**إدارة التعليم الطبي والأبحاث**

**Medical Education and Research Department**

طلب تسجيل التدريب الصحي في منشأة صحية-أساسي

Registration of Clinical Training in Health Facility Application-Basic

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| الرقم المرجعي : | | | | | | | | DHA USE | | | | | | | | | | Reference Number: | | | | | | | | |
| البرنامج التدريبي المطلوب  يتم اختيار برنامج واحد فقط | | | | | | | | | | | | | | **Requested Training Program**  **Only one program shall be selected** | | | | | | | | | | | | |
| برنامج التعليم الطبي (قبل التخرج)  برنامج الملاحظة المهنية  الأطباء  الرجاء تحديد: Click or tap here to enter text.  أطباء الأسنان  الرجاء تحديد: Click or tap here to enter text.  التمريض والقبالة  الرجاء تحديد: Click or tap here to enter text.  المهن الطبية المساعدة  الرجاء تحديد: Click or tap here to enter text.  الطب التقليدي  الرجاء تحديد: Click or tap here to enter text.  أخرى  الرجاء تحديد: Click or tap here to enter text. | | | | | | | | | | | | | | **Undergraduate Program**  **Observership Program**  Physician  Please specify: Click or tap here to enter text.  Dentist  Please specify: Click or tap here to enter text.  Nurses and Midwives  Please specify: Click or tap here to enter text.  Allied health  Please specify: Click or tap here to enter text.  TCAM  Please specify: Click or tap here to enter text.  Others  Please specify: Click or tap here to enter text. | | | | | | | | | | | | |
| البرنامج التدريبي | | | | | | | | | | | | | | **Training Program** | | | | | | | | | | | | |
| وحدة تدريبية | |  | | Training Unit | | | | برنامج مشترك | | | | | | |  | Shared Program | | | برنامج مكتمل | | | | |  | | Full Program |
| مدة التدريب النظري | | Click or tap here to enter text. | | | | | | | | |  | | | | | Click or tap here to enter text. | | | | | | | Duration of Theoritecal Training | | | |
| مدة التدريب العملي | | Click or tap here to enter text. | | | | | | | | |  | | | | | Click or tap here to enter text. | | | | | | | Duration of Practical Training | | | |
| الانتساب الأكاديمي | | Click or tap here to enter text. | | | | | | | | |  | | | | | Click or tap here to enter text. | | | | | | | Affiliation Academic | | | |
| عدد المتدربين المتوقع انضمامهم | | Click or tap here to enter text. | | | | | | | | |  | | | | | Click or tap here to enter text. | | | | | | | Number of Expected Trainees | | | |
| الطاقة الاستيعابية للمنشأة | | Click or tap here to enter text. | | | | | | | | |  | | | | | Click or tap here to enter text. | | | | | | | Facility Capacity for Trainees | | | |
| تصنيف المتدربين | | ☐ من داخل الدولة | | | | | ☐ من خارج الدولة | | | |  | | | | | International ☐ | | | | Domestic ☐ | | | Type of Trainees | | | |
| عدد غرف التدريب | | Click or tap here to enter text. | | | | | | | | |  | | | | | Click or tap here to enter text. | | | | | | | Number of Training Rooms | | | |
| الوسائل التدريبية المستخدمة | | محاضرة | | | فيديو | | | | التواصل الافتراضي | | | Virtual | | | | | Video | | | | | Lecture | Training Methodology | | | |
| مؤتمر | | | تدريب عملي | | | | تعلم عن بعد | | | Online Training | | | | | Practical Training | | | | | Conference |
| مجموع ساعات التدريب الاسبوعية | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | Total training hours per week | | | |
| الدرجة العلمية المحصلة | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | Outcome degree awarded | | | |
| أعضاء هيئة التدريب والمنسقين | | | | | | | | | | | | | | **Clinical faculty & coordinators** | | | | | | | | | | | | |
| معلومات مدير البرنامج / المشرف التدريبي | | | | | | | | | | | | | | **Program Director / Training Supervisor Information** | | | | | | | | | | | | |
| الاسم الكامل | | Click or tap here to enter text. | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | Name Full | | | |
| التخصص: | | Click or tap here to enter text. | | | | | | | | Specialty | | | | رقم الترخيص المهني: | | | | Click or tap here to enter text. | | | | | DHA license No: | | | |
| البريد الالكتروني: | | Click or tap here to enter text. | | | | | | | | Email | | | | الهاتف المتحرك: | | | | Click or tap here to enter text. | | | | | Mobile No: | | | |
| معلومات منسق البرنامج | | | | | | | | | | | | | | **Program Coordinator** | | | | | | | | | | | | |
| الاسم الكامل | | Click or tap here to enter text. Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | Full Name | | | |
| التخصص: | | Click or tap here to enter text. | | | | | | | | Specialty | | | | رقم الترخيص المهني (ان وجد) | | | | Click or tap here to enter text. | | | | | DHA license No. (if available) | | | |
| البريد الالكتروني: | | Click or tap here to enter text. | | | | | | | | E-mail | | | | الهاتف المتحرك: | | | | Click or tap here to enter text. | | | | | Mobile No: | | | |
| تفاصيل المنشأة الصحية : | | | | | | | | | | | | | | **Health Facility details** | | | | | | | | | | | | |
| اسم المنشأة الصحية: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Name of the Health Facility**:** | | | | | |
| رقم رخصة المنشأة: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | DHA Facility License Number: | | | | | |
| تاريخ انتهاء الرخصة: | | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | DHA license expiry date: | | | | | |
| العنوان: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Address: | | | | | |
| رقم الهاتف الأرضي: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Landline Number**:** | | | | | |
| الموقع الالكتروني: | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Facility Website: | | | | | |
| الفروع الأخرى التي تقدم البرنامج(إن وجد): | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | Branches offering the program(if applicable): | | | | | |
| القطاع: | | | | | | حكومي government | | | | | | | | خاص Private | | | | | | | Sector | | | | | |
| فئة المؤسسة الصحية (اختر واحد) | | | | | | | | | | | | | | **Healthcare Institution Category (Select One)** | | | | | | | | | | | | |
| صيدلية |  | | Pharmacy | | | | | مستشفى تخصصي | | | | |  | Specialized Hospital | | | | مستشفى عام | | | | |  | | General Hospital | |
| منشأة صحية خارجية |  | | Outpatient facility | | | | | مركز رعاية صحية أولية | | | | |  | Primary Healthcare Center | | | | مركز متخصص | | | | |  | | Specialized Clinic | |
| الطب التقليدي |  | | TCAM | | | | | منشأة صحية مساندة | | | | |  | Clinical support Facility | | | | مركز جراحة اليوم الواحد | | | | |  | | Day Surgery Center | |
| أخرى (حدد) | | | | | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | | Other (Specify) | | | | | |
| الرجاء ذكر أهداف البرنامج التدريبي | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | Please specify training program objective | | | | | |

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| الشروط والأحكام: | Terms and Conditions: |
| * يتم تقديم طلب منفصل لكل برنامج تدريبي * تلتزم المنشأة بتقديم الوثائق الداعمة للطلب * لا يعتبر هذا الطلب موافقة لإصدار شهادات أكاديمية ولا يخول المتدربين صلاحيات ممارسة أي من المهارات المكتسبة إن وجدت بدون الحصول على رخصة من الجهات المعنية * الالتزام بإجراءات الدفع قبل الزيارة الميدانية للمنشأة | * Each Application Form is designed for one program only * Applicant should submit all required supporting documents * This is not an approval for Academic certificate nor a privilege of practicing the trained skills (if any) without appropriate License issued by health regulation bodies * Payment is to be processed prior to the facility inspection |
| أصرح رسميًا أنني قد راجعت معايير المرافق الصحية التي تقدم التدريب الصحي وأوافق على الامتثال لجميع المتطلبات وغيرها من سياسات هيئة الصحة بدبي والقوانين الاتحادية ذات الصلة.  المعلومات المقدمة إلى هيئة الصحة بدبي حول هذا الموضوع صحيحة وكاملة. وفي حال انني قدمت بيانات غير صحيحة أو مظللة في ما يتعلق بطلبي فسيعتبر الطلب المقدم من طرفي غير مستوفي للشروط ولهيئة الصحة بدبي الحق في إلغاء الطلب على التدريب أو سحب أية موافقة تصدر لاحقا بهذا الخصوص أو اتخاذ التدابير و الإجراءات اللازمة حيال ذلك. | I/solemnly declare I/we have reviewed the Standards for Health Facilities Providing Medical Training and agree to comply with all requirements and other related DHA Policies and Federal Laws.  The information provided to DHA on the subject is accurate and complete to the best of my knowledge and belief. I understand and agree that, if I make a false or misleading statement or representation in respect to my application, I shall be deemed not to have satisfied the requirements for adding training service. I further acknowledge that DHA has the right to cancel the application and approval for training if any aspects noted within this undertaking are not being met. |
| يرجى ارسال نموذج الطلب بعد تعبئته وتوقيعه للبريد الالكتروني لإدارة التعليم الطبي والأبحاث [trainingfacility@dha.gov.ae](mailto:trainingfacility@dha.gov.ae) | **Kindly, submit completed signed application form through the Medical Education & Research Dept E-mail** [**trainingfacility@dha.gov.ae**](mailto:trainingfacility@dha.gov.ae) |

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| اسم مقدم الطلب: | Click or tap here to enter text. | Click or tap here to enter text. | Name of the applicant: |
| الصفة الوظيفية: | Click or tap here to enter text. | Click or tap here to enter text. | Designation: |
| التوقيع: | Click or tap here to enter text. | Click or tap here to enter text. | Signature: |
| اسم المدير الطبي: | Click or tap here to enter text. | Click or tap here to enter text. | Name of the Medical Director: |
| توقيع المدير الطبي: | Click or tap here to enter text. | Click or tap here to enter text. | Signature of Medical Director: |
| التاريخ: | Click or tap to enter a date. | Click or tap to enter a date. | Date: |
| ختم المنشأة الصحية: | Click or tap here to enter text. | | Facility seal: |

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|  | | DHA Initial assessment Check list |
| Remarks | **Status** | **Item** |
| Click or tap here to enter text. | Yes  No  NA | 1. Organizational Chart |
| Click or tap here to enter text. | Yes  No  NA | 1. Accredited Training Objectives/Curriculum |
| Click or tap here to enter text. | Yes  No  NA | 1. Training Materials & Tools |
| Click or tap here to enter text. | Yes  No  NA | 1. Target Group for Training |
| Click or tap here to enter text. | Yes  No  NA | 1. Eligibility criteria to accept trainees |
| Click or tap here to enter text. | Yes  No  NA | 1. Number of Continuing Professional Development (CPD) Hrs. |
| Click or tap here to enter text. | Yes  No  NA | 1. Name of training Program lead with DHA license |
| Click or tap here to enter text. | Yes  No  NA | 1. Training Rooms Layout |
| Click or tap here to enter text. | Yes  No  NA | 1. Tool for tracking trainees attendance |
| Click or tap here to enter text. | Yes  No  NA | 1. Logbook for trainee experience |
| Click or tap here to enter text. | Yes  No  NA | 1. Valid Trade License |
| Click or tap here to enter text. | Yes  No  NA | 1. KHDA/MOE Accreditation on the Program/Institute |
| Click or tap here to enter text. | Yes  No  NA | 1. International/Local Academic Affiliation |
| Click or tap here to enter text. | Yes  No  NA | 1. Trainers DHA License |
| Click or tap here to enter text. | Yes  No  NA | 1. Trainers Profile (with Credentials/Qualification/ Experience) |
| Click or tap here to enter text. | Yes  No  NA | 1. Malpractice Insurance in case of any hands-on trainings |
| Click or tap here to enter text. | Yes  No  NA | 1. Training Program Rotation/Plan |
| Click or tap here to enter text. | Yes  No  NA | 1. Trainee’s Evaluation/competencies Criteria or Method |
| Click or tap here to enter text. | Yes  No  NA | 1. The facility has sterilization unit |
| Click or tap here to enter text. | Yes  No  NA | 1. The facility sufficient number of patients flow to ensure a proper training |
| Click or tap here to enter text. | Yes  No  NA | 1. Health and Safety Manual that includes all health and safety policies and procedures |
| Click or tap here to enter text. | Yes  No  NA | 1. Coordinator/Supervisor’ experience has the basic principles of teaching, learning and assessment |
| Comments and remarks: Click or tap here to enter text. | | |