

### How to Apply NHRA Application

#### Content

- Creating an Account
- Munshaat system
- Submitting an application

#### Create an account

#### • Go to mehan.nhra.bh

mehan.nhra.bh	
	PROFESSIONALS
	Welcome to <b>"MEHAN"</b> our new online professionals application system. If you are using <b>"MEHAN"</b> for the first time you have to create a new account and password. Please click to Sign Up to create the account DO NOT sign insign up
	NATIONAL HEALTH REGULATORY AUTHORITY
	Sign In Account
	Username/CPR *
	Password *
	SIGN IN
	FORGOT PASSWORD If Not Registered? SIGN UP Build Date: 6/27/2022, 8:50:35 AM.

### Click on "Sign Up"



#### Select if you are licensed or not



#### Select if you are living in Bahrain "citizen/Resident" or not

PROFESSIONALS
NATIONAL HEALTH REGULATORY AUTHORITY
Sign Up Account
Select
Un-Licensed Professional
Select
Citizen/Resident -
Citizen/Resident
Expatriate
CPR Expiry Date *
· · · · · · · · · · · · · · · · · · ·

#### If you are living in Bahrain "citizen/Resident" you will need to enter the expiry date of your CPR card + block number

NATIONAL HEALTH REGULATORY AUTHORIT Select Select Select Citizen/Resident	Y •	<ul> <li>*If you don't know</li> <li>the block number</li> <li>or the system</li> <li>showing an error,</li> <li>please visit IGA center</li> <li>To get the</li> <li>correct information</li> </ul>
CPR Number * CPR Expiry Date * mm/dd/yyyy Block No *		

## Set a password and enter your phone + Email, then click on "Sign Up"

Password *		
The password must mee Must be at least (8) Must contain both up Must contain a numl Must contain a spec Email *	t the following criteria: characters long. opercase and lowercase characters. ber. ial character.	
Country Code <b>*</b> 973	Mobile Number(this mobile will be used for sending OTP) * 55055055	
Already regi	SIGN UP stered? SIGN IN	

#### Enter the confirmation code sent via SMS



Now your account is ready, and you could login, Enter your CPR number as a Username and the password you've entered while signing up, then click "Sign In".

PROFESSIONALS
Welcome to <b>"MEHAN"</b> our new online professionals application system. If you are using <b>"MEHAN"</b> for the first time you have to create a new account and password. Please click to Sign Up to create the account DO NOT sign insign up
NATIONAL HEALTH REGULATORY AUTHORITY
Sign In Account
Username/CPR * XXXXXXXXX
SIGN IN
FORGOT PASSWORD If Not Registered? SIGN UP Build Date: 6/27/2022, 8:50:35 AM.

#### You will see your dashboard



### You could apply for NHRA services from the side Menu



#### For Example: Renewal of license

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nhra									Build Date: 6/27/2022, 8:49:34 AM
88 Da	ashboard	Facility	Bahrain Defence Force (100101	-0019)					
🗘 Pr	ofessional Services	Renewal details							
0	New Application	Period of renewal *							
ο	Renewal of License		<b>~</b>						
0	License ReCategorization	Address							
0	Surgical Procedure								
0	Part-Time Practice	To Update these details, p	lease visit Update Conta	act Information					
0	Transfer of License	Flat No *	Building No *	Road No *	Block No *				
0	Visiting Consultant								
ο	Good Standing Certificate	Email * ୁରୁgmail.com	Mobile <b>*</b> +97:	Telephone 17	Fax				
0	Haj Permit	Governorate *	Area *						
ο	Pre-Marital Permit	Capital Governorate 👻		$\checkmark$					
0	Update CPD							Please se	elect "Period of renewal"
o	Request Official Letters							HOME	BACK NEXT

#### Select Period of Renewal

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nhra									Build Date: 6/27/2022, 8:49:24 AM
BB Da	ashboard	Facility E	Bahrain Defence Force (100101	0019)					
I Pr	rofessional Services	Renewal details							
0	New Application								
0	Renewal of License	1 year							
0	License ReCategorization	2 years							
0	Surgical Procedure	3 years							
0	Part-Time Practice	To opuate these actails, pr	<del>case พรณ</del> Update Conta	ct Information					
0	Transfer of License	Flat No *	Building No *	Road No *	Block No *				
0	Visiting Consultant		35 		04-000				
0	Good Standing Certificate	Email★ @gmail.com	Mobile <b>*</b> +9733	Telephone 17	Fax				
0	Haj Permit	Governorate *	Area *						
0	Pre-Marital Permit	Capital Governorate 👻		$\sim$					
0	Update CPD							Pleas	e select "Period of renewal"
0	Request Official Letters							HOME	BACK NEXT

#### Next step, Upload CPD



#### Answer the questions



#### Next step, Upload Work information



# Click Declaration, upload more documents if any then submit your application.



## You will get a Success message with application number

Please follow these instructions completely. Failure to submit the necessary items / information will delay the processing of your application. You must complete and submit all of the requested information.



#### Non-Bahrainis

- If you are a Non-Bahraini and not in Bahrain you will need an invitation from your facility
- The system will allow Non-Bahrainis to register if they have an old application with their passport number
- Invtation shall be sent by the responsible person from Munshaat Account.

#### Munshaat

- This system is for the health facility
- The responsible person will send invitation for some services requires invitation

🗎 munshaat.nhra.bh/#/login		• • • • •	r 🐵 🖪 😁 🗯
	منشآت FACILITIES وي السالة MUNSHAAT		
	Sign in Username		
	CPR		
	Username is required. Password		
	Password		
	Password is required.		
	Log in		
	V 1.0.0		

## List of Application need Invitation from Munshaat



#### How to Use Munshaat for invitation

### 1. Login to Munshaat account via <u>https://munshaat.nhra.bh/#/login</u>



2. Select Professional Services from the side menu



3. Click on "New Professional license"



4. Click on "create a new Invitation"



5. Enter the passport number or CPR number and click on submit invitation.



.The applicant will receive an email with the invitation, he/she should 6. click on "Register" from

the email and then proceed with the sign up from Mehan system.

New Professional License



@hotmail.com

If there are problems with how this message is displayed, click here to view it in a web browser.

#### Dear Applicant,

Kindly note you have received this invitation from (I to apply for New Professional License. Please login to NHRA MEHAN online services to view the invitation.

Fa	cility Name	Facility License Number
		-0024
Applicant	Applicantion Type	Email
U6:	New profession	@hotmail.com

#### Thank you.



← Reply	🤲 Reply All	→ Forward
	A.	Thu 5/12/2022 1

#### New Application

- You can apply for new application after you get the invitation as explained earlier.
- After you sign in to your account, you will see the below dashboard.

←	$\rightarrow$	C 🔒 mehan.nhra.bh												04	Q	e t	7	<b>PP</b> 人	C	*	Paused
n	hra	Аралонски сила албалар балар бала натома нежто песалов коластор и стан																			Build Date: 6/27/2022, 8:49:34 AM
88	Da	ashboard			-																
Φ	Pr	ofessional Services	^					00.000	@hotmail.c	com											
	0	New Application			1	10	<b>V</b> UP	JPUA(E)	CONTACT												
	0	Renewal of License				G															
	0	License ReCategorization		-																	
	0	Surgical Procedure		N	o Professi	ional Licen	ise found.	l. Pleas	se click be	elow butto	on to com	nplete your	application								
	0	Part-Time Practice			APPLY NO	w															
	0	Transfer of License																			
	0	Visiting Consultant																			

### Click on "Apply now"



#### Select the profession you want



# Fill up your personal information and upload your photo

nhr	ពេ 💈	Association road ratio and ratio and ratio					Build Dete: 6/27/2022, 8:49:34 AM
88	Da	shboard	English Name (first, middle, last as in p	passport)			
ф	Pro	ofessional Services	Note : Please enter Full name inclu	uding First name and Last name	8.		
(	•	New Application	Arabic Name(first, middle, last as in pa	assport)			
(	0	Renewal of License	·				
(	0	License ReCategorization	Previous Name (if any)				UPLOAD PHOTO
(	0	Surgical Procedure					
(	0	Part-Time Practice	CPR	Gender	Date Of Birth	Nationality	
(	0	Transfer of License	200911589		10/Nov/2018	Bahrain	$\sim$
(	0	Visiting Consultant					
(	0	Good Standing Certificate	Passport No	Passport Expiry 10/Nov/2018	Ē	Languages Known	r
(	0	Haj Permit					
(	0	Pre-Marital Permit	Address				
(	0	Update CPD					
(	0	Request Official Letters	Flat No	Building No		Road No	Block No
	0	Undate Contact Information					

### Validate your verification report "Quadrabay/Dataflow"



#### Enter your Professional Education details

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88	Da	shboard	NEW			
φ	Pro	ofessional Services	Please submit	Add Education		y the processing of your application. You must complete and
	0	New Application		Please fill your eduction details below		
	0	Renewal of License		Institution	Program	
	0	License ReCategorization	Pe	Qualification	Country	nents Checklist Declaration Payment
1	0	Surgical Procedure	Ple	<ul> <li><b>₹</b></li> </ul>	Select Nationality V	xperience.
1	0	Part-Time Practice		From	То	•
1	0	Transfer of License	Inst	10/Nov/2018	10/Nov/2018	d Qualification Action
1	0	Visiting Consultant		Please attach your files related to above education		
1	0	Good Standing Certificate		O		BACK SAVE AS DRAFTS NEXT
	0	Haj Permit				
	0	Pre-Marital Permit			CANCEL ADD AND CLOSE ADD	
	0	Update CPD				
	0	Request Official Letters				

#### Enter your Professional license details

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88	Dashboard	NEW PROFESSION APPLICATION	
Φ	Professional Services	Please follow these instructions completely. Failure to submit the necessary items/ information will delay the processing of your application. You mus submit	t complete and
c	O New Application	License in Other Countries	
c	Renewal of License	Please fill your License details below	0
c	License ReCategorization	Pe Country Authority License Type Select Natio V Authority License Type	Payment
c	Surgical Procedure	Plei erience.	
c	Part-Time Practice		•
c	Transfer of License	Cot Please attach your files related to above license Issued Expiration	Action
C	Visiting Consultant		
c	Good Standing Certificate	BACK SAVE AS I	RAFTS NEXT
c	D Haj Permit		
c	Pre-Marital Permit		
c	D Update CPD		
c	Request Official Letters		

#### Enter your work experience details

nhra						
III Da	ofessional Services	NEV Please submit Please fill your experience of	rience details below		y the processing of your app	lication. You must complete and
0	Renewal of License	Employer Pe	Туре	Area of Experience/Specialty	) — 🧿 —	Declaration Payment
0	Surgical Procedure	Position held Ple:	From 10/Nov/2018 🚍	Till Date	experience.	
0	Transfer of License	Em 10/Nov/2018	ated to above experience		d From	To Action
0	Good Standing Certificate	0°			BAC	K SAVE AS DRAFTS NEXT
0	Pre-Marital Permit		CANCEL	ADD AND CLOSE ADD		
0	Update CPD Request Official Letters					

#### Answer the questionnaire

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88 D	Dashboard	Ø Ø Ø 6 6 7	9 9
Ф Р	Professional Services	Personal Info Education License Experience Questionnaire Attachments Checklist Decla	aration Payment
0	New Application	Please answer all the question before proceeding. You can also save at this stage and continue later.	
0	Renewal of License	1 Has your registration/renewal certification/license to practice as a health professional ever been refused in any country/state/jurisdiction?	Yes O No
0	License ReCategorization	2 Has your registration/license to practice as a health professional ever been cancelled/suspended/removed for any reason in any country/state/jurisdiction?	Yes No
0	Part-Time Practice	3 Have you ever had disciplinary action taken against your registration certification/license to practice as a health professional in any country/state/jurisdiction?	Yes O No
0	Transfer of License	4 Have any conditions/restrictions ever been attached to your registration certificate/license to practice as a health professional in any country/state/jurisdiction?	Yes O No
0	Visiting Consultant	5 Are there any special conditions/restrictions currently attached to your registration certification/license to practice as a health professional in any country/state/jurisdiction?	Yes O No
0	Good Standing Certificate Haj Permit	6 Do you know of any investigation pending against a registration certification/license to practice issued to you in any country/state/jurisdiction?	Yes O No
o	Pre-Marital Permit	7 Have you ever been convicted of any criminal offense in any country/state/jurisdiction?	Yes O No
0	Update CPD	8 Are there any criminal investigations/charges pending against you in any country/state/jurisdiction?	Yes O No
0	Request Official Letters	9 Do you have any health problem which in any way restricts your ability to practice as a health professional ?	Yes O No

#### Upload the required documents "Some documents are not required at this stage for Non-Bahrainis"

nhra	Association and a ground and a state of the			Build Date: 6/27/2022, 8:49:34 AM			
BB Da	Dashboard       NEW PROFESSION APPLICATION         Professional Services       Please follow these instructions completely. Failure to submit the necessary items/ information will delay the processing of your application. You must complete and submit all of the requested information.						
0	New Application Renewal of License	Ø Ø Ø Ø Ø	68	•			
0 0	License ReCategorization Surgical Procedure	Personal Info Education License Experience Questionnaire Please attach all the mandatory attachments. You can also save at this stage and continue later	Attachments Checklist Declaration	n Payment			
0 0	Part-Time Practice Transfer of License	Attachment Type St	atus	Attach			
ο	Visiting Consultant	CPR or ID Copy (Mandatory attachment)	tachment missing	Q			
0	Good Standing Certificate	Passport Copy First & Last (Mandatory attachment)	tachment missing	Q			
0	Haj Permit	Health fitness certificate (Mandatory attachment)	ttachment missing	U			
0	Pre-Marital Permit	CV (Mandatory attachment)	ttachment missing	Q			
0	Update CPD	Data Flow report		Q			
0	Request Official Letters	Quadra Bay report		U			

## Click declare and submit + Pay your application

nhra						80%	- +	Reset	Build Date: 6/27/2022, 8:49:34 AM
BB Da CI Pr O	ashboard ofessional Services ^ New Application	NEW PROFESS Please follow these instru- information.	CION APPLIC	CATION Failure to submit the	e necessary items/ ini	formation will delay th	e processing of your	application. You m	ust complete and submit all of the requested
0	Renewal of License	Ø ——	- 0			Ø			0
0	License ReCategorization	Personal Info	Education	License	Experience	Questionnaire	Attachments	Checklist	Declaration Payment
0	Surgical Procedure	Please agree to the dec	claration to continue f	further with your appli	cation submission.				
0	Part-Time Practice	I, the undersigne 1 information and	d, certify that I am the belief.	e person referred to in	this application for Lic	cense in the Kingdom of	Bahrain, and that the	statements herein ar	e true to the best of my knowledge,
0	Transfer of License	2 I further affirm th 2 physical or ment	at I am of good physi al conditions which je	ical and mental health eopardize the quality o	and of good moral ch of care rendered by me	aracter and I will keep th to the public.	he National Health Reg	ulatory Authority info	ormed of any criminal charges and/or
0	Visiting Consultant	I hereby authoriz	e the National Health	Regulatory Authority	to request any informa	tion, files or records to l	be released from relev	ant licensing authorit	ies, educational facilities, and previous
0	Good Standing Certificate	I have carefully r	and past employers in connection with the processing of this application. I have carefully read the questions in this application and have answered them completely, without reservations of any kind and I declare under penalty of perjury that my answers and all						
0	Haj Permit	4 statements mad	e herein are true and	correct.					
0	Pre-Marital Permit	5 Bahrain and may	result in criminal pro	ceedings.	his application, such a	ct shall constitute cause	e for denial, suspensio	n or revocation of my	/ license to practise in the Kingdom of
0	Update CPD	<ul> <li>I, agree above all</li> </ul>							
0	Request Official Letters								
0	Update Contact Information							1	BACK SAVE AS DRAFTS SUBMIT

## For any further inquiries, contact via email as per your profession

- Medical: <u>medical@nhra.bh</u>
- Dental: <u>dental@nhra.bh</u>
- Pharmacy: <a href="mailto:pharmacy@nhra.bh">pharmacy@nhra.bh</a>
- Allied: <u>allied@nhra.bh</u>
- Nursing: <u>nursing@nhra.bh</u>
- For any request related to Healthcare Facility, please redirect your email to: <u>munshaat@nhra.bh</u>

Thank you,