



Ministry of Health  
Sultanate of Oman

**GOOD STANDING CERTIFICATE REQUEST FORM**

(Physicians/ Dentist)

To be filed in capital letters by the Applicant

<b>Name</b>			
<b>Staff No.</b>		<b>Oman Civil Number</b>	
<b>Designation</b>			
<b>Specialty</b>			
<b>Qualification</b>			
<b>Date of Joining the MOH</b>			
<b>Date of Leaving the MOH</b>			
<b>Reason of Leaving</b>			
<b>Applicant Contact Number</b>			

For the official use only (Director General /Hospital Director)

- Has the applicant ever been investigated in any medical malpractice?

Yes

No

if yes please specify below

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- Is the applicant involved in a case that is in progress of being investigated for medical malpractice?

Yes

No

if yes please specify below:

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**Remake of Director General /Hospital Director**

**Signature**

**Stamp**

