

APPLICATION FOR FACILITY LICENSE

E-mail: HCF@nhra.bh

Website: www.nhra.bh

P.O.Box : 11464 , Manama , Kingdom of Bahrain

For office use: application number

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IMPORTANT: 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 the requested information. Please tick the relevant box and identify fee paid (The required fees must accompany the application)

| | |
|--|--|
| <input type="checkbox"/> New facility | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Chang ownership | <input type="checkbox"/> Change location |
| <input type="checkbox"/> Change facility's name | <input type="checkbox"/> Add service/s; mention: |
| <input type="checkbox"/> Change facility's classification | <input type="checkbox"/> Others: |
| Reinstatement, Due to: | |
| <input type="checkbox"/> Lapse of license | |
| <input type="checkbox"/> Suspension or Revocation of license | |

General Information

| | |
|---|--|
| Facility Name: | Facility phone No.: |
| Facility License No: | Expiry Date: |
| Facility working hours: | |
| Facility address: Flat/s Building..... Road..... Block..... Area..... | |
| Facility CR No. (if existing): | Sijilat application no. (if new): |
| Type of facility: <input type="checkbox"/> Government <input type="checkbox"/> Private | |

| | Facility's Owner | Approved Medical Director by HCP\NHRA Hospitals& Centers only | Authorized person | Administrative Manager |
|------------------|------------------|---|-------------------|------------------------|
| Name | | | | |
| Mobile No | | | | |
| Email | | | | |

Staff and Medical Devices

Fill the excel for both professionals + non-professionals staff and Medical Devices

All types of facilities should fill the scope of service table (page 3)

Failure to submit the necessary items/ information will delay the processing of your application.

| Hospital | | | |
|--|---|--|---|
| <input type="checkbox"/> General | <input type="checkbox"/> Teaching | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> 1 Day Surgery |
| <input type="checkbox"/> Specialized Medical | <input type="checkbox"/> Specialized Surgical | <input type="checkbox"/> Specialized Obs & Gyn | <input type="checkbox"/> Specialized Pediatrics |
| Total number of beds in the Hospital: | | | |
| Medicine: Surgical: Pediatric: OBS& GYN: ICU: CCU: NICU: | | | |
| PICU: Others: | | | |

| Center | | |
|---|---|---|
| <input type="checkbox"/> General Medical Center | <input type="checkbox"/> Specialized Medical Center | <input type="checkbox"/> Multi-specialty Medical Center |
| <input type="checkbox"/> General Dental Center | <input type="checkbox"/> Specialized Dental Center | <input type="checkbox"/> Multi-specialty Dental Center |
| <input type="checkbox"/> Mobile Medical Center | <input type="checkbox"/> Mobile Dental Center | <input type="checkbox"/> Availability of 24-hour services |
| Total Number of Clinics: | | |

| Clinic | | | |
|---|---|--|---|
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Dental Clinic | <input type="checkbox"/> 24 Hours Clinic | <input type="checkbox"/> Company Clinic |
| <input type="checkbox"/> Educational Clinic | <input type="checkbox"/> Mobile Dental Clinic | <input type="checkbox"/> Mobile Medical Clinic | |

| Unit | | |
|----------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Company | <input type="checkbox"/> Educational | <input type="checkbox"/> Allied |

| Radiology | | |
|---|---|---|
| <input type="checkbox"/> Preliminary Radiology Unit | <input type="checkbox"/> Specialized Radiology Unit | <input type="checkbox"/> Comprehensive Radiology Center |

| Laboratory | | |
|---|---|--|
| <input type="checkbox"/> General Medical Laboratory | <input type="checkbox"/> Preliminary Medical Laboratory | <input type="checkbox"/> Dental Laboratory |
| <input type="checkbox"/> Blood Collection Unit | <input type="checkbox"/> Specialized Medical Laboratory | |

| Rehabilitation | | |
|---|--|--|
| <input type="checkbox"/> Physiotherapy Center | <input type="checkbox"/> Rehabilitation Center | <input type="checkbox"/> Drug Addiction Center |

| Alternative Medicine | |
|--|--|
| <input type="checkbox"/> Alternative Medicine Center | <input type="checkbox"/> Alternative Medicine Unit |

| | |
|---|--|
| <input type="checkbox"/> Ambulance Services | <input type="checkbox"/> Residential Nursing Care Facilities |
|---|--|

| Other Human Health Activities | | |
|--|--|--|
| <input type="checkbox"/> Prosthesis/Orthosis Center | <input type="checkbox"/> Audiology and Speech Center | <input type="checkbox"/> Optical Store |
| <input type="checkbox"/> Child and Maternity Care and Education Center | <input type="checkbox"/> Nutrition/Dietitian Center | <input type="checkbox"/> Psychological Counseling Center |
| <input type="checkbox"/> Telemedicine | <input type="checkbox"/> Teleradiology | <input type="checkbox"/> Sleep Lab |

Kindly tick the relevant specialties and services according to the professionals' licenses and privileges if any.

| Medicine | | | |
|-------------------------------|---------------------|--|--|
| General Medicine (GP) | | Geriatric | |
| Anesthesia / Pain Management | | Genetics | |
| Aviation & Aerospace Medicine | | Infectious Diseases | |
| Occupational Medicine | | Internal Medicine | |
| Nephrology | Nephrology | Immunology | |
| | Dialysis | Neurology | |
| Gastroenterology | Gastroenterology | Neurophysiology | |
| | Endoscopy | Hyperbaric Oxygen | |
| Oncology | Oncology | Pathology | |
| | Chemotherapy | Palliative Care | |
| | Radiotherapy | Rheumatology | |
| Psychiatry | Psychiatry | Dermatology | |
| | Addiction Treatment | Endocrinology, Diabetes and Metabolism | |
| Pulmonology | Pulmonology | Family Medicine | |
| | Sleep Medicine | Forensic | |
| | | Hematology | |
| Cardiology | General | | |
| | Interventional | Cardiac Surgery | |
| | | Cardiothoracic Surgery | |
| | | Cardiovascular Surgery | |
| Pediatric | | | |

| Obstetrics and Gynecology | | |
|--|---------|--|
| Gynecology Oncology | | |
| Maternal & Fetal Medicine | | |
| Obstetrics & Gynecology | | |
| Infertility & Artificial Reproductive Techniques (ART) | Level 1 | |
| | Level 2 | |

| Surgical | | Dental | |
|------------------|------------------|-------------------------|--|
| Bariatric | | Conservative Dentistry | |
| ENT | | Endodontics | |
| Gastrointestinal | Gastrointestinal | General Dental Practice | |
| | Endoscopy | Implantology | |

| | | | |
|-------------------------|--|--------------------------------|--|
| General | | Oral & Maxillofacial Pathology | |
| Neurosurgery | | | |
| Ophthalmology | | Oral and Maxillofacial Surgery | |
| Orthopedic | | | |
| Pelvic & Reconstructive | | Oral Medicine | |
| Plastic | | Orthodontics | |
| Surgical Oncology | | Pediatric Dentistry | |
| Thoracic | | Periodontics | |
| Urogynecology | | Prosthodontics | |
| Urology | | Restorative Dentistry | |
| Vascular | | Special needs Dentistry | |

Pediatrics

| | | | |
|------------------------|---------------------|------------------------|--------------|
| General | | Immunology and Allergy | |
| Behavioral Development | | Infectious Disease | |
| Child Abuse | | Neonatology | |
| Endocrinology | | Neurology | |
| Gastroenterology | Gastrointestinal | Oncology | Oncology |
| | Endoscopy | | Chemotherapy |
| Hematology | | | Radiotherapy |
| Hepatology | | Rheumatology | |
| Psychiatry | Psychiatry | Transfusion Medicine | |
| | Addiction Treatment | Pulmonology | |

Laboratory

| | | | |
|----------------------|--|---------------------|--|
| Biochemistry | | Microbiology | |
| Biological Analysis | | Micro Infection | |
| Blood Bank | | Molecular | |
| Blood Collection | | Pathology | |
| Cytology | | Serology | |
| Genetics | | Serology-Immunology | |
| Hematology | | Routine Analysis | |
| Histology | | Drug Lab | |
| Histopathology | | Forensic | |
| IVF Andrology | | Toxicology | |
| IVF Cryopreservation | | IVF Embryo | |

| | | |
|-------------------|-----------------------------|--|
| Dental Laboratory | Removable and Fixed Denture | |
| | Orthodontics Appliances | |
| | Prosthodontics Appliances | |

Radiology

| | | | |
|-------------------------|--|-------------------|--|
| Plain X-Ray | | Portable X-Ray | |
| OPG | | PET-CT | |
| Intra-Oral Dental X-Ray | | Bone Densitometry | |

| | | | |
|--------------------------------------|--|----------------------------------|--|
| Computed Tomography (CT or Cat Scan) | | Fluoroscopy | |
| Mammography | | C-arm | |
| Ultrasound | | Magnetic Resonance Imaging (MRI) | |
| Nuclear Medicine | | | |

Physiotherapy

| | | | | | |
|-----------------------|--|--------------|--|--------------|--|
| General Physiotherapy | | Dry Needling | | Hydrotherapy | |
|-----------------------|--|--------------|--|--------------|--|

Drug Addiction Rehabilitation

| | | | |
|-----------|--|------------|--|
| Inpatient | | Outpatient | |
|-----------|--|------------|--|

Alternative Medicine

| | | | |
|---------------------------------|--|------------------------------|--|
| Acupuncture Therapy | | Massage Therapy | |
| Ayurveda Medicine | | Naturopathy Therapy | |
| Biodynamic Craniosacral Therapy | | Osteopathy Therapy | |
| Chiropractic | | Reflexology Therapy | |
| Cupping Therapy (Hijama) | | Traditional Chinese Medicine | |
| Herbal Therapy | | Unani Medicine | |
| Homeopathy Therapy | | | |

Other Human Health Activities

| | | | | |
|--------------------------------|----------|---|-------------------------------|--|
| Prosthesis/Orthosis | | Optical Store | Optometry | |
| Psychology Counselling | | | Sales & Preparation of Lenses | |
| Audiology | | Child & Maternity Care and Education Center | | |
| Speech Therapy | | Tele-Health | Tele-Medicine | |
| Nutrition | | | Tele-Radiology | |
| Dietitian | | Sleep Lab | | |
| Health Fitness | | Pre-Martial Checkup | | |
| Pre-Employment for Expatriates | Standard | Podiatric | | |
| | Premium | Home Visit | | |
| Laser | | Pre-School Examination | | |
| Health Education | | Hair Transplant | | |
| Nursing Care | | Occupational Therapy | | |
| Vaccination | | Pre-Martial Checkup | | |

PLEASE DO NOT SUBMIT YOUR APPLICATION UNTIL YOU CAN ENCLOSE ALL REQUIRED DOCUMENTATION.

CHECKLIST

Please use the check list to make sure that you have attached all necessary documents

| | |
|--|--|
| <p style="text-align: center;"> <u>For Preliminary Approval</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Application from <input type="checkbox"/> The name of the person officially authorized to represent the facility and to communicate with NHRA, and the evidence of authorization granted to him by the investor/ facility owner. <input type="checkbox"/> Project personal and a detailed statement in all its aspects, including a list of the specialties and scope of service to be provide by the facility and the number of doctors expected to work in it. <input type="checkbox"/> All engineering drawings for the project approved by an engineering center. <input type="checkbox"/> Copy of the passport or CPR for all partners. <input type="checkbox"/> NHRA professional license in case s/he of applying for opening a private clinic. | <p style="text-align: center;"><input type="checkbox"/> <u>For Final Inspection</u></p> <p>When the project reaches the final stages, the applicant must submit an interim inspection request for HCF department to visit the facility and attach the following documents:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medical equipment approval granted by engineering & safety advisor in NHRA <input type="checkbox"/> Municipality approval <input type="checkbox"/> Civil Defense approval <input type="checkbox"/> Supreme Council of environment renewal in the case of radiation services. |
| <p style="text-align: center;"> <u>For Final approval</u></p> <p>After completion and passing the final inspection must submit the llicense fees invoice.</p> <p>It is strictly prohibited to operate a medical facility before the entire Professional have acquired the licenses necessary from NHRA within six months from the issue date of the facility's license. Should this commitment be breached, the facility's license will be revoked, and they would be legally liable to any consequences.</p> | <p style="text-align: center;"> <u>For facility's license renewal, kindly attach:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the valid/new CR. <input type="checkbox"/> List of Staff (professionals + non-professionals) <input type="checkbox"/> List of medical devices <input type="checkbox"/> Application form <input type="checkbox"/> Updated map (if needed) <input type="checkbox"/> Supreme Council of environment renewal in the case of radiation services. |

DECLARATION

I/We the undersigned, certify that I/we am/are the person/s referred to in the foregoing application for licensure registration in the Kingdom of Bahrain, and that the statements herein are true to the best of my/our knowledge, information and belief.

I/we understand that, should I/we furnish any false information in this application, such act shall constitute cause for denial, suspension or revocation of the facility license in the Kingdom of Bahrain.

Signature

Date