



Clinical Facility Licensing Services Application

Form

Department: Clinical Facility Licensing

Document Identifier: F/FLD/1002/01



FORM – Clinical Facility Licensing Services Application

Please type and provide all the requested information including the supporting document.

Applicant information

Facility Name:

PAL / COP reference number:

CL reference number:

Reserved Location & space in sq. ft.:

Contact Person:

Mobile Number:

Email Address:

Please fill the details of the amendment requested

For general clinical licensing services please refer to dhcr.gov.ae > E- services. The below services are only applicable if the online services are not available.

I would like to apply for:

- New Clinical Facility Application
 - Opening a branch of a DHCA licensed facility in another free zone
 - Changing /Adding a Healthcare cluster to an existing Commercial License
- Extension of a provisional approval letter (PAL)
- Amendment to the provisional approval letter (PAL)
- Amendment of clinical services provided as below
 - Cluster - Healthcare
 - Segment
- Amendment of current location below
 - Downsizing (removal of a current unit)
 - Relocation (shifting to a new unit)
- Cancellation of a Clinical Operating Permit
- NOC request for a new service i.e., new procedures, temporary activities beyond the scope of approved specialties on the Clinical Operating Permit etc.
- Others – please specify the details below



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Notes:

- The details should be clear and eligible.
- All paid fees are non-refundable.
- All applications are subject to review and approval of the Committee.
- The timelines may vary depending on the type of the request.
- Fees are applicable as per [DHCR pricelist](#). Receipt of payment to be submitted with the application form.
- Complete application to be submitted through email to Facility Licensing team – cop@dhcr.gov.ae

Documents to include with your request form:

Documents Application type	Business plan	Clinical program	Lease agreement/ reservation	Unit plan/ Layout	Shareholder & Manager visa, passport, EID	Justification/ undertaking letter	NOC / letter from other Authority
New Clinical Facility Application	M		M	O	M		NOC from the visa provider of the proposed Manager
Opening a branch of a DHCA licensed facility in another free zone	M		M	O	M,	M	NOC from the respective Free zone Authority
Changing to /Adding a Healthcare cluster to an existing CL	M			M	if changes are applicable	M	
Extension of a PAL						M	
Amendment to the PAL		M (if service change is applicable)	M (if service change is applicable)	M		M	



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Downsizing (removal of a current unit)		M (if service change is applicable)				Lease cancelation	
Relocation (shifting to a new unit)		M (if service change is applicable)	M	O			

M-Mandatory

O-Optional

Declaration

- I [] hereby certify that the information provided above in this application, including all statements and documentation are correct and true.

Signature: _____

Date: _____