



دائرة الصحة
DEPARTMENT OF HEALTH

APPROVED PRACTICE SETTING FOR BASIC TRAINING

Medical Education and Examination Department

PUBLIC

عام



Facility Information

Name: License:
 Phone: Email:
 Address: Website:
 International Accreditation: ISO JCI Other, Specify:
 Other licensed healthcare facility affiliation: No Yes, Specify:
 Authorized Facility Academic Officer:
 Phone: Email:

This document is designed to assist a health facility to become recognized by DOH as an Approved Practice Setting for Basic Training (APS - B). If a health facility meets the requirements of an APS – B. Completing this application does not grant/entitle the facility to DoH's recognition

Declaration

- The training facility must establish an agreement with accredited academic institute by ADEK or MOE to conduct undergraduate training
- The training must comply with all DoH standards including malpractice and ADEK standards (if applicable)
- The training must be under supervision/conducted by active licensed healthcare professionals by DoH
- The training must be under supervision/conducted in active licensed services by DoH
- The training facility must comply with DoH reporting requirements
- Facility authorize DOH to provide all information and documents provided with and /or obtained in connection with this application to all participating institutions for any purpose connected with my application.

Facility director/ CEO/ CMO Name:

Facility direction/ CEO/ CMO Signature:

Official Use

Comments

Approved:
Date:

Disapproved:
Date: