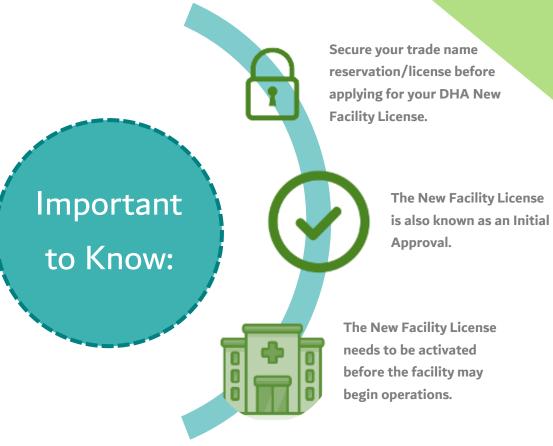
> Cost: 1020AED* Average Processing Time : 10 working days

* Depending on facility type

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

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

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



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

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

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

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

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

Terms & Conditions

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



New Facility License – Step Description

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

New Facility License – License Information

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

New Facility License – Applicant Details

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

New Facility License – Facility Overview

acility Overview		Planned Professionals
lity Type		Planned Number of Physicians 0
Facility Category Select Option Facility Specialities Select Multiple Options Service Excellence(Optional) Select Option Add-Ons(Optional) Select Multiple Options Value Proposition Enter your facility's value proposition	From the selected specialities indicate which specialities 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.	Planned Number of Dentists 0 Planned Number of Nurses / Midwives 0 Planned Number of Allied Health Professionals 0 Planned Number of Traditional Complimentary and Alternative Medicine (TCAM) Professionals 0 Please make sure you provide the correct information in all fields.
Project Cost (AED)	Amount is in AED	
Opening Date	Select the expected Opening Day	

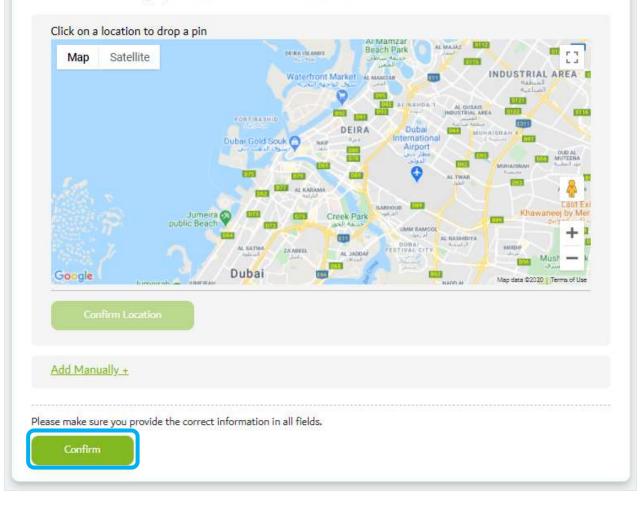


New Facility License – Location Details

▼ Location Details

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

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



New Facility License – Facility Layout

▼ Facility Layout

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

- In pdf format

- Services offered are labelled on each room

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

Floor Plan

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



New Facility License – Additional Documents

▼ Additional Documents

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

Add More Documents(Optional)

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

New Facility License – Terms & Conditions

▼ Terms & Conditions

Terms & Conditions

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

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

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

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

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

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

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

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

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

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

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

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

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

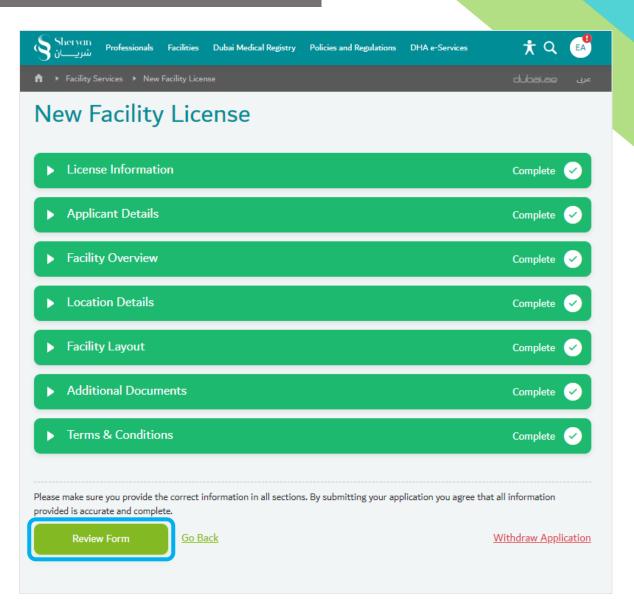
4. The facility name should not contain Allah Almighty's Names, names of any religion, denomination, governing authority or names or logos of any local, Arab and international bodies, institutions and organizations.

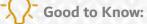
5. The facility name should not violate the public law and order.

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

New Facility License – Review Form

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





New Facility License – Review Form

Review the details in the form.

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

Applicant Details	
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 Specialities 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 O
Planned Number of Nurses / Midwives 4	Planned Number of Allied Health Professionals 1
Planned Number of Traditional Complimentary and Alternative Medicine (TCAM) Professionals O	
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 Flan	
Room and Bed Count		
Room Type General Room Specialities Cardiology	Number of Rooms 3	
Total Number of Rooms 3		
Additional Documents		
Additional Documenta		
Version No 1	Uploaded By	
Upload Date	Upload File	
DHA Undertaking Letter		
Signed Undertaking Letter		
Upload File		

New Facility License - Payment

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

I agree to the terms and conditions

CIL.

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

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

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

Total AED 1020

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

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

New Facility License – DHA Review

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

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

*Check Appendix 2 on how to resubmit returned applications.

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

Step 11:

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

My Applications

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



<u>View Facility</u>

New Facility License – Download License



License Status: Inactive Date: 21-11-2020

License Details

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

Address

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



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

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

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

Medical Director

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

Medical Director Nationality: N/A

Thank you for your continuous cooperation, Yours Sincerely,

Health Regulation Sector Dubai Health Authority

Remarks:

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

CP_9.2 F-01



1605984862633





رخصة المنشأة الصحية

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

بيانات الرخصة

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

العنوان

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

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

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

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

المدير الطبي

اسم المدير الطبي : -تخصص المدير الطبي : -

جنسية ال<mark>م</mark>دير الطبي : -

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

قطاع التنظيم الصحي هيئة الصحة بدبي

ملاحظات:

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

CP_9.2 F-01



New Facility License – Other Approvals

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

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

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

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

Activate Facility License

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

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

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

Approximate Cost

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

Knowledge and Innovation Fees will be applied at checkout.



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

Scroll down, click on 'Activate License

Activate Facility License – Application Form

♠ Facility Services ► Activate Facility License

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

License Information

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

Review Professionals

▼ Review Professionals

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

Select Medical Director

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

*Radiology Regulation Compliance

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

Compliance Details

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

41

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

Final Inspection

▼ Final Inspection

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

Final Inspection Details

Yes

Will the Applicant be Present during the inspection? No

Inspection Coordinator Name

Inspection Coordinator Name

Inspection Coordinator Mobile Number

+971 • Inspection Coordinator Mobile Number

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

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

Confirm

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

Review Contact Details

w

Ψ.

▼ Review Contact Details

This section displays the logged-in user information.

Personal Information (Individual)

DHA Unique ID

999

E

English First Name

E de la companya de la compa

English Last Name

А

Date of Birth

01/01/1900

Gender

ale

Nationality

United Arab Emirates

Email Address

demo@test

Mobile Number

+971•

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

Confirm

Terms & Conditions

▼ Terms & Conditions

Terms & Conditions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Tick 'I Agree to the Terms and Conditions'



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

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

Payment / Payment Exemption

Exemption Proof

Exemption Proof

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

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

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nowledge & innovation fee	AED 20	
Are you exempted from pay	/ment?	
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lease make sure you provide Pay Now	the correct information in all the sections. Go Back	Withdraw Applicat
		Withdraw Applicat
		Withdraw Applicat
	<u>Go Back</u>	Withdraw Applicat
Pay Now	<u>Go Back</u>	Withdraw Applicat
Pay Now	Go Back	Withdraw Applicat

1

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

If required, an inspection is scheduled.

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

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

Required Action – Fill Survey

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

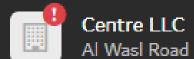
A notification alert (!) will appear on the menu icon. Click on menu and select 'Notification Centre'. Click on the required action and complete the survey.

ABDULLAH MOHAMMED DHAID: 00123456

My Applications

Notification Centre

Settings

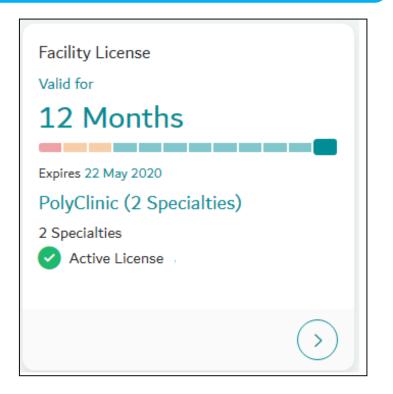


Survey Pages

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

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





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

APPENDIX 1

Application Status Resubmit Returned Application



How to Check Application Status

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

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

ABDULLAH MOHAMMED DHAID:00123456

My Dashboard

My Applications

Verifications and CBT Assessments

Notification Centre

Settings

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

Returned Applications

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0	Returned 09/10/20	N/r	w Facility Lic	ense	NFL-2020- 00001152			0.00	09/10/2020	>

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



Request Refund

Appendix 1: Returned Applications

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

New Facility License

Complete 🖌
Complete 🧹
Complete 🧹
Complete 🥪
Complete 😔
Complete 🖌
Complete 🕑

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

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

Submit Go Back

Withdraw Appplication

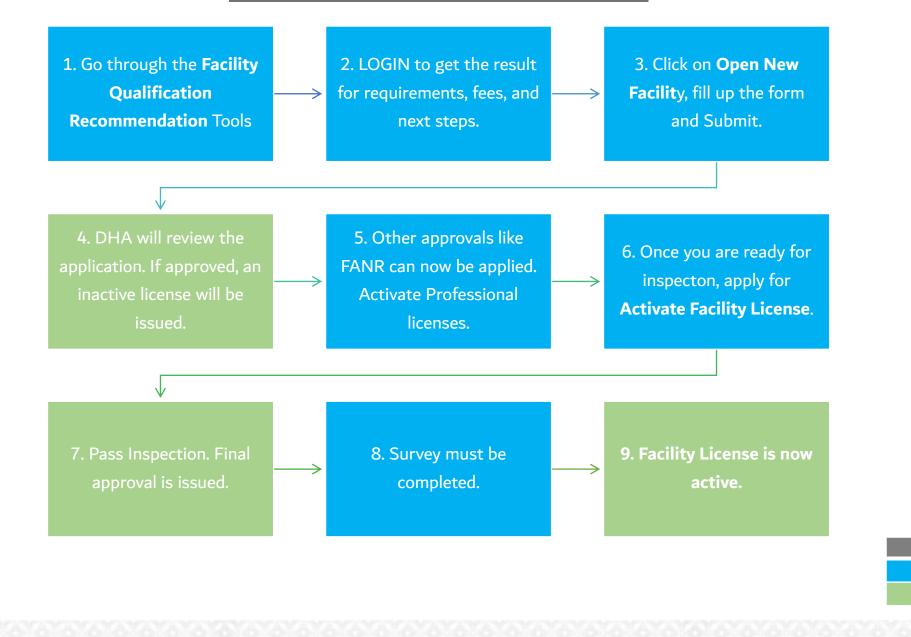
The status will change to Submitted.

New Facility License

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



New Facility License Flow Chart





DHA

Applicant

Legend



Sample Proposal Letter

Date: DD-MM-YYYY

Respected Dubai Health Authority,

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

We proposed to add the following services:

1. Gastroenterology 2. Speech Therapy

3. Diet and Nutrition

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

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

For your kind approval,

Yours Sincerely, (Authorized Signatory)

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

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

> Include complete information of the requesting facility.

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

Sample Trade License

Address / المتوان

اقــتـصاديــة دب UBAI ECONOMY	D	GOVERNMENT OF DUBA		ـــتـصاديـــة دبر UBAI ECONOM	ž		
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Name / الزمسم /	Nationality / كجنسية /	مسلسل الشخص/Sr. No	تاريخ الإسدار	22/06/2017	Innue Date	تاريخ الإنتهاء	
	United Arab Emirates / United	70.2600000%	دريح بوسدر رقم الرخصة الام	743279	Main License No.	تاريخ الإنتهاء الرقم العالمي	
	United Arab Emirates / الاسليات	29.7200000%					
	Cigual / Critice Arab Entratas	24.30000	عضوية الغرفة		DCEI No.	رقم السجل التجارى	
			اطراق الرخصة /	License Members			
			Name / purt	Contraction of the second second	رقم الشخمن/.80	ا الجنسية / tionality	- 10
			لىقى /	NEIL		ed Kingdom / ابريطانيا	Ur
			and the second se	cense Activities / ight	1		
			مجمع طبي				

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

GOVERNMENT OF DUBA

License 5

Trade Nan Legal Type

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

Register N

Share / الجمعين

Poly Clinic

HEALTHCARE LLC

Limited Liability Company(LLC) 21/06/2018

1192703

Role / Laul Manager / june

Always check the validity before uploading.

منتدوق البريد		P.O. Box	تليقون			Telephone
رقم القطعة		Parcel ID	فاكس			Fax
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Sample No Objection Certificate (NOC)

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

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

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

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

Sample Engineering Layout – Auto Cad





Facility FAQ

Service Catalogue



Sheryan FAQ



Policies and Regulations



Health Licensing Department

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