PROFESSIONAL LETTER REQUEST FORM

FORM

Department: Professional Licensing Department (PLD)

Document Identifier: F/HCP/001/02

**FORM – Professional Letter Request**

Please type and provide all the requested information.

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| **Application information** |
| First Name: | Last Name: |
| License/ LOA #: | Current Employer: |
| Email Address: | Mobile no: |
| **Letter Type ( Please select the desired professional letter and fees)** |
| * Primary Source Verification (PSV)\* Normal Fees AED 500/-

Urgent fees AED 1000/- | * License Status Confirmation (LSC)\* Normal Fees AED 1000/-

Urgent fees AED 1500/- |
| **Notes:** |
| * All Letters are subject to additional AED 20/- Knowledge and Innovation fees.
* All paid fees are non- refundable
* Applicants will be notified via email once the request is ready for collection within 7 working days from payment date (2 Working days for Urgent requests), A soft copy of the letter will be sent via email
* A copy of your license card should be submitted with the form
* Payment can be made at the cashier in building 27, block B, ground floor, DHCC.
* Additional AED 120/- applicable in case the letter was to be sent to a third party. Please provide the Official Courier address of the receiving body.
* Certificates of Good Standing (CGS) can be requested online through [www.dhcc.ae (E-](http://www.dhcc.ae/)services) Letter Issuance Service.

\*PSV is a report that lists the verification statuses of the credentials of a healthcare professional that were verified at the time of licensing.\*LSC is a report that lists the verification statuses of the credentials of a healthcare professional that were verified at the time of licensing in addition to stating the current good standing of the healthcare professional. |
| **Declaration** |
| * I hereby certify that the information provided above in this application, including statements and documentation are correct and true.
* I hereby certify that 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 substances or drugs.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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