



REQUEST FOR GOOD STANDING CERTIFICATE

Full Name :	
License. No :	Oman Civil Number:
Designation :	Specialty :
Date of Joining the Private Health Establishments:	
Date of Leaving the Private Health Establishments:	
Reason for Leaving :	
Contact number:	E.mail:

This to be filled by the DG of Private Health Establishments.

1. Has the applicant even been investigated in any medical malpractice?

Yes

No

if yes please specify below:

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2. 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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Remarks:

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Applicant:

I hereby confirm that the information I have provided in this form are true and I take full responsibility for it .

Applicant Signature

Date:.....

For Official Use

DGPHE

Date:

.....

.....

	رقم إيصال الدفع	20 م	/	/	تاريخ دفع الايصال
	التوقيع والختم				اسم موظف مستلم الرسوم

Documents to be submitted:

- 1- Requested letter from the applicant or place of work to the Directorate General of Private Health Establishments.
- 2- License copy.
- 3- Passport copy.