Amend Facility License

User Guide

Latest update August/2020

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DHA E-service Account Access

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.

Login: Existing users can enter their username and password on this page.
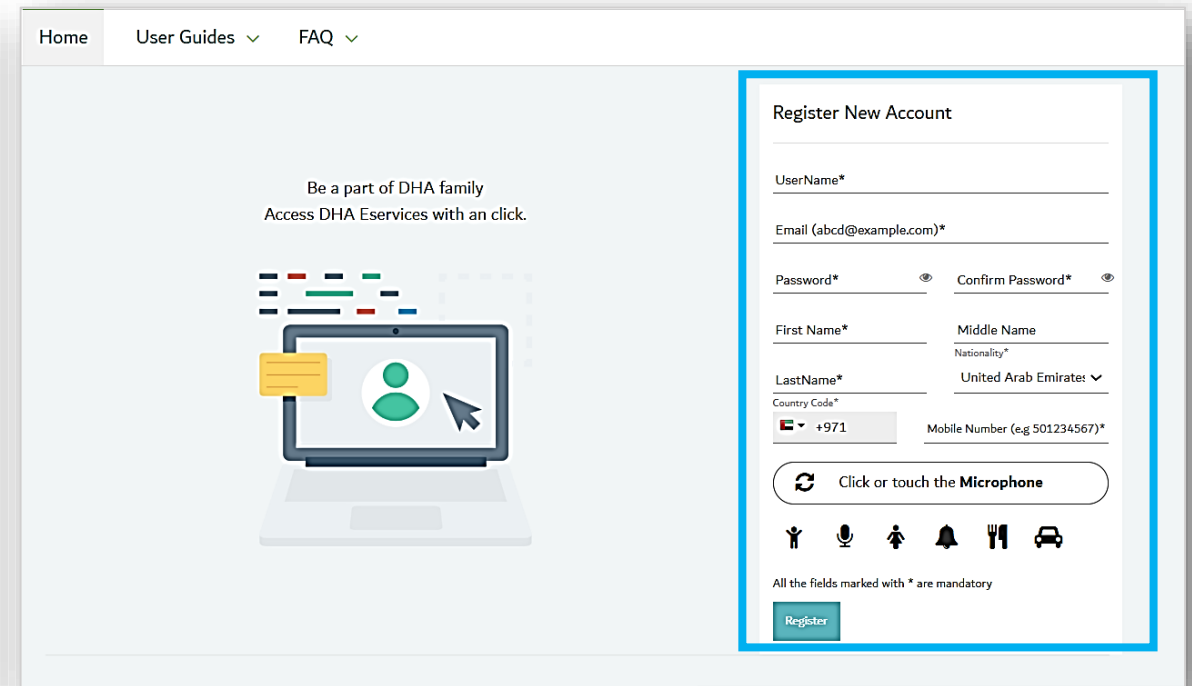
Registration: New users must create an account. Click the 'Register With Us' button to create a new username & password.

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

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

Good to Know:

DHA E-service account is managed by IT Department. For assistance, call 800-342.

Once an email is registered for an account, it cannot be used for another account.

Each user must have one account. Do not create multiple accounts.

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

For Individual   For Corporate ⌄   Application Enquiry

⌂ Corporate Home Page

Individual	Corporate

Select the service that you would like to use
Select Corporate

prime hospital ⌄

S Health Licensing Service User Guide	▢Submit Event Management User Guide	Statistics Service	Infectious Diseases Notification Service

Good to Know:

Sheryan is an application within your DHA E-service account.

Users who can access facility dashboard are categorized as Privileged or Limited Access user.
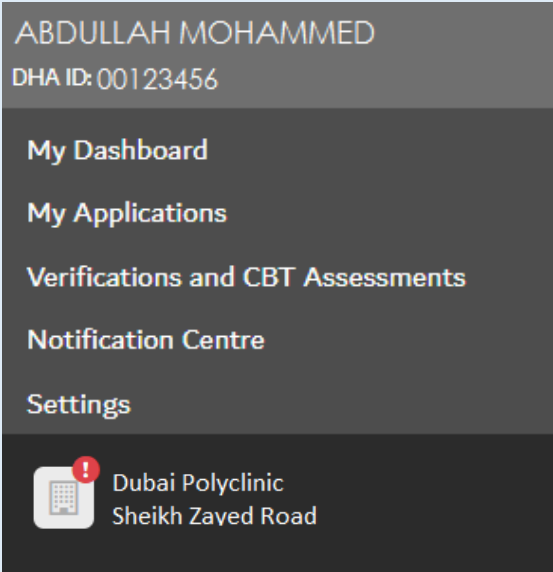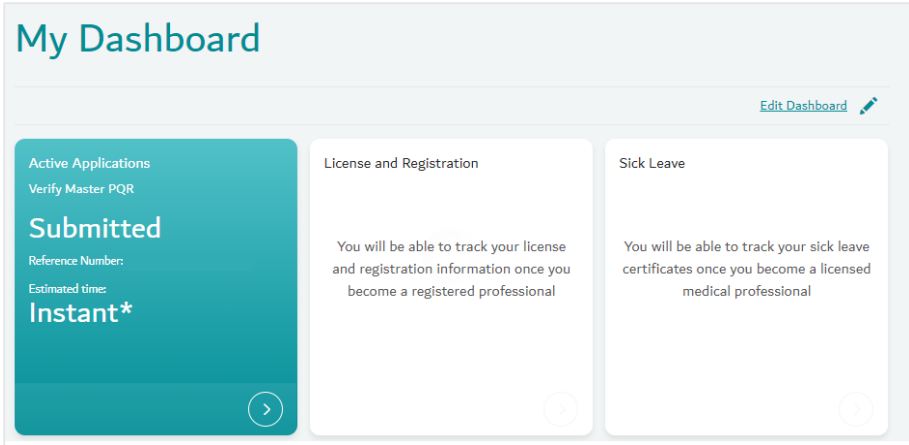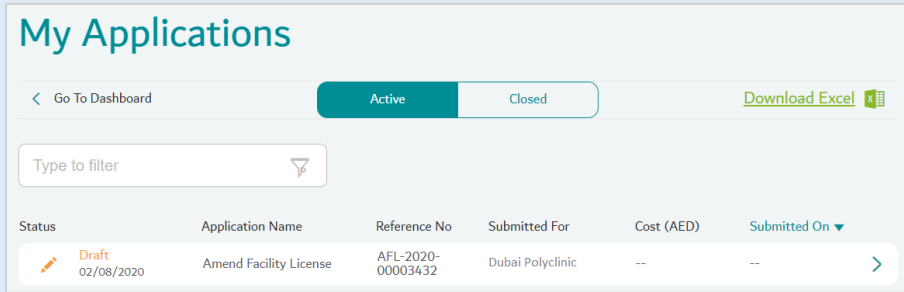
Users must keep their log-in details confidential to avoid unauthorized access.

Before proceeding to the licensing services, users must be familiar with account management.
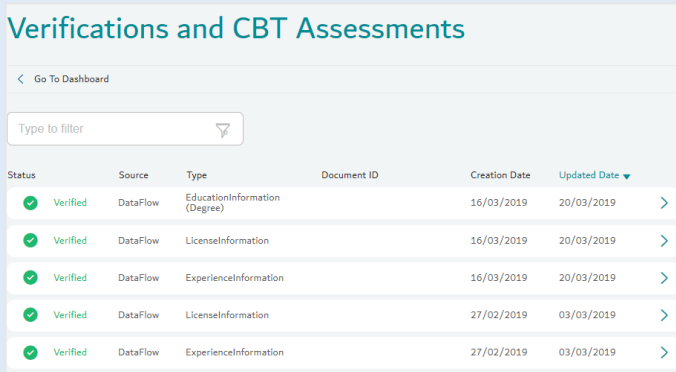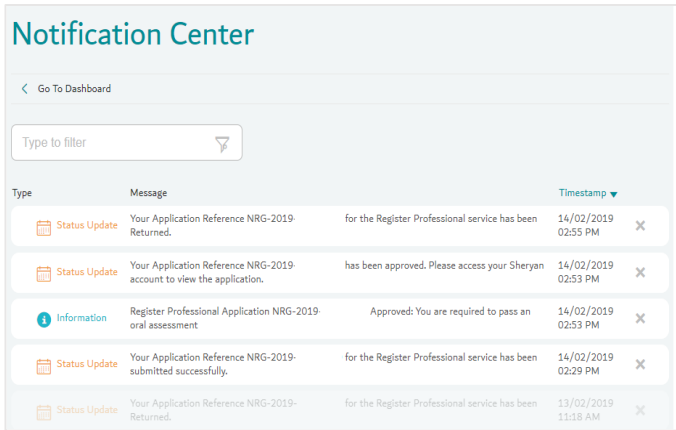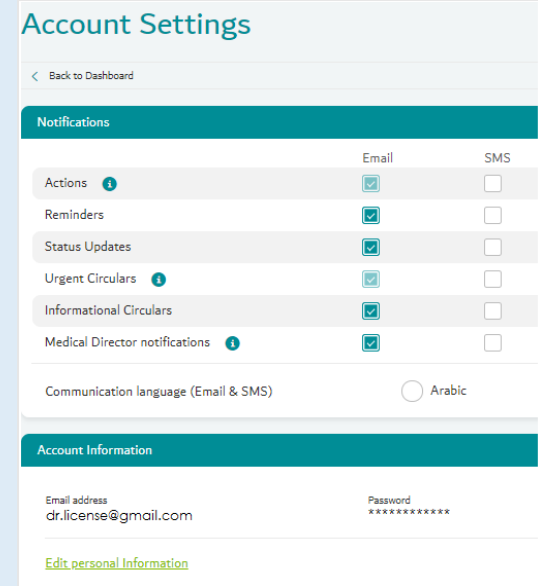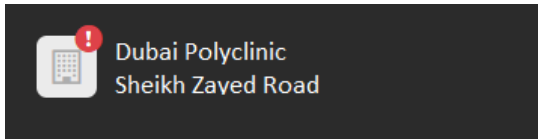
Icon	Action
عربى /**English**	Change Language Preference
🧍	Accessibility (Text Resize, Contrast Switch, Read Speaker)
🔍	Search
LA	The initials depend on the user's first and last name. Click on the icon to view your unique ID, access your dashboard, applications, verified documents, notifications and settings pages.

Sheryan Account Management

Menu Screenshot	Account Menu Options	Screenshot
ABDULLAH MOHAMMED DHA ID: 00123456 My Dashboard My Applications Verifications and CBT Assessments Notification Centre Settings Dubai Polyclinic Sheikh Zayed Road	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 - quick view of application status, current registration/ license status, services, issued sick leaves, etc.	**My Dashboard** Edit Dashboard ✏ **Active Applications** Verify Master PQR **Submitted** Reference Number: Estimated time: **Instant*** **License and Registration** You will be able to track your license and registration information once you become a registered professional **Sick Leave** You will be able to track your sick leave certificates once you become a licensed medical professional
	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 Dashboard [Active] [Closed] Download Excel 📊 Type to filter 🔽 Status | Application Name | Reference No | Submitted For | Cost (AED) | Submitted On ▼ ✏ Draft 02/08/2020 | Amend Facility License | AFL-2020-00003432 | Dubai Polyclinic | -- | -- | >

Account Menu Options	Screenshot	Account Menu Options	Screenshot
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 healthcare professionals.	**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 ›		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** ‹ Back to Dashboard **Notifications** |	Email	SMS
---	---	---
Actions ⓘ	☑	☐
Reminders	☑	☐
Status Updates	☑	☐
Urgent Circulars ⓘ	☑	☐
Informational Circulars	☑	☐
Medical Director notifications ⓘ	☑	☐	 Communication language (Email & SMS) ◯ Arabic **Account Information** Email address dr.license@gmail.com Password ************* Edit personal Information
Notification Centre - (!) alerts represented by a red exclamation point beside your name's initials can be seen here.	**Notification Center** ‹ Go To Dashboard Type to filter ▽ 	Type	Message		Timestamp ▼
📅 Status Update	Your Application Reference NRG-2019- Returned.	for the Register Professional service has been	14/02/2019 02:55 PM ✕
📅 Status Update	Your Application Reference NRG-2019- account to view the application.	has been approved. Please access your Sheryan	14/02/2019 02:53 PM ✕
ⓘ Information	Register Professional Application NRG-2019- oral assessment	Approved: You are required to pass an	14/02/2019 02:53 PM ✕
📅 Status Update	Your Application Reference NRG-2019- submitted successfully.	for the Register Professional service has been	14/02/2019 02:29 PM ✕
📅 Status Update	Your Application Reference NRG-2019- Returned.	for the Register Professional service has been	13/02/2019 11:18 AM ✕		Linked Facility User – if you are a linked user, you can access the facility dashboard by clicking on the facility name on your menu.	🏢❗ **Dubai Polyclinic** **Sheikh Zayed Road**
		Logout - exit the account.	

Step 1: Log in to your DHA Account – Access Sheryan

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 →

Facility Dashboard

Violations

Relevant Services

- **Amend Facility License** →
- Activate Professional License →
- Add/Upgrade Professional License →
- Cancel Professional License →

Option 1:

Go to Facility Services. Under Manage Facility License, select 'Amend Facility License'.
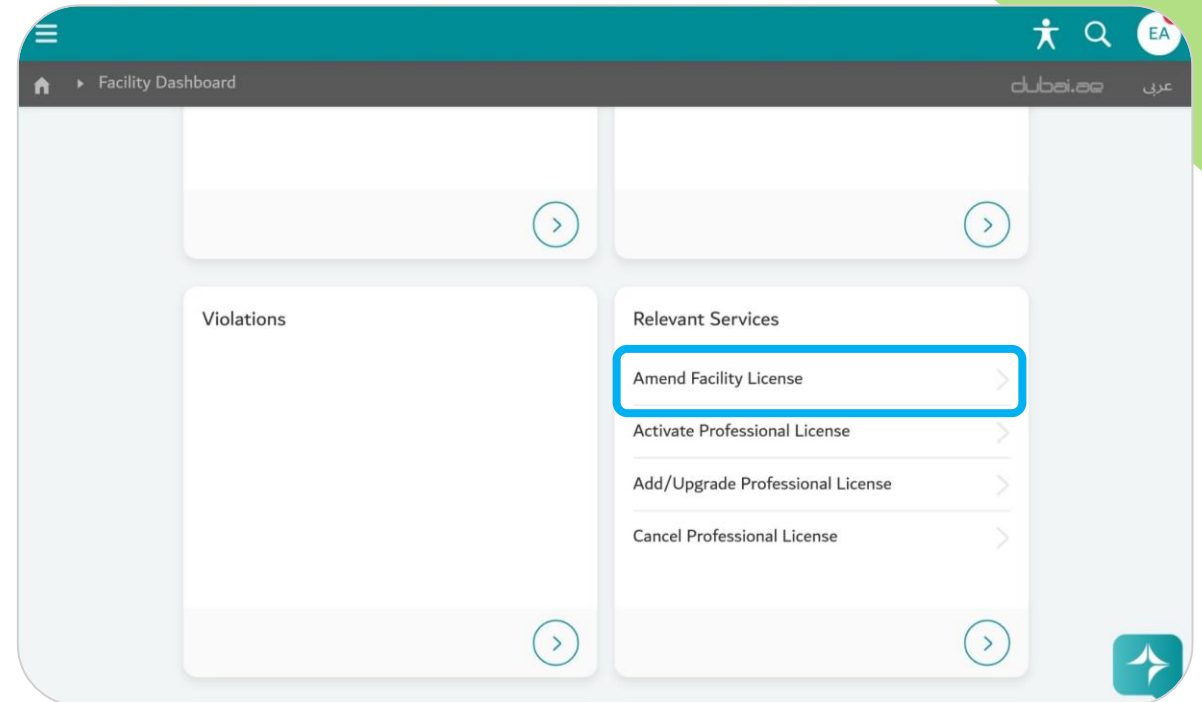
Option 2:

Go to Facility Dashboard. Under Relevant Services widget, select 'Amend Facility License'.

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Scroll down, review the requirements until you reach the bottom of the page.

Approximate Cost can be accessed on the service description **page**.

Select the facility category to get a list of approximate cost.

Click Amend License to access the service.

Approximate Cost

Air Ambulance ▼

Final Approval for Changing Category Fees (for active licenses)

Final Approval for other Facility Amendments (for active licenses)

Re-inspection Fees (for active licenses)

Add-on yearly fees: 24 Hour Facility (for active licenses)

Air Ambulance

Community (Out Patient) Pharmacy

Company Clinic

Convalescence House

Day Surgical Center

Knowledge and Innovation Fees will be applied at checkout.

Amend License

Step 1: Click on the Application & Applicant Information step

Amend Facility License

▶ Application & Applicant Information

▶ 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.

| Save | Go Back | Withdraw Application |

Click 'Save' to save all details entered

Click 'Go Back' to go back to previous page

Click 'Withdraw Application' to cancel the application.

Good to Know: The first step will be the same for all options.

▼ Application & Applicant Information

Amendment Action

Select which amendment action you are requesting on the facility. All amendments that have already been made on your trade license and are not yet activated on your health facility license should also be requested in this application.

Amendment Action

Select Multiple Options ▼

Amendment Action

Update Accreditations & 2 Other(s) ▼

☑ Add/Remove Add-Ons

☐ Add/Remove Speciality

☐ Change Location

☑ Change Category

☐ Expand Facility Building

☐ Renovate/Change Layout

☑ Update Accreditations

☐ Update FANR License

Step 2:
Select the amendment option/s.
Multiple options can be selected.

Instructions and guidelines are available on each section. Read thoroughly.

Note: The next steps shown will depend on the option/s selected.

Facility	Option Selected
A general practice facility (1 specialty) wants to hire a Specialist Pediatrician.	Change Category
A facility with 3 specialties wants to remove one its specialties.	Change Category
A facility with 10 specialties wants to remove one of its specialties.	Add/Remove Specialties
A facility wants to renovate one of its treatment rooms.	Renovate/Change Layout
A facility wants to expand from one unit to the whole floor of a building.	Expand Facility Location
A facility wants to offer Clinical Training.	Add/Remove Add-Ons
A facility wants to offer Delivery services.	Add/Remove Add-Ons

Add/Remove Specialty

Change Category

Change Location

Expand Facility Building

Renovate/Change Layout

Add/Remove Add-Ons

Update Accreditations

Update FANR License

Home Health Care

Clinical Training Services

Mobile Unit

24 Hour Facility

Drive Through

Tele Health
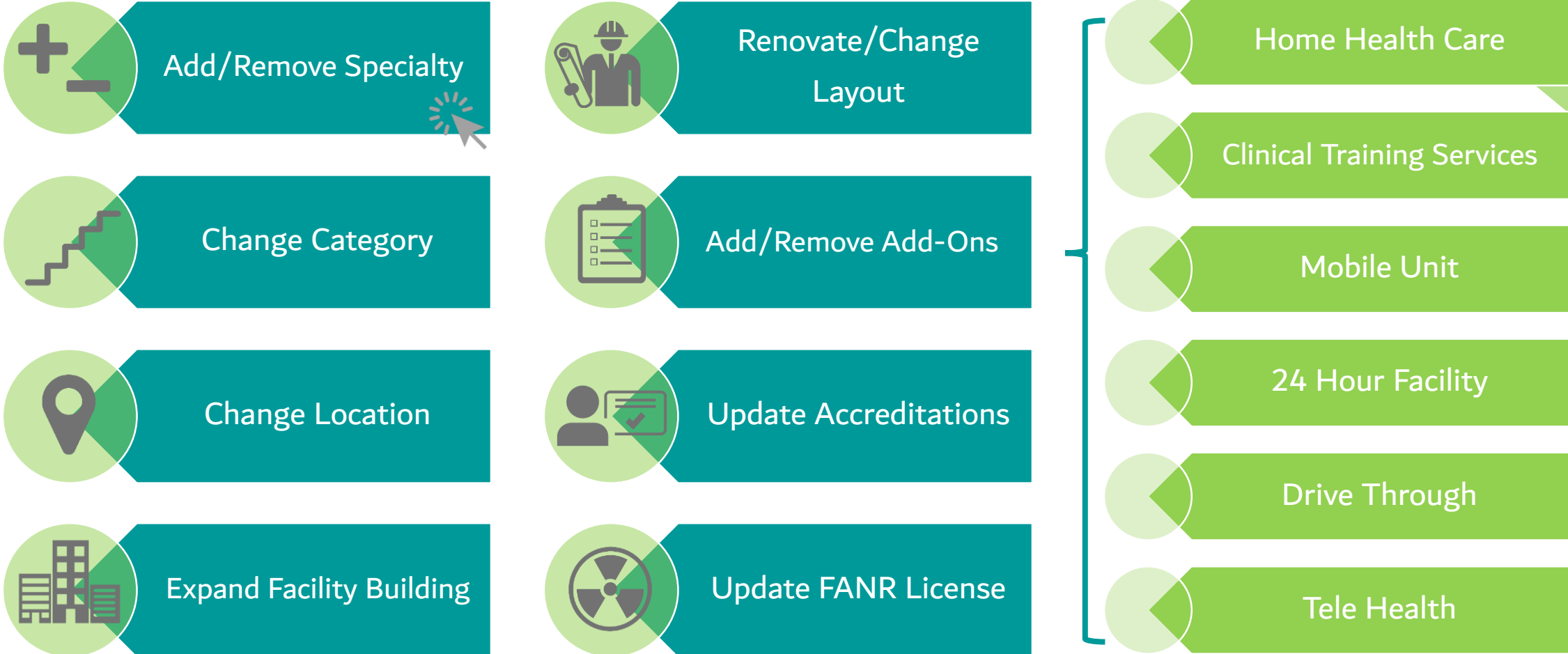
Note: Click the icon to skip to a specific section.

General Information

Steps

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Add/Remove Add-Ons

Select this option to request special service to be removed or added to the facility.

Example:
Pharmacy: 24 Hour Facility/Drive Through
Polyclinic and Hospitals: Home Health care/Telehealth
Hospitals and Clinics: Mobile Unit

Amendment Action

Add/Remove Add-Ons ▼

- ☑ Add/Remove Add-Ons
- ☐ Add/Remove Speciality
- ☐ Change Location
- ☐ Change Category
- ☐ Expand Facility Building
- ☐ Renovate/Change Layout
- ☐ Update FANR License

Amendment Action

Add/Remove Add-Ons ▼

Step 1:

Select Add/Remove Add-Ons.

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

DHA Unique ID

99912345

English First Name

Mohammed

English Last Name

Ahmed

Date of Birth

01/01/1990 🗓

Gender

Male ▼

Nationality

India ▼

Email Address

dxb.polyclinic@gmail.com

Mobile Number

+971 561234567

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

Confirm

Step3:
Select Add-On

Step 4:
Input Proposal Summary

Step 5:
Select Specialty

Step 6:
Click Confirm

▼ Facility Add-Ons   Complete ✓

Select Add-Ons

You may use this section to request removal or addition of facility add-ons.

Select Add-Ons

| Home Healthcare ▼ |

This dropdown lists all of the add-ons that are applicable to your facility category. Your existing add-ons are pre-selected. Unselect all of the add-ons to be removed from the facility. Do not unselect add-ons that you wish to keep to the facility. Select all add-ons that you want to request to add to the facility.

Home Healthcare Details

Ensure to have a minimum of 8 licensed healthcare professionals including registered nurses. The nurse ratio is:

1 registered Nurse: 3 assistant Nurses

Home Healthcare Proposal

| already approved find the below inspection reference |

Detail the scope of practice and services that will be provided to the patients through this add-on.

Specialities

| Nursing ▼ |

From the requested facility specialities select all those that apply for this permit.

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

[Confirm]

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

Facility Add-Ons   Complete ✓

Select Add-Ons

You may use this section to request removal or addition of facility add-ons.

Select Add-Ons

[Clinical Training Service ▼]

This dropdown lists all of the add-ons that are applicable to your facility category. Your existing add-ons are pre-selected. Unselect all of the add-ons to be removed from the facility. Do not unselect add-ons that you wish to keep to the facility. Select all add-ons that you want to request to add to the facility.

Clinical Training Service

Clinical Training Service Proposal

[BLS Taining]

Detail the scope of practice and services that will be provided to the patients through this add-on.

Target Group Speciality

[ENT Allied Healthcare & 1 Other(s) ▼]

Clinical Training Service Form
Download Letter

Upload Clinical Training Service Form
[Form (2).pdf   🗑]

Add Another Attachment +

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

[Confirm]

Step3:
Select Add-On

Step 4:
Input Proposal Summary

Step 5:
Select Target Group Specialty

Step 6:
Download Clinical Training Form - fill and upload.

Step 7:
Click Confirm

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

Step3:
Select Add-On

Step 4:
Input Proposal Summary

Step 5:
Select Specialty/ies

Step 6:
Upload Mobile Unit Layout

Step 7:
Click Confirm

Facility Add-Ons
Complete ✓

Select Add-Ons

You may use this section to request removal or addition of facility add-ons.

Select Add-Ons

Mobile Unit ▼

This dropdown lists all of the add-ons that are applicable to your facility category. Your existing add-ons are pre-selected. Unselect all of the add-ons to be removed from the facility. Do not unselect add-ons that you wish to keep to the facility. Select all add-ons that you want to request to add to the facility.

Mobile Unit Details

Mobile Unit Proposal

Mobile Unit

Detail the scope of practice and services that will be provided to the patients through this add-on.

Specialities

Cardiology & 2 Other(s) ▼

From the requested facility specialities select all those that apply for this permit.

Mobile Unit Layout

layout (2).pdf 🗑

Upload a CAD layout of the mobile unit. All area sizes and uses should be clearly labelled.

Add Mobile Unit +

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

Confirm

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

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Step3:
Select Add-On

Step 4:
Input Proposal Summary

Step 5:
Select Target Group Specialty

Step 6:
Click Confirm

Facility Add-Ons   Complete ✓

Select Add-Ons

You may use this section to request removal or addition of facility add-ons.

Select Add-Ons

24 Hour Facility ▼

This dropdown lists all of the add-ons that are applicable to your facility category. Your existing add-ons are pre-selected. Unselect all of the add-ons to be removed from the facility. Do not unselect add-ons that you wish to keep to the facility. Select all add-ons that you want to request to add to the facility.

24 Hour Facility Details

24 Hour Facility Proposal

Emergency consultation|

Detail the scope of practice and services that will be provided to the patients through this add-on.

Specialities

Pediatric ▼

From the requested facility specialities select all those that apply for this permit.

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

Confirm

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

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Facility Add-Ons — Complete ✓

Select Add-Ons

You may use this section to request removal or addition of facility add-ons.

Select Add-Ons

Drive Through ▼

This dropdown lists all of the add-ons that are applicable to your facility category. Your existing add-ons are pre-selected. Unselect all of the add-ons to be removed from the facility. Do not unselect add-ons that you wish to keep to the facility. Select all add-ons that you want to request to add to the facility.

Drive Thru Details

Drive Thru Proposal

dispatching medicine

Detail the scope of practice and services that will be provided to the patients through this add-on.

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

Confirm

Step3:
Select Add-On

Step 4:
Input Proposal Summary

Step 5:
Click Confirm

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

Add/Remove Add-Ons - TeleHealth

Facility Add-Ons — Complete ✓

Select Add-Ons

You may use this section to request removal or addition of facility add-ons.

Select Add-Ons

Telehealth ▼

This dropdown lists all of the add-ons that are applicable to your facility category. Your existing add-ons are pre-selected. Unselect all of the add-ons to be removed from the facility. Do not unselect add-ons that you wish to keep to the facility. Select all add-ons that you want to request to add to the facility.

Telehealth Details

Tele-Health Request Form

Download Form

Form (2).pdf 🗑

Telehealth Proposal

report respond to customer inquiry

Detail the scope of practice and services that will be provided to the patients through this add-on.

Service

Telerobotics and Robot-assisted Service ▼

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

Confirm

Step3:
Select Add-On

Step 4:
Download Tele-Health Request Form - fill and upload.

Step 5:
Input Proposal Summary and select Service

Step 6:
Click 'Confirm'

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

Helpful Links: **Standards for TeleHealth Services**

Step 8:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

☐ I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 9:
All sections must be bright green and completed with a white check mark.

Step 10:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 11:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.

Option	Description	Example
Home Healthcare	Allows facilities to provide healthcare services to clients at their home.	Facility sends nurse to patients' home post-operation.
Clinical Training Services	Allows facilities to provide practical clinical teaching (hands-on) services within functioning health facility set up.	A pharmacy accepts fresh graduates for internship.
Mobile Unit	Allows facilities to provide prevention and healthcare services in a customized vehicle in their local communities.	A clinic set-up a mobile clinic for dental services.
24 Hour Facility	Allows facilities to operate 24 hours.	A pharmacy operates 24 hours.
Drive Through	Allows pharmacies to have drive through service.	A pharmacy offers medication pick-up through the drive through.
Tele Health	Allows facilities use of telecommunications and virtual technology to deliver healthcare service.	Facility offers tele-consultation as part of their services.

Add/Remove Specialty

Select this option to add specialties or to remove an existing specialty.

Example:
A hospital has 30 existing specialties, they want to add:
Beauty Therapy
Child and Adolescence Psychiatry
Dermatology

Amendment Action

Add/Remove Speciality ▼

- ☐ Add/Remove Add-Ons
- ☑ Add/Remove Speciality
- ☐ Change Location
- ☐ Change Category
- ☐ Expand Facility Building
- ☐ Renovate/Change Layout
- ☐ Update Accreditations
- ☐ Update FANR License

Amendment Action

Add/Remove Speciality ▼

Step 1:

Add/Remove Specialty

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

DHA Unique ID

99912345

English First Name

Mohammed

English Last Name

Ahmed

Date of Birth

01/01/1990 🗓

Gender

Male ▼

Nationality

India ▼

Email Address

dxb.polyclinic@gmail.com

Mobile Number

+971 561234567

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

Confirm

Add/Remove Specialty

Request Amendments
Complete ✓

Add/Remove specialities-PolyClinic (3 specs or more)

Add/Remove Specialities Proposal

to remove Child & adolescent Psychiatry

The proposal should include a summary and explanation of the changes to be done to the facility specialities.

Facility Category

PolyClinic (3 specs or more)

If you wish to change facility categories request for a change category in the Amendment Action section above.

Existing Facility Specialities

Audiology & 30 Other(s) ▼

All of your existing facility specialities are displayed in this section. Delete the ones to be removed.

Add Specialities

Child and Adolescent Psychiatry ▼

Select which specialities you would like to add to the facility.

Service Excellence

Family Medicine ▼

From the selected specialities indicate which specialities will the facility be focusing on as core services.

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

Confirm

Step3:
Type the proposal related to the specialty/ies to be added or removed.

Step4:
All existing specialties are available in the dropdown menu. De-select specialties to be removed.

Step5:
Select specialties to be added/removed

Step6:
Click 'Confirm'

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

Facility Layout

Floor Plan

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

Upload Floor Plans

Select File ⬆

Floor plans must be in pdf format and cover all the areas in the facility

Add Floor Plan +

Room and Bed Count

Note: Update the facility specifications to reflect the changes that your are requesting to the facility. Remember, the new labelled layout should always match with the contents of this table.

Add Room +

Room Type

Select Option ▼

Specialities

Select Multiple Options ▼

Number of Rooms

Eg: 20

Save

Bed Type
ER Observation Beds

Bed count

0

Bed Type
Morgue Number

Bed count

0

Total of Rooms
0

Total of Beds
0

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

Confirm

Step 7: Fill-up all required information and upload the floor plans.

Click 'Add Floor Plan' to upload multiple plans.

Use clear files names (e.g. new layout, old layout, etc.)

Click on 'Add Room+', if required.

After all information is filled-up, click 'Confirm'.

💡 **Good to Know: Depending on your facility type, the information related to room and bed count may vary.**

Step 8:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

☐ I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 9:
All sections must be bright green and completed with a white check mark.

Step 10:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 11:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.

Change Location

Select this option to change current facility location to different one.

Example

A clinic will shift from Al Wasl Road to Sheikh Zayed Road.

Step 1:

Click 'Change Location'.

Upon selection of 'Change Location', other options become grayed out. These options cannot be selected together.

For Change Location, the changes must be done in the Trade License, before application. Click 'Yes'.

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

Amendment Action

Change Location ▼

☐ Add/Remove Add-Ons
☐ Add/Remove Speciality
☑ Change Location
☐ Change Category
☐ Expand Facility Building
☐ Renovate/Change Layout
☐ Update Accreditations
☐ Update FANR License

Have You Already Made the Changes to Your Trade License ?
◉ Yes   ○ No

DHA Unique ID
99912345

English First Name
Mohammed

English Last Name
Ahmed

Date of Birth
01/01/1990

Gender
Male

Nationality
India

Email Address
dxb.polyclinic@gmail.com

Mobile Number
+971 561234567

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

Confirm

A warning message will appear to let you know an inspection will be required for this type of amendment.

- Upon application review, inspections are assigned by the DHA Officer.
- It is possible that an inspection is not required after the DHA officer reviews the application.

⚠ Final Inspection

You must request and pass a final inspection for the amendments to take effect on your license.

Close

Step 3: Fill up all trade license information.

Upload required documents
(e.g. valid Trade License, MoA, etc.)

*Note: License Activities and Codes are usually found on your trade license (this is not provided by DHA).

After all information is filled-up, click 'Confirm'.

▼ Dubai Mainland - Department of Economic Development-Health Activity Trade license Information

Trade License Information

Enter your updated trade license details that includes the changes that you are requesting of this application.

Trade License Number

123456

Main License Number(Optional)

000123

Register Number(Optional)

Register Number(Optional)

DCCI No(Optional)

DCCI No(Optional)

Facility Trade Name (English)

Dubai Polyclinic

Facility Trade Name (Arabic)

مجمع عيادات دبي

Facility Company Name(Optional)

Facility Company Name(Optional)   Required if there is a mother company.

Facility Legal Type

Limited Liability Company ▼

Facility Trade License Issue Date

11/4/2011 🗓

Facility Trade License Issue Date

11/4/2011 🗓

Facility Trade License Expiry Date

10/4/2021 🗓

License Activities

License Activity Code

Add License Activity +

Facility Trade License

🗑

Memorandum of Association(Optional)

Select File ⬆

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

Confirm

⚠ **Good to Know: Warning messages appear as yellow, these only alert you and do not stop you from submitting the application.**
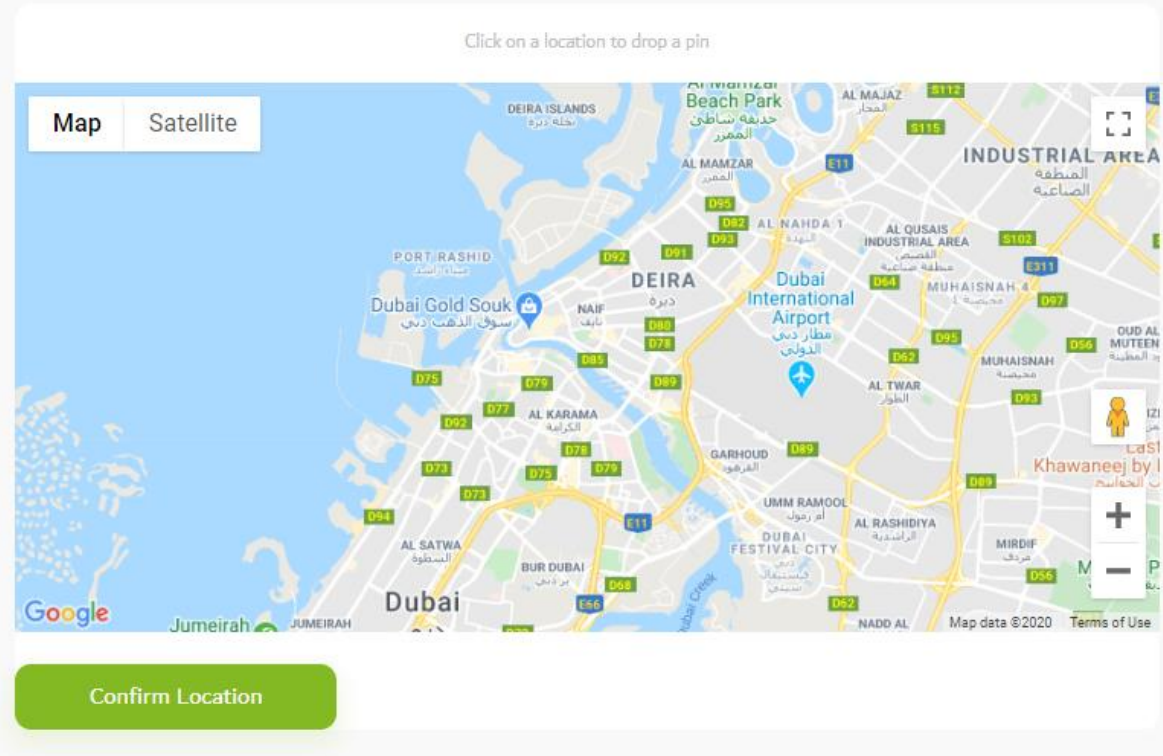
Step 4:

Select the location on the map. Click 'Confirm Location'

The option to input the Makani number manually is available – click 'Add Manually+'

Location Details

You can retrieve 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.

Click on a location to drop a pin

Confirm Location

Add Manually +

Location Details

Dubai Polyclinic ✏️

Makani Number

[Makani Number]

> Enter the Makani number of the facility location to automatically retrieve the location details through integration.

Plot Number

[123456]

Property Classification

[Select Option ▼]

> This information should match the propertys affection plan

Street Name

[Sheikh Zayed Road]

Building Name

[Dubai Polyclinic Bldg.]

Apartment/Villa Number

[101]

Add Plot/Property +

Add Another Makani Number +

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

[Confirm]

Enter the Makani Number

Enter Plot Number

Choose Property Classification

Enter the Complete Address

If more than one plot / property is utilized, click on the links to add multiple properties and Makani numbers

Click 'Confirm'

Facility Layout

Floor Plan

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

Upload Floor Plans

Select File ⬆

Floor plans must be in pdf format and cover all the areas in the facility

Add Floor Plan +

Room and Bed Count

Note: Update the facility specifications to reflect the changes that your are requesting to the facility. Remember, the new labelled layout should always match with the contents of this table.

Add Room +

Room Type

Select Option ▼

Specialities

Select Multiple Options ▼

Number of Rooms

Eg: 20

Save

Bed Type
ER Observation Beds

Bed count

0

Bed Type
Morgue Number

Bed count

0

Total of Rooms
0

Total of Beds
0

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

Confirm

Step 5: Fill-up all required information and upload the floor plans.

Click 'Add Floor Plan' to upload multiple plans.

Use clear files names (e.g. new layout, old layout, etc.)

Click on 'Add Room+', if required.

After all information is filled-up, click 'Confirm'.

💡 **Good to Know: Depending on your facility type, the information related to room and bed count may vary.**

▼ Additional Document (Optional)

Add More 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

Select File

Select File ⬆

Label

[   ]

Add Another Attachment +

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

Confirm

Step 6:
Upload additional documents.
Use clear files names (e.g. proposal letter, etc.)
Click on 'Add Another Attachment +' to upload more documents.

Click 'Confirm'

Step 7:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 8:

All sections must be bright green and completed with a white check mark.

Step 9:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 10:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.

Change Category

Select this option to either upgrade or downgrade your facility category.

Example:

A facility with category of polyclinic (2 specialties) wants to add another specialty.
Select Change Category and choose polyclinic (3 specialties or more)

Step 1:

Click 'Change Category'.

Upon selection of 'Change Category', other options become grayed out. These options cannot be selected together.

For Change Category, the changes must be done in the Trade License, before application. Click 'Yes'.

Amendment Action

Change Category ▼

- ☐ Add/Remove Add-Ons
- ☐ Add/Remove Speciality
- ☐ Change Location
- ☑ Change Category
- ☐ Expand Facility Building
- ☐ Renovate/Change Layout
- ☐ Update Accreditations

Change Category ▼

Have You Already Made the Changes to Your Trade License ?
◉ Yes   ○ No

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

DHA Unique ID

99912345

English First Name

Mohammed

English Last Name

Ahmed

Date of Birth

01/01/1990

Gender

Male

Nationality

India

Email Address

dxb.polyclinic@gmail.com

Mobile Number

+971 561234567

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

Confirm

A warning message will appear to let you know an inspection will be required for this type of amendment.

- **Upon application review, inspections are assigned by the DHA Officer.**
- **It is possible that an inspection is not required after the DHA officer reviews the application.**

⚠ Final Inspection

You must request and pass a final inspection for the amendments to take effect on your license.

Close

Step 3: Fill up all trade license information.

Upload required documents
(e.g. valid Trade License, MoA, etc.)

*Note: License Activities and Codes are usually found on your trade license (this is not provided by DHA).

After all information is filled-up, click 'Confirm'.

▼ Dubai Mainland - Department of Economic Development-Health Activity Trade license Information

Trade License Information

Enter your updated trade license details that includes the changes that you are requesting of this application.

Trade License Number

123456

Main License Number(Optional)

000123

Register Number(Optional)

Register Number(Optional)

DCCI No(Optional)

DCCI No(Optional)

Facility Trade Name (English)

Dubai Polyclinic

Facility Trade Name (Arabic)

مجمع عيادات دبي

Facility Company Name(Optional)

Facility Company Name(Optional)   Required if there is a mother company.

Facility Legal Type

Limited Liability Company ▼

Facility Trade License Issue Date

11/4/2011

Facility Trade License Issue Date

11/4/2011

Facility Trade License Expiry Date

10/4/2021

License Activities

License Activity Code

Add License Activity +

Facility Trade License

🗑

Memorandum of Association(Optional)

Select File   ⬆

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

Confirm

Good to Know: Warning messages appear as yellow, these only alert you and do not stop you from submitting the application.

Step 4:
Choose your new category.

▼ Request Amendments

Change Category

If you are changing facility categories the subsequent sections in your application should match with the new facility category regulation. Ensure that subsequent sections are appropriately updated to avoid having your application rejected.

Existing Facility Category

General Hospital (50- 100)

New Facility Category

Select Option ▼

All information typed in the textbox must be clear and match information provided in uploaded documents.

Read all instructions before uploading any document.

Type the proposal related to the specialty/ies to be added or removed.

All existing specialties are available in the dropdown menu. De-select specialties to be removed.

Select specialties to be added/removed

Click 'Confirm'.

Add/Remove specialities-General Hospital (50- 100)

Add/Remove Specialities Proposal

The proposal should include a summary and explanation of the changes to be done to the facility specialities.

Facility Category

General Hospital (50- 100)

If you wish to change facility categories request for a change category in the Amendment Action section above.

Existing Facility Specialities

Anesthesiology & 77 Other(s) ▼

All of your existing facility specialities are displayed in this section. Delete the ones to be removed.

Add Specialities

Select Multiple Options ▼

Select which specialities you would like to add to the facility.

Service Excellence

Medical Oncology ▼

From the selected specialities indicate which specialities will the facility be focusing on as core services.

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

Confirm

Facility Layout

Floor Plan

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

Upload Floor Plans

Select File ⬆

Floor plans must be in pdf format and cover all the areas in the facility

Add Floor Plan +

Room and Bed Count

Note: Update the facility specifications to reflect the changes that your are requesting to the facility. Remember, the new labelled layout should always match with the contents of this table.

Add Room +

Room Type

Select Option ▼

Specialities

Select Multiple Options ▼

Number of Rooms

Eg: 20

Save

Bed Type
ER Observation Beds

Bed count

0

Bed Type
Morgue Number

Bed count

0

Total of Rooms
0

Total of Beds
0

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

Confirm

Step 5: Fill-up all required information and upload the floor plans.

Click 'Add Floor Plan' to upload multiple plans.

Use clear files names (e.g. new layout, old layout, etc.)

Click on 'Add Room+', if required.

After all information is filled-up, click 'Confirm'.

Good to Know: Depending on your facility type, the information related to room and bed count may vary.

Step 6:
Add-ons can be updated under Change Category option.

Select Add-ons.

Download Tele Health Request Form.
Fill-up and upload.

Type your proposal ensure that this matches details mentioned in the uploaded documents.

Click 'Confirm'

▼ Facility Add-Ons

Choose Add-Ons

You may use this section to request removal or addition of facility add-ons.

Select Add-Ons

Telehealth ▼

This dropdown lists all of the add-ons that are applicable to your facility category. Your existing add-ons are pre-selected. Unselect all of the add-ons to be removed from the facility. Do not unselect add-ons that you wish to keep to the facility. Select all add-ons that you want to request to add to the facility.

Telehealth Details

Tele-Health Request Form
Download Form

Tele-Health Request Form ⬆

Telehealth Proposal

The reason to add this telehealth is to extend our

Detail the scope of practice and services that will be provided to the patients through this add-on.

Service

Select Option ▼

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

Confirm

Additional Document (Optional)

Add More 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

Select File

Select File ⬆

Label

[   ]

Add Another Attachment +

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

Confirm

Step 7:

Upload additional documents.
Use clear files names (e.g. proposal letter, etc.)
Click on 'Add Another Attachment +' to upload more documents.

Click 'Confirm'

Step 8:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

☐ I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 9:

All sections must be bright green and completed with a white check mark.

Step 10:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 11:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.

Expand Facility Building

Select this option to expand/extend/enlarge your facility.

Examples:

Extend to another unit
Expand to another floor
Acquire the next building

Step 1:

Click 'Expand Facility Building'.

Upon selection of 'Expand Facility Building', other options become grayed out. These options cannot be selected together.

For Expand Facility Building, the changes must be done in the Trade License, before application. Click 'Yes'.

Amendment Action

Expand Facility Building ▼

- ☐ Add/Remove Add-Ons
- ☐ Add/Remove Speciality
- ☐ Change Location
- ☐ Change Category
- ☑ Expand Facility Building
- ☐ Renovate/Change Layout
- ☐ Update Accreditations
- ☐ Update FANR License

Amendment Action

Expand Facility Building ▼

Have You Already Made the Changes to Your Trade License ?

◉ Yes   ○ No

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

DHA Unique ID

99912345

English First Name

Mohammed

English Last Name

Ahmed

Date of Birth

01/01/1990 📅

Gender

Male ▼

Nationality

India ▼

Email Address

dxb.polyclinic@gmail.com

Mobile Number

+971 561234567

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

Confirm

A warning message will appear to let you know an inspection will be required for this type of amendment.

- **Upon application review, inspections are assigned by the DHA Officer.**
- **It is possible that an inspection is not required after the DHA officer reviews the application.**

⚠️ **Final Inspection**

You must request and pass a final inspection for the amendments to take effect on your license.

Close

Step 3: Fill up all trade license information.

Upload required documents
(e.g. valid Trade License, MoA, etc.)

*Note: License Activities and Codes are usually found on your trade license (this is not provided by DHA).

After all information is filled-up, click 'Confirm'.

▼ Dubai Mainland - Department of Economic Development-Health Activity Trade license Information

Trade License Information

Enter your updated trade license details that includes the changes that you are requesting of this application.

Trade License Number
123456

Main License Number(Optional)
000123

Register Number(Optional)
Register Number(Optional)

DCCI No(Optional)
DCCI No(Optional)

Facility Trade Name (English)
Dubai Polyclinic

Facility Trade Name (Arabic)
مجمع عيادات دبي

Facility Company Name(Optional)
Facility Company Name(Optional)   Required if there is a mother company.

Facility Legal Type
Limited Liability Company ▼

Facility Trade License Issue Date
11/4/2011

Facility Trade License Issue Date
11/4/2011 🗓️

Facility Trade License Expiry Date
10/4/2021 🗓️

License Activities

License Activity Code

Add License Activity +

Facility Trade License
🗑️

Memorandum of Association(Optional)
Select File ⬆️

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

Confirm

⚠️ **Good to Know: Warning messages appear as yellow, these only alert you and do not stop you from submitting the application.**

Step 4:
Enter the Makani Number

Enter Plot Number

Choose Property Classification

Enter the Complete Address

If more than one plot / property is utilized, click on the links to add multiple properties and Makani numbers

Click 'Confirm'

Location Details

Dubai Polyclinic

Makani Number

[Makani Number]

Enter the Makani number of the facility location to automatically retrieve the location details through integration.

Plot Number

[123456]

Property Classification

[Select Option ▼]

This information should match the propertys affection plan

Street Name

[Sheikh Zayed Road]

Building Name

[Dubai Polyclinic Bldg.]

Apartment/Villa Number

[101]

Add Plot/Property +

Add Another Makani Number +

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

[Confirm]

Step 5:
Upload additional documents.
Use clear files names (e.g. proposal letter, etc.)
Click on 'Add Another Attachment +' to upload more documents.

Click 'Confirm'

▼ Additional Document (Optional)

Add More 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

Select File

Select File ⬆

Label

Add Another Attachment +

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

Confirm

Step 6:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

☐ I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 7:

All sections must be bright green and completed with a white check mark.

Step 8:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 9:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

💡 **Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.**

Renovate/Change Layout

Select this option when changes in the existing layout are done.

Examples:

A facility is changing a consultation room to a treatment room.

A facility is renovating the waiting and reception area to add handicapped toilet.

Amendment Action

Renovate/Change Layout ▼

□ Add/Remove Add-Ons

□ Add/Remove Speciality

□ Change Location

□ Change Category

□ Expand Facility Building

☑ Renovate/Change Layout

□ Update Accreditations

□ Update FANR License

Amendment Action

Renovate/Change Layout ▼

Step 1:

Click 'Renovate Facility Layout'.

Upon selection of 'Renovate Facility Layout', other options become grayed out. These options cannot be selected together.

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

HA Unique ID

99912345

English First Name

Mohammed

English Last Name

Ahmed

Date of Birth

01/01/1990 🗓

Gender

Male ▼

Nationality

India ▼

Email Address

dxb.polyclinic@gmail.com

Mobile Number

+971 561234567

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

Confirm

Facility Layout

Floor Plan

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

Upload Floor Plans

Select File ⬆

Floor plans must be in pdf format and cover all the areas in the facility

Add Floor Plan +

Room and Bed Count

Note: Update the facility specifications to reflect the changes that your are requesting to the facility. Remember, the new labelled layout should always match with the contents of this table.

Add Room +

Room Type

Select Option ▼

Specialities

Select Multiple Options ▼

Number of Rooms

Eg: 20

Save

Bed Type
ER Observation Beds

Bed count

0

Bed Type
Morgue Number

Bed count

0

Total of Rooms
0

Total of Beds
0

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

Confirm

Step 3: Fill-up all required information and upload the floor plans.

Click 'Add Floor Plan' to upload multiple plans.

Use clear files names (e.g. new layout, old layout, etc.)

Click on 'Add Room+', if required.

After all information is filled-up, click 'Confirm'.

Good to Know: Depending on your facility type, the information related to room and bed count may vary.

Additional Document (Optional)

Add More 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

Step 4:
Upload additional documents.
Use clear files names (e.g. proposal letter, etc.)
Click on 'Add Another Attachment +' to upload more documents.

Click 'Confirm'

Select File

Select File ⬆

Label

All information typed in the textbox must be clear and match information provided in uploaded documents.

Add Another Attachment +

Read all instructions before uploading any document.

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

Confirm

Step 5:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

☐ I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 6:

All sections must be bright green and completed with a white check mark.

Step 7:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 8:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.

Update Accreditations

Select this option to update or extend your facility's accreditations.

Example:

A hospital updates their JCI accreditation.

Amendment Action

Update Accreditations ▼

☐ Add/Remove Add-Ons
☐ Add/Remove Speciality
☐ Change Location
☐ Change Category
☐ Expand Facility Building
☐ Renovate/Change Layout
☑ Update Accreditations
☐ Update FANR License

Amendment Action

Update Accreditations ▼

Step 1:

Click 'Update Accreditations'

The option can be selected with other options.

There is no conflict.

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

DHA Unique ID

99912345

English First Name

Mohammed

English Last Name

Ahmed

Date of Birth

01/01/1990

Gender

Male ▼

Nationality

India ▼

Email Address

dxb.polyclinic@gmail.com

Mobile Number

+971 561234567

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

Confirm

Under Request Amendments, the existing accreditations are listed.

Request Amendments

Update Accreditations

Accrediting Body	Accreditation Name
Joint Commission International Accredited	JCIA
Accreditation Valid Until	Accreditation Certificate Copy

Step 3: You have the option to extend the validity of an existing accreditation or to add a new accreditation.

Click the link depending as required.

Extend Accreditation +

Add New Accreditation +

Add New Accreditation +

Accreditation Valid Until

Click on this button to extend the validity of an accreditation that was previously added to the facility.

Accreditation Certificate Copy

Select File

Save   Cancel

Extend Accreditation+

Accrediting Body

Select An Option

Click on this button to add a new accreditation that the facility has obtained.

Accreditation Name

Accreditation Name

Accreditation Valid Until

Accreditation Certificate Copy

Select File

Click Save after the details are entered and document is uploaded.

Click confirm once all sections are filled.

Save   Cancel

Additional Document (Optional)

Add More 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

Step 4:
Upload additional documents.
Use clear files names (e.g. proposal letter, etc.)
Click on 'Add Another Attachment +' to upload more documents.

Click 'Confirm'

Select File

Select File ⬆

Label

All information typed in the textbox must be clear and match information provided in uploaded documents.

Add Another Attachment +

Read all instructions before uploading any document.

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

Confirm

Step 5:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 6:

All sections must be bright green and completed with a white check mark.

Step 7:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 8:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.

Update FANR License

Select this option to update Federal Authority for Nuclear Radiation license.

Examples:

Facility renewed their FANR license and want to update it.

Amendment Action

Update FANR License ▼

- ☐ Add/Remove Add-Ons
- ☐ Add/Remove Speciality
- ☐ Change Location
- ☐ Change Category
- ☐ Expand Facility Building
- ☐ Renovate/Change Layout
- ☐ Update Accreditations
- ☑ Update FANR License

Amendment Action

Update FANR License ▼

Step 1:

Click 'Update FANR License'

The option can be selected with other options.

There is no conflict.

Step 2:

Fill up all required information.

Provide correct contact details as all communication will be based on the provided information.

Click 'Confirm'

DHA Unique ID

99912345

English First Name

Mohammed

English Last Name

Ahmed

Date of Birth

01/01/1990 🗓

Gender

Male ▼

Nationality

India ▼

Email Address

dxb.polyclinic@gmail.com

Mobile Number

+971 561234567

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

Confirm

Request Amendments   Please fill in this section.

Update FANR License Details

In order to obtain approval on using your radiology equipment, you must obtain a temporary approval from Dubai Hospital Radiology Inspection.

1. Fill in the form attached.
2. Send it to radiologyinspection@dha.gov.ae
3. We will get in touch with you within 15 days to schedule an inspection.
4. Once approved, you will be able to operate the radiology equipment in the facility.

A FANR License will still be required. If you have already obtained your FANR license you can upload it below.
Radiology Inspection Form

Update FANR License Details

Select File   ⬆

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

Confirm

Step 3:

Download and fill up the
Radiology Inspection Form.

**Follow the instructions
enumerated.**

**Upload updated FANR
License.**
Click 'Confirm'

Additional Document (Optional)

Add More 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

Step 4:
Upload additional documents.
Use clear files names (e.g. proposal letter, etc.)
Click on 'Add Another Attachment +' to upload more documents.

Click 'Confirm'

Select File

Select File ⬆

Label

All information typed in the textbox must be clear and match information provided in uploaded documents.

Add Another Attachment +

Read all instructions before uploading any document.

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

Confirm

Step 5:
Read the Terms and Conditions thoroughly, tick 'I Agree to the terms and conditions'

Click Confirm

I agree to the terms and conditions

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

Confirm

For screenshots of the final steps, refer to Appendix 1.

Step 6:

All sections must be bright green and completed with a white check mark.

Step 7:
The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

Step 8:
Agree to the terms and conditions again, click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Good to Know: If you are exempted from payment, tick the box for payment exemption and select the reason for exemption.

Appendices Menu

Appendix 1: Screenshots of Final Steps

Appendix 2: Steps to Return an Application

Appendix 3: Sample Documents

Appendix 4: Frequently Asked Questions

Appendix 1
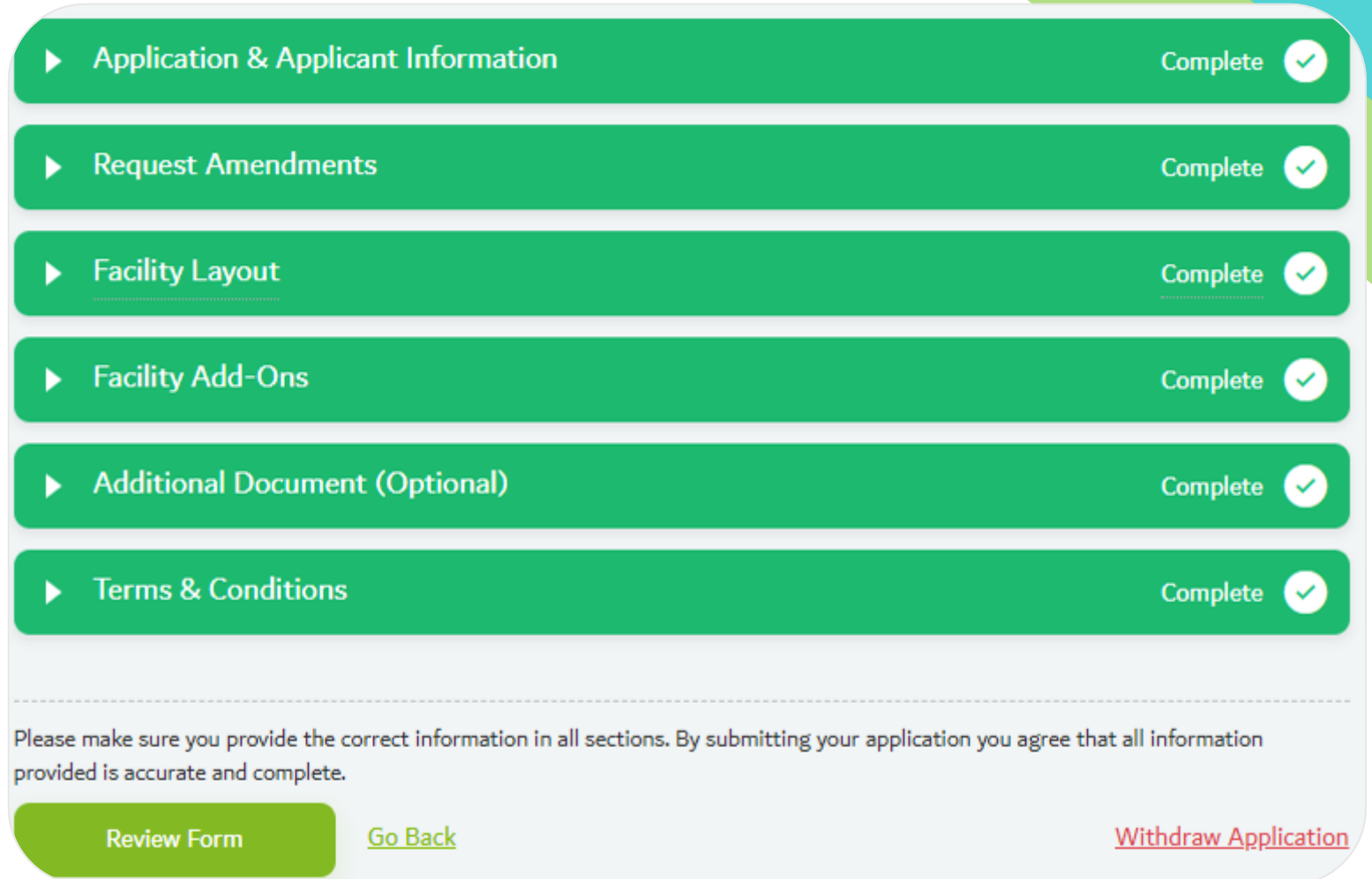
Screenshots of Final Steps

All sections must be bright green and completed with a white check mark.

The button at the bottom of the page will turn to 'Review Form' instead of 'Save'.

Click the button and review the summary of all information provided.

▸ Application & Applicant Information — Complete ✓

▸ Request Amendments — Complete ✓

▸ Facility Layout — Complete ✓

▸ Facility Add-Ons — Complete ✓

▸ Additional Document (Optional) — Complete ✓

▸ Terms & Conditions — Complete ✓

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.

Review Form   Go Back   Withdraw Application

Read the Terms and Conditions again, tick 'I Agree to the terms and conditions'

Click Confirm.

Terms & Conditions — Complete ✓

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 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 the facility is liable to recruit all relevant professionals to meet the specialties requirements within 30 days of license activation. Failure to do so will result in the cancellation of the unstaffed specialties within the facility.

- You hereby acknowledge and accept that that the facility will not be able to operationalise any amendments until the amendments have been approved by the Dubai Health Authority and have been updated on the active facility license.

☑ I agree to the terms and conditions

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

Confirm

Click the 'Pay Now' button.

Follow the instructions in the DSG portal to complete the payment and note down your reference number.

Total
AED 1020

Initial Approval Fees   AED 1000.0
Knowledge & innovation fee   AED 20

☐ Are you exempted from payment?

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

Pay Now   Go Back   Withdraw Application

Appendix 2

- **Find pending applications**
- **Find returned applications**
- **Submit requested documents**

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

ABDULLAH MOHAMMED
DHA ID: 00123456

My Dashboard

My Applications

Verifications and CBT Assessments

Notification Centre

Settings

Step 2: Under Active tab, search for the status 'Returned'

Click on the arrow on the right to open the application form.

My Applications

‹ Go To Dashboard   Active   Closed   Download Excel

returned   ✕

Status		Application Name	Reference No	Submitted For	Cost (AED)	Submitted On ▼	
❗	Returned 21/06/2020	Amend Facility License	AFL-2020-		2020.00	17/06/2020	›
❗	Returned 23/06/2020	Amend Facility License	AFL-2020-		4040.00	09/06/2020	›
❗	Returned 26/07/2020	Amend Facility License	AFL-2020-		2020.00	18/03/2020	›

Showing all 3 Active Applications

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

Edit   Request Refund

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

Amend Facility License

Application & Applicant Information	Complete ✓
Facility Layout	Complete ✓
Additional Document (Optional)	Complete ✓
Terms & Conditions	Complete ✓

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.

Review Form   Go Back   Withdraw Application

Step 5: 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.

| Status | Application Name |
| ✓ Submitted | Amend Facility License |

Appendix 3

- **Sample Documents**

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 (m²)	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 Therapy Speech Language therapy
3	Room No. ---	15.8 m²	Internal Medicine Dietician	Sharing: 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.

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

Always check the validity before uploading.

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.)

Clear labels and accurate measurements must be mentioned.

General Arrangement Plan
1 : 100

Appendix 4

Frequently Asked Questions

Service Catalogue

Sheryan FAQ
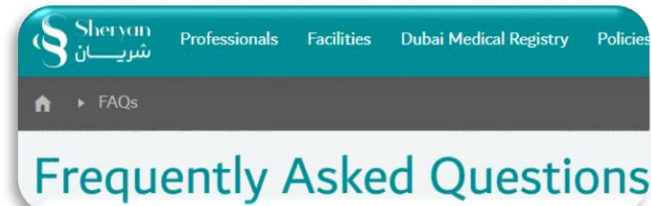
Policies and Regulations

Note: Click the icon to access the document/portal.

Prepared by:	• Vanessa Alexandra Avisado Rafael Administrative Officer • Salma Abdalla Mohamed Masoud Senior Administrative Officer
Verified by:	• Ruqaya Abdelghafar Ali A AlMarzooqi Administrative Officer • Salam Mahmoud Swaid Senior 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