

Professional Letter Request Form

Please type and provide all requested information

Applicant Details

First Name Click here to enter text.	Middle Name Click here to enter text.	Last Name Click here to enter text.
Email Address Click here to enter text.	Mobile Number Click here to enter text.	
Licensing Title Click here to enter text.	DHCC License Number Click here to enter text.	

Clinical Operator Details

Clinical Operator Name Click here to enter text.	Phone Number Click here to enter text.	Address Click here to enter text.
Period of Employment		
From: Click here to enter a date.		To: Click here to enter a date.

Letters options (please select the appropriate letter)

- Primary Source Verification letter (PSV)** Fees AED 500/-
- Certificate of Good Standing (CGS)**
 Normal Fees AED 500/- Urgent Fees AED 1000/-
- License status Confirmation letter (LSC)** - only for Doctors & Dentists applying for DHA license Fees AED 1000/-

Notes:

- All letters are subject to additional AED 20/- knowledge and innovation fees.
- All paid fees are non-refundable
- You will be notified once your request is ready for collection not before 10 working days from submission date.
- Urgent Requests apply for CGS only (to be collected within 2 working days after submission)

Documents to include with your request form:

- Copy of the Passport
- Copy of the DHCC license
- Letter of employment, signed by an authorized person and stamped by the operator, stating Employee name, job title, Employment period and legal dispute against the employee in case of any
- For Inactive License:
 - End of Service letter from the employer
 - Fill change of status form
- Receipt of payment

Declaration

- I Click here to enter text. hereby certify that the information provided above in this application, including all statements and documentation, are correct and true
- Also, during my license period at DHCC, NO disciplinary nor legal action has been taken against me concerning my competencies, professional conduct, abuse or misuse of chemical substance or drugs

Signature

Date

Kindly submit the required documents along with this form either to the CPQ Reception or through this email, PLD@dhcr.gov.ae