



# Department Of Health Abu Dhabi

Register Trainee – HPL

## Revision History

**Date of this revision:**

19-12-2023

Revision Date	Version Number	Summary of Changes
19-12-2023	1.00	Document creation

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## 1. Introduction

- This guide provides detailed instructions for national trainees on the process of applying for a trainee certificate service via the TAMM Interactive Application Interface.

The upcoming sections provide a comprehensive guide on initiating registration through TAMM .

## 2. Access the service through TAMM portal.

- Applicants can easily access the service by navigating to the TAMM portal, selecting 'Services', and then choosing 'Workspaces'.

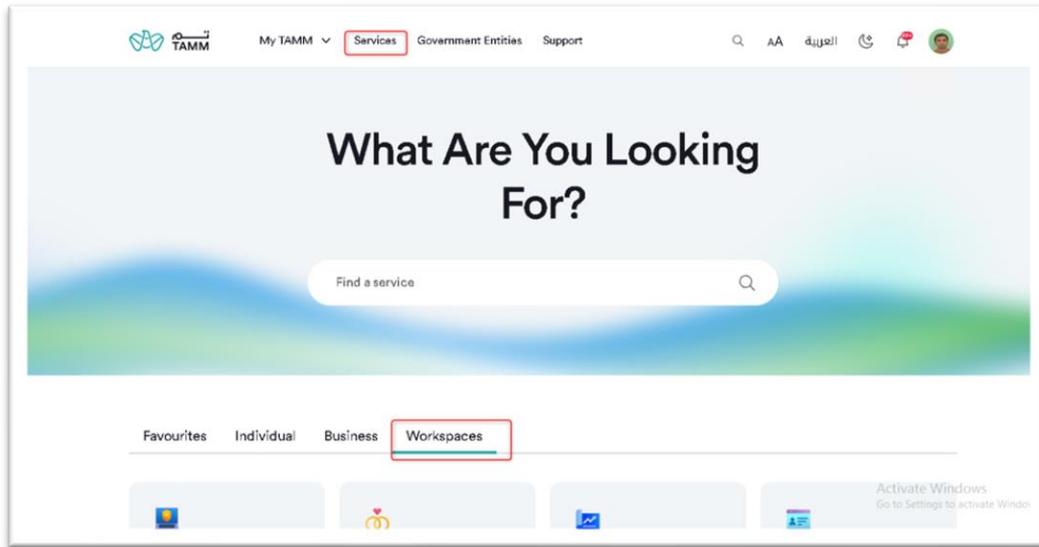


Figure 1 : Applicant Home Page

## 2.1. Health Service Module & dashboard

- Upon selecting 'Services' and then 'Workspaces' on the portal, applicants will find the Health Services module readily available.
- Once the Health Services section is accessed, applicants will be able to access the Health Professional Licensing module.
- In the Health Professional Licensing section, applicants will have the option to access a 'New Request' button, facilitating the initiation of their application process.

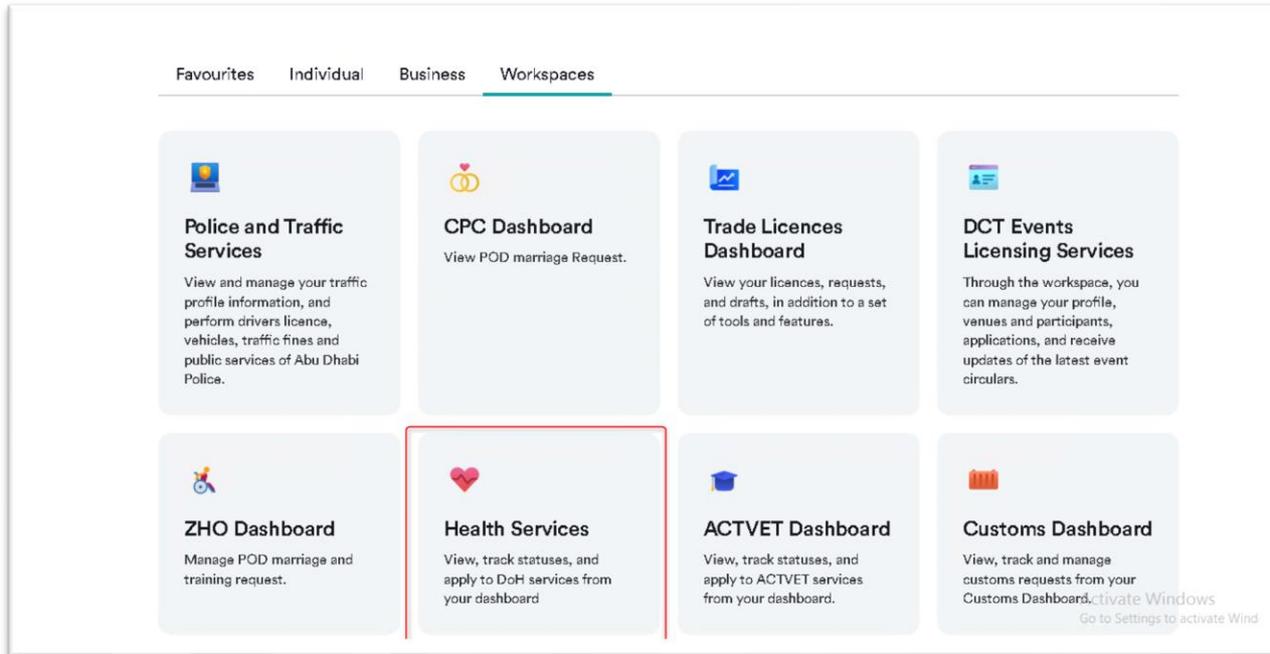


Figure 2: Health Services

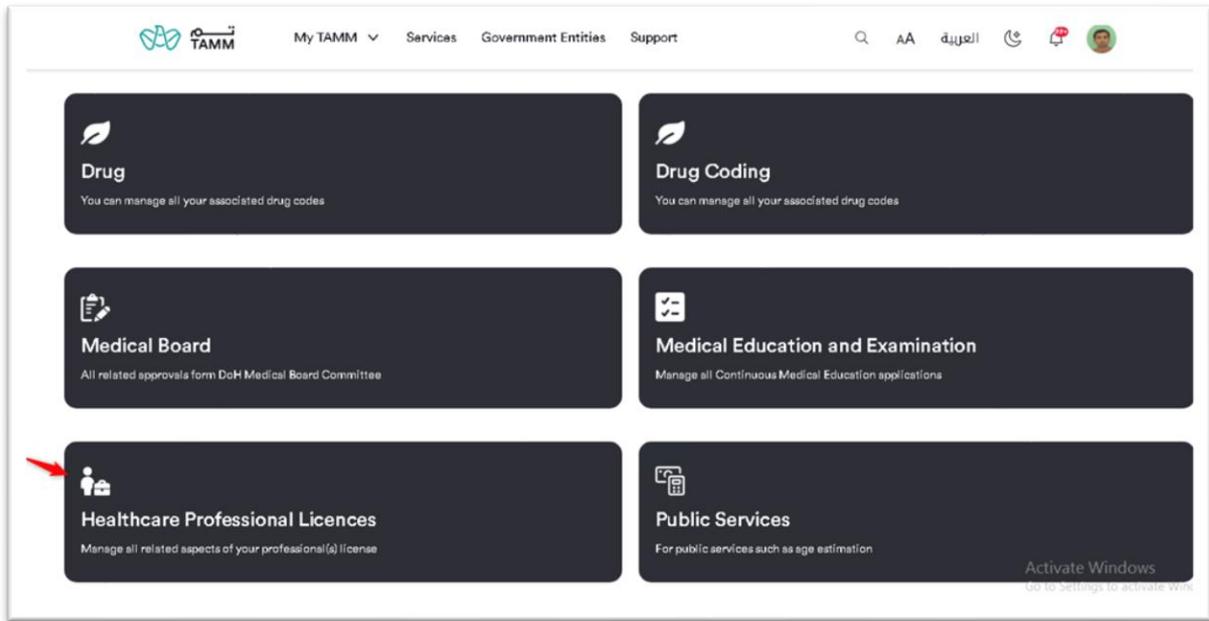


Figure 3: Healthcare Professional Licenses

## 2.2. Applying on the Service

- To begin a new service request, the applicant needs to click on the 'New Request' button, followed by selecting the option 'Registration of New License for a Healthcare Professional'.

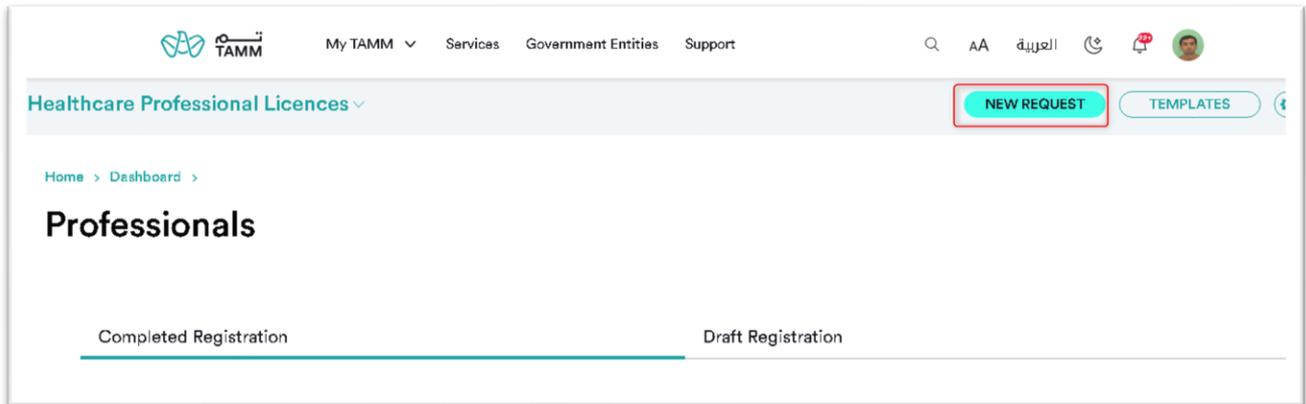


Figure 4: New Request

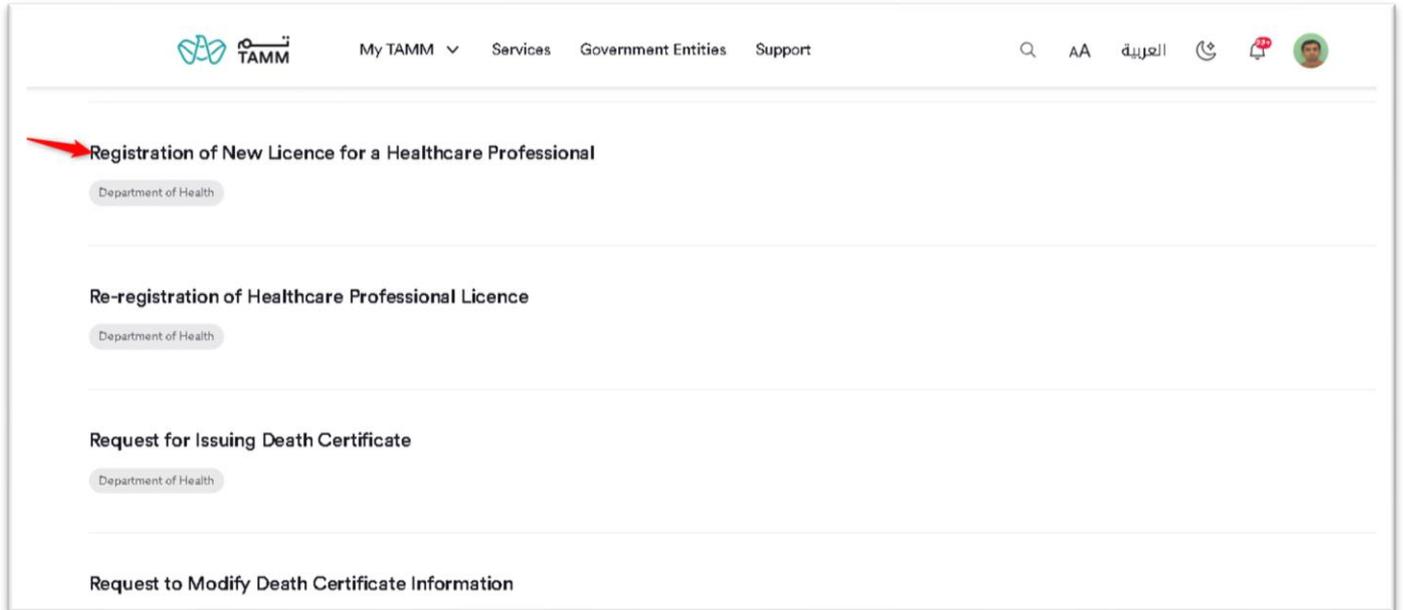
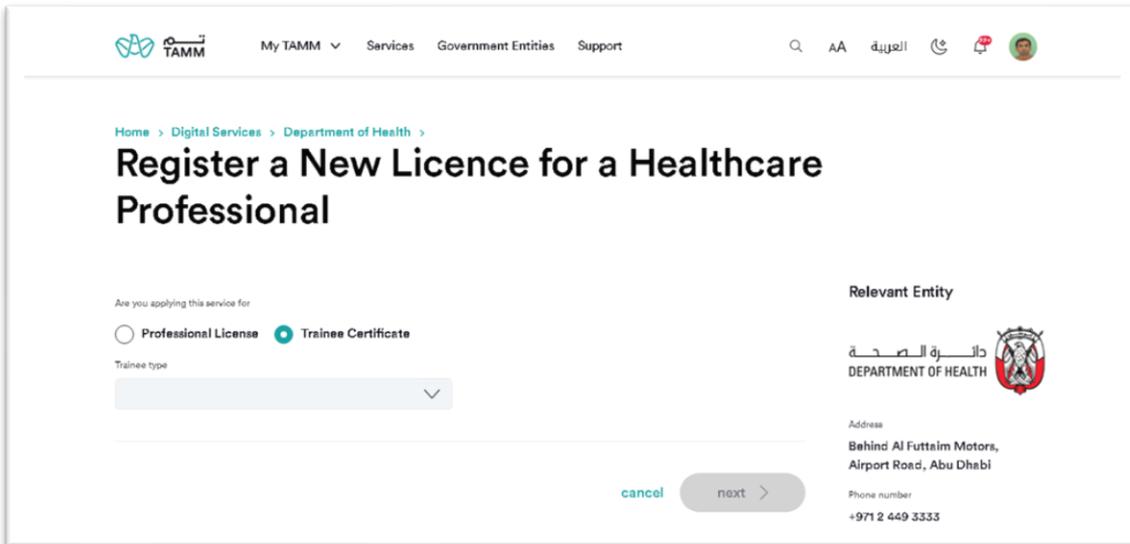


Figure 5: Service Link

- Applicants are required to choose the request type labeled "Trainee Certificate". Upon this selection, a dropdown list specifying different trainee types will become available for further selection.
- To continue, the applicant must click on the "Next" button.



My Tamm Services Government Entities Support

Home > Digital Services > Department of Health >

## Register a New Licence for a Healthcare Professional

Are you applying this service for

Professional License  Trainee Certificate

Trainee type

cancel next >

Relevant Entity

دائرة الصحة  
DEPARTMENT OF HEALTH

Address  
Behind Al Futtaim Motors,  
Airport Road, Abu Dhabi

Phone number  
+971 2 449 3333

Figure 6: Request Type

Home > Digital Services > Department of Health >

## Register a New Licence for a Healthcare Professional

Are you applying this service for

Professional License  Trainee Certificate

Trainee type

| ^

Observer

Gap of Practice

Clinical Training

cancel

next >

### Relevant Entity

دائرة الصحة  
DEPARTMENT OF HEALTH



Address

Behind Al Futtaim Motors,  
Airport Road, Abu Dhabi

Phone number

+971 2 449 3333

Website

<https://doh.gov.ae/>

Activate Windows

Go to Settings to activate Windows

Figure 7: Trainee Type

---

### **Applicant information :**

- Applicants are required to complete the following section to successfully submit their request.

## Name

- The applicant is required to enter their First Name and Last Name in both Arabic and English in the designated fields.

Request type **Trainee Certificate**

**Name**

 The name must match the name in the passport.

First Name (English)

Middle Name (English) (Optional)

Last Name (English)

First Name (Arabic)

Middle Name (Arabic) (Optional)

Last Name (Arabic)

**Process**

-  **Select request type**
- 2 Complete The Profile Details**
- 3 Complete your trainee details
- 4 Complete The Professional Licence Details
- 5 Upload Documents
- 6 Review Your Application
- 7 Application Approval

**Relevant Entity**

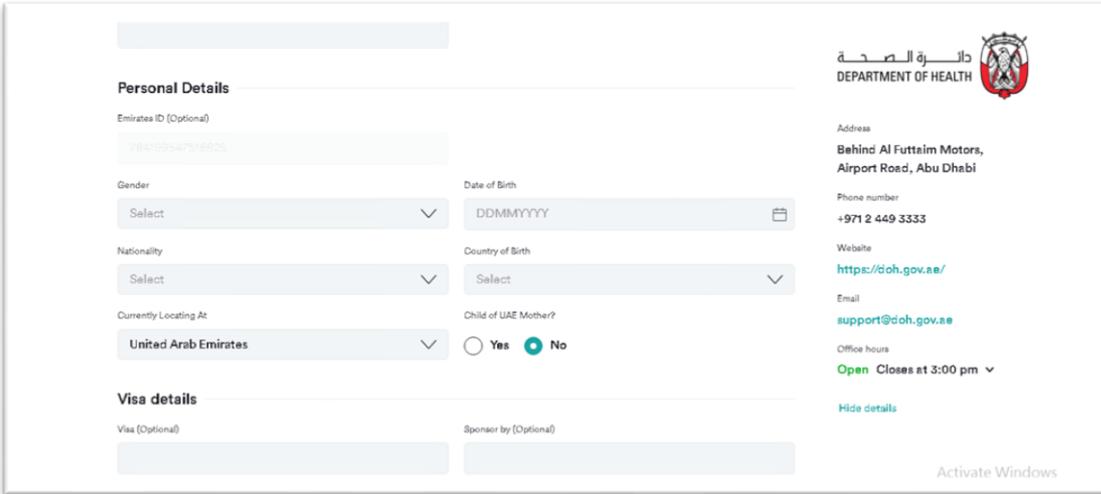
Activate Windows  
Go to Settings to activate Windows



Figure 8: Name Section

## Personal Details

- The applicant must provide essential personal information, including Gender, Date of Birth, Nationality, Country of Birth, and Current Location, as well as specify if they are a Child of a UAE Mother.



**Personal Details**

Emirates ID (Optional)  
784150547C16826

Gender: Select  
Date of Birth: DDMMYYYY

Nationality: Select  
Country of Birth: Select

Currently Locating At: United Arab Emirates  
Child of UAE Mother?:  Yes  No

**Visa details**

Visa (Optional)  
Sponsor by (Optional)

دائرة الصحة  
DEPARTMENT OF HEALTH

Address  
Behind Al Futtaim Motors,  
Airport Road, Abu Dhabi

Phone number  
+971 2 449 3333

Website  
<https://doh.gov.ae/>

Email  
[support@doh.gov.ae](mailto:support@doh.gov.ae)

Office hours  
Open Closes at 3:00 pm

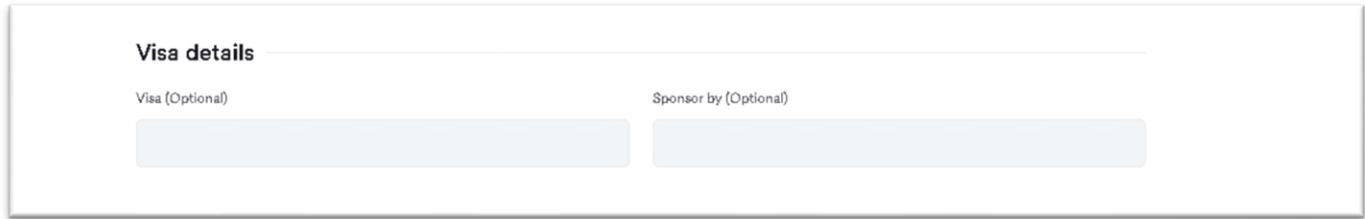
[Hide details](#)

Activate Windows

Figure 9: Personal Details Section

## Visa Details

- Completing the Visa Details section is optional and not mandatory for the application process.



**Visa details**

Visa (Optional)

Sponsor by (Optional)

Figure 10: Visa Details

## **Contact &Address Details**

- The applicant must provide necessary contact and address details, such as Email Address, Mobile Number, City, Emirate, and Address.

### Contact and Address Details

**!** Please ensure to enter the healthcare professional's contact details and not the PRO's.

Email Address

Mobile Number

City

Emirate

Another Mobile Number (Optional)

Home Phone Number (Optional)

Father Mobile Number (Optional)

Mother Mobile Number (Optional)

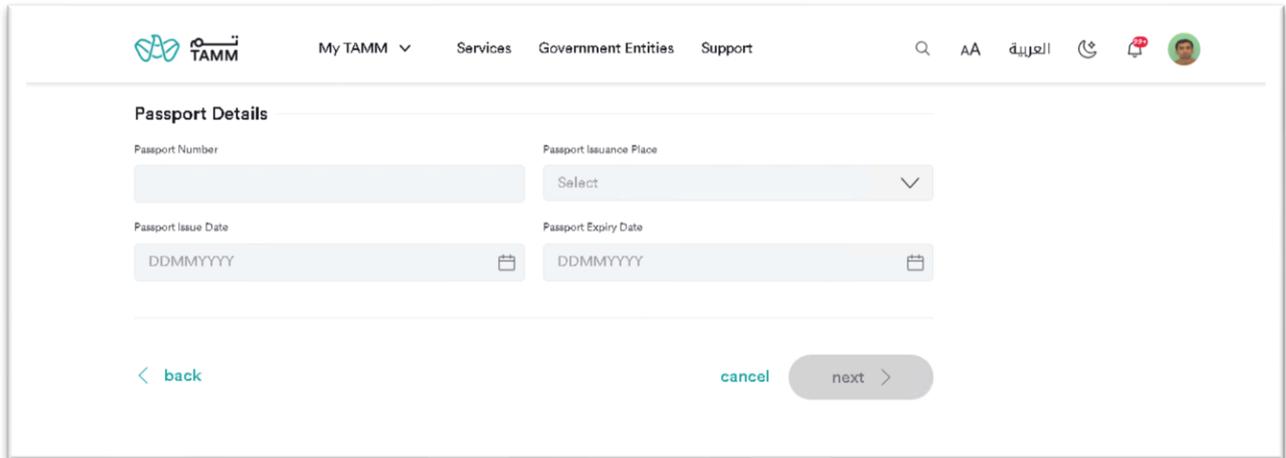
Address

Activate Win  
Go to Settings to

Figure 11: Contact & Address Details

## Passport Details

- The applicant is required to enter specific personal details, including Passport Number, Place of Passport Issuance, Date of Passport Issuance, and Passport Expiry Date.
- To continue, the applicant must click on the “Next” button.



The screenshot shows the 'Passport Details' form within the Tamm app. The header includes the Tamm logo, 'My Tamm' dropdown, and navigation links for 'Services', 'Government Entities', and 'Support'. The form fields are:

- Passport Number:** A text input field.
- Passport Issuance Place:** A dropdown menu with 'Select' and a downward arrow.
- Passport Issue Date:** A date picker field with the format 'DDMMYYYY' and a calendar icon.
- Passport Expiry Date:** A date picker field with the format 'DDMMYYYY' and a calendar icon.

At the bottom of the form, there are three navigation options: a '< back' link, a 'cancel' button, and a 'next >' button.

Figure 12: Passport Details

### **Complete your training details**

- The applicant needs to provide comprehensive training-related information such as Student Level, Student University Email, Student University ID, Name of University, Country of University, College, Duration of Training (in weeks), Proposed Start Date, Proposed End Date, and Type of Sponsoring Facility.

## Complete your trainee details

Student level	Student University Email
<input type="text"/>	<input type="text"/>
Student University ID	University name
<input type="text"/>	<input type="text"/>
University Country	College
<input type="text"/>	<input type="text"/>
Duration of the training in Weeks	Proposed Start Date
<input type="text" value="0"/>	<input type="text" value="DDMMYYYY"/>
Proposed End Date	
<input type="text" value="DDMMYYYY"/>	
Sponsoring Facility Type	
<input type="text"/>	

### Process

- ✓ Select request type
- ✓ Complete The Profile Details
- 3 Complete your trainee details**
- 4 Complete The Professional Licence Details
- 5 Upload Documents
- 6 Review Your Application
- 7 Application Approval

### Relevant Entity

دائرة الصحة  
DEPARTMENT OF HEALTH



Activation Link

Figure 13: Training Details

## **Add Training Certificate Details**

- This section is optional, where the applicant can provide details of any existing Training Certificate, if applicable. This includes information such as Facility Name, Country of Facility, Designation during Training, Training Start Date, Training End Date, and the Department that approved the training.
- It is essential for the applicant to click the "Save" button to ensure that all entered information is successfully saved.
- To continue, the applicant must click on the "Next" button.

Request type **Trainee Certificate**

### Add Training Certificate Details

Facility Name	Country
<input type="text"/>	<input type="text" value="▼"/>
Designation	Training Start Date
<input type="text"/>	<input data-bbox="703 596 815 617" type="text" value="DDMMYYYY"/>
Training End Date	Approved Department
<input data-bbox="268 686 363 706" type="text" value="DDMMYYYY"/>	<input type="text"/>

[← back](#) [cancel](#) [Save >](#)

### Relevant Entity

دائرة الصحة  
DEPARTMENT OF HEALTH



Address  
**Behind Al Futtaim Motors,  
Airport Road, Abu Dhabi**

Phone number  
**+971 2 449 3333**

Website  
<https://doh.gov.ae/>

Email  
[support@doh.gov.ae](mailto:support@doh.gov.ae)

Figure 14: Training Certificate Details

## **Professional Class**

- The applicant is required to fill in essential Professional Class information, including Category, Major, and Profession.
- To continue, the applicant must click on the “Next” button.

### Professional Class

Category Major

Select Select

Profession

Select

### Training facility details

Facility type

[back](#) cancel next

### Process

- ✓ Select request type
- ✓ Complete The Profile Details
- ✓ Complete your trainee details
- 4** Complete The Professional Licence Details
- 5 Upload Documents
- 6 Review Your Application
- 7 Application Approval

### Relevant Entity

دائرة الصحة  
DEPARTMENT OF HEALTH

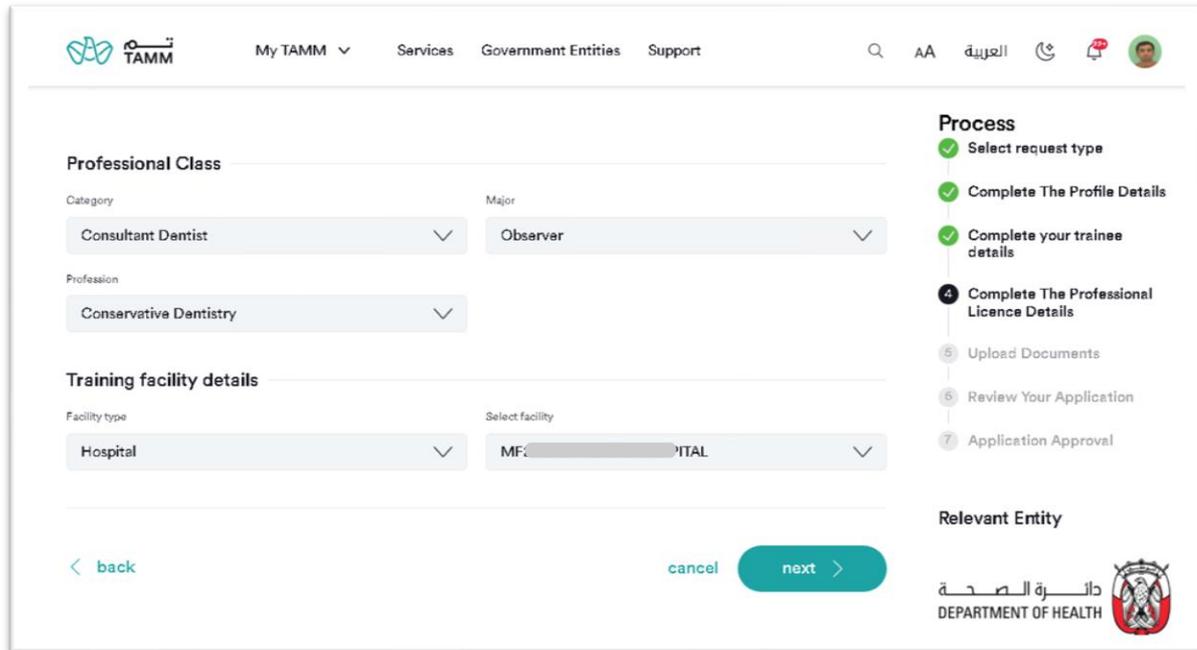


Go to [Contact us](#)

Figure 15: Professional Class

## Training Facility Details

- The applicant must select the required Training Facility by choosing a Facility Type. Once this is selected, a list of available facilities will be automatically populated in the Facility dropdown menu for further selection.
- To continue, the applicant must click on the “Next” button.



**Professional Class**

Category: Consultant Dentist

Major: Observer

Profession: Conservative Dentistry

**Training facility details**

Facility type: Hospital

Select facility: MF...ITAL

[back](#) [cancel](#) [next](#)

**Process**

- ✓ Select request type
- ✓ Complete The Profile Details
- ✓ Complete your trainee details
- 4** Complete The Professional Licence Details
- 5 Upload Documents
- 6 Review Your Application
- 7 Application Approval

**Relevant Entity**

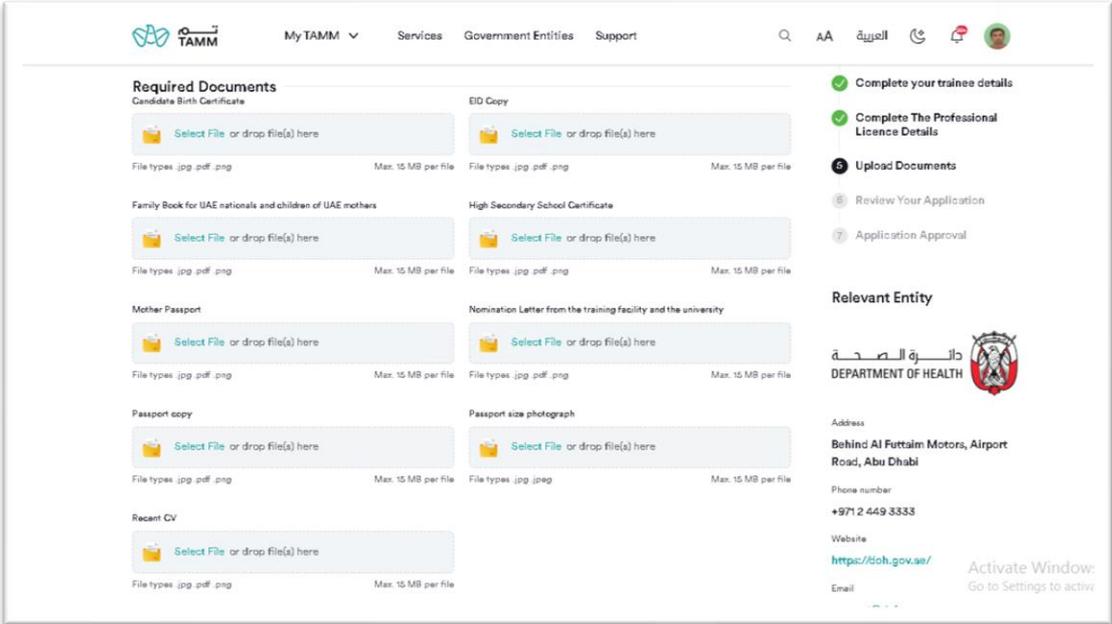
دائرة الصحة  
DEPARTMENT OF HEALTH



Figure 16: Training Facility Details

## **Required Documents:**

- The required attachments will vary based on the student's grade and whether they have selected 'Child of UAE Mother'. In addition to common documents.
- For uploading attachments, the applicant should follow these steps:
  - Click on the “Select File” link.
  - Select the desired document from their files.



**Required Documents**

**Candidate Birth Certificate**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**EID Copy**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**Family Book for UAE nationals and children of UAE mothers**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**High Secondary School Certificate**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**Mother Passport**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**Nomination Letter from the training facility and the university**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**Passport copy**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**Passport size photograph**  
 Select File or drop file(s) here  
 File types: .jpg .png Max. 15 MB per file

**Recent CV**  
 Select File or drop file(s) here  
 File types: .jpg .pdf .png Max. 15 MB per file

**Progress Bar:**

- Complete your trainee details
- Complete The Professional Licence Details
- Upload Documents**
- Review Your Application
- Application Approval

**Relevant Entity**

دائرة الصحة  
DEPARTMENT OF HEALTH

Address  
 Behind Al Furtaim Motors, Airport Road, Abu Dhabi

Phone number  
 +971 2 449 3333

Website  
<https://doh.gov.ae/>

Email

Activate Window: Go to Settings to activate

Figure 17: Required Documents

## Upload Documents

Kindly upload the requested documents below and any additional documents relevant to your request that can support your application

**Required Documents**

Candidate Birth Certificate EID Copy

 [Select File](#) or drop file(s) here

 [Select File](#) or drop file(s) here

Max. 15 MB per file

**Process**

- ✔ Select request type
- ✔ Complete The Profile Details
- ✔ Complete your trainee details
- ✔ Complete The Professional Licence Details
- 5 **Upload Documents**
- 6 Review Your Application
- 7 Application Approval

**Relevant Entity**



دائرة الصحة  
DEPARTMENT OF HEALTH

Activate Windows  
Go to Settings to activate Windows

Address  
Behind Al-Fateha Metro

Open

This PC > Downloads

Name	Date modified	Type
IMG_0992-1702443578284	12/13/2023 9:01 AM	PNG F
IMG_0991-1702441559741 (1)	12/13/2023 8:56 AM	PNG F
IMG_0991-1702441559741	12/13/2023 8:56 AM	PNG F
IMG_0989-1702441461691	12/13/2023 8:55 AM	PNG F
IMG_0990-1702441451204	12/13/2023 8:55 AM	PNG F

File name: other-party-signature-AUDITINSP Custom Files

Open Cancel

Figure 18: Add Document

- To continue, the applicant must click on the “Next” button.

### **Review Page:**

- - On the 'Review Page', the applicant is given the opportunity to make any final edits to their information before finalizing the application.
- To continue, the applicant must click on the “Next” button.


My TAMM ▼

Services
Government Entities
Support

AA
العربية




### Applicant Details

Full Name (English)	Roham Mostafa
Full Name (Arabic)	.....
Date of Birth	01/12/2020
Gender	Male
Nationality	United Arab Emirates
Country of Residence	United Arab Emirates
City	Dubai
Address	Abu Dhabi
Country of Birth	Germany
Passport Number	.....
Passport Issue Date	12/12/2023
Passport Expiry Date	26/12/2023
Passport Issuance Place	United States of America
Email Address	.....@m

- ✔ Complete The Profile Details
- ✔ Complete your trainee details
- ✔ Complete The Professional Licence Details
- ✔ Upload Documents
- ⦿ Review Your Application
- ? Application Approval

### Relevant Entity



دائرة الصحة  
DEPARTMENT OF HEALTH

Address  
Behind Al Futtaim Motors,  
Airport Road, Abu Dhabi

Phone number  
+971 2 449 3333

Website  
<https://doh.gov.ae/>

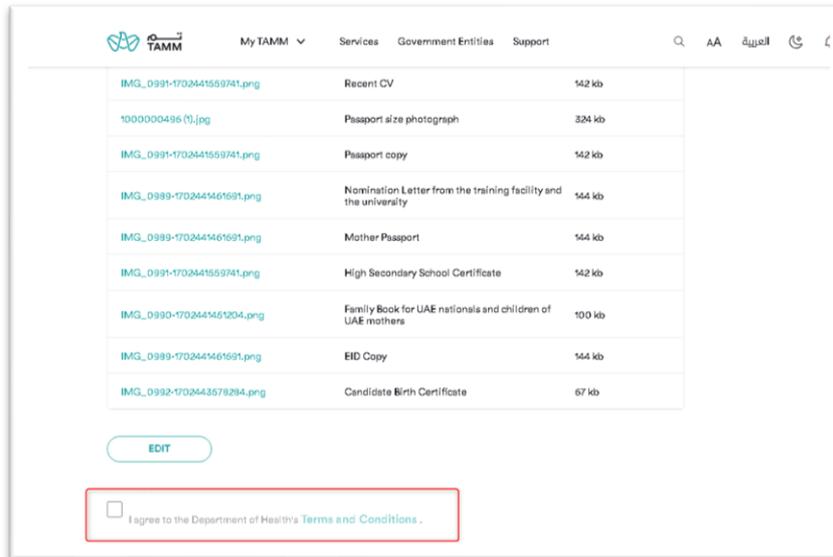
Email  
[support@doh.gov.ae](mailto:support@doh.gov.ae)

Office hours

Activate Window  
Go to Settings to act

Figure 19: Review Page

- It's essential for the applicant to read and acknowledge the terms and conditions by ticking the checkbox prior to submitting their request.



The screenshot shows the Tamm portal interface. At the top, there is a navigation bar with the Tamm logo, 'My Tamm', and links for 'Services', 'Government Entities', and 'Support'. Below the navigation bar is a table of uploaded documents:

IMG_0991-1702441559741.png	Recent CV	142 kb
1000000496 (1).jpg	Passport size photograph	324 kb
IMG_0991-1702441559741.png	Passport copy	142 kb
IMG_0991-1702441559741.png	Nomination Letter from the training facility and the university	144 kb
IMG_0991-1702441559741.png	Mother Passport	144 kb
IMG_0991-1702441559741.png	High Secondary School Certificate	142 kb
IMG_0990-1702441559741.png	Family Book for UAE nationals and children of UAE mothers	100 kb
IMG_0991-1702441559741.png	EID Copy	144 kb
IMG_0992-1702443578294.png	Candidate Birth Certificate	67 kb

Below the table is an 'EDIT' button. At the bottom, there is a checkbox and the text:  I agree to the Department of Health's Terms and Conditions .

Figure 20: Terms & Conditions

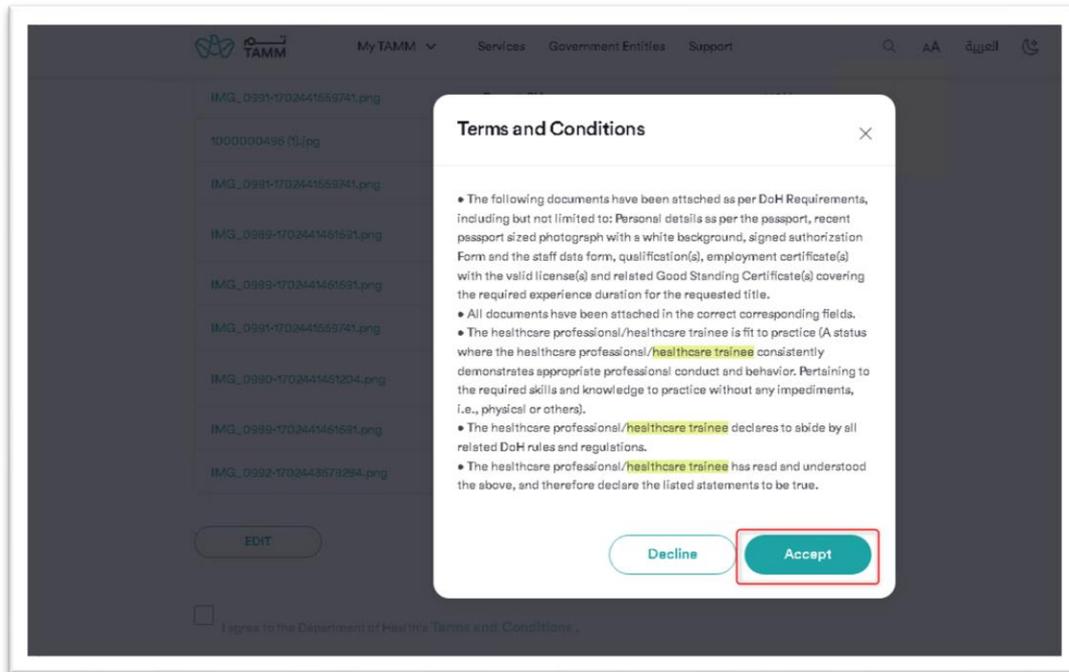


Figure 21: Terms & Conditions-Accept

- 
- Once the terms and conditions are accepted, the applicant must click on the “Next Button” to proceed with submitting their application.
  -



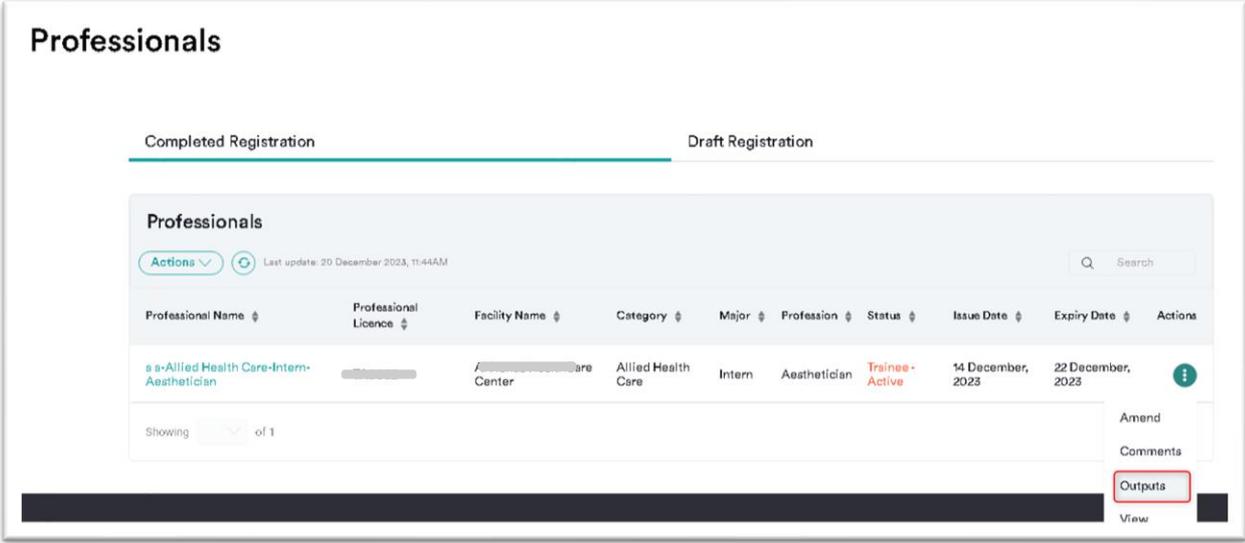
The screenshot shows the Tamm portal interface for registering a new healthcare professional licence. The page title is "Register a New Licence for a Healthcare Professional". The breadcrumb trail is "Home > Digital Services > Department of Health". The "Request type" is "Trainee Certificate". A status message with an hourglass icon states: "Your Application Is Under Review". Below this, it says: "Your request to register a new licence as a healthcare professional has been successfully submitted and is currently under review. Please visit your dashboard to be notified about any changes in your application." A "Go to dashboard" button is present. On the right, a "Process" list shows the following steps, all marked as complete with green checkmarks:

- Select request type
- Complete The Profile Details
- Complete your trainee details
- Complete The Professional Licence Details
- Upload Documents
- Review Your Application
- Application Approval

At the bottom of the process list, there is a link for "Activate Your Account" with the text "Go to Settings to activate your account".

Figure 22: Request submission

-Following the approval from the CME Officer, the applicant will gain access to their training certificate via the TAMM Dashboard.



The screenshot displays the 'Professionals' section of the Tamm Dashboard. It features two tabs: 'Completed Registration' (selected) and 'Draft Registration'. Below the tabs is a table with the following columns: Professional Name, Professional Licence, Facility Name, Category, Major, Profession, Status, Issue Date, Expiry Date, and Actions. A single record is visible in the table, with the 'Status' column highlighted in red and labeled 'Trainee - Active'. The 'Issue Date' is 14 December, 2023, and the 'Expiry Date' is 22 December, 2023. The 'Actions' column for this record includes 'Amend', 'Comments', and 'Outputs' (which is highlighted with a red box). A 'View' link is also present at the bottom right of the table.

Professional Name	Professional Licence	Facility Name	Category	Major	Profession	Status	Issue Date	Expiry Date	Actions
s s-Allied Health Care-Intern-Aesthetician	[Redacted]	/...are Center	Allied Health Care	Intern	Aesthetician	Trainee - Active	14 December, 2023	22 December, 2023	Amend Comments Outputs View

Figure 23: Outputs

Healthcare Professional Licences NEW REQUEST TEMPLATES 

[Back](#)

## Outputs

**aa**

TA0032 Trainee - Active

Profession: Aesthician  
Category: Allied Health Care  
Facility Name: 

Name	Report Type
<a href="#">Trainee Certificate</a>	Report

Figure 24: Training Certificate Link

- Upon choosing the 'Output Report' option, a list of available reports will be displayed. When the applicant selects the 'Trainee Certificate' from this list, it will become accessible for downloading.



### Training registration certificate

شهادة تسجيل طالب متدرب

<b>Trainee Profile ID</b>	HPTRA-2023-000138	<b>رقم ملف المتدرب</b>	
<b>Trainee Registration Number</b>		<b>رقم تسجيل المتدرب</b>	
<b>Name</b>		<b>الاسم</b>	
<b>Training Title</b>	Allied Health Care-Intern-Acupuncture Practitioner	<b>مسمى المتدرب</b>	متدرب الصحة المتقدمة-متدرب اعجاز اعجاز اس اس شعبة
<b>Registration Status</b>	Trainee - Active	<b>حالة التسجيل</b>	متدرب - فعال
<b>Nationality</b>	Russia	<b>الجنسية</b>	روسيا
<b>Training Facility</b>		<b>المعدة</b>	
<b>Sponsoring Facility</b>		<b>المعدة الكهنة</b>	
<b>Training Starting Date</b>	07/11/2023	<b>تاريخ بدء التدريب</b>	
<b>Training End Date</b>	30/11/2023	<b>تاريخ انتهاء التدريب</b>	

This registration certificate was printed on 20/12/2023, its contents may change at any time it is in the discretion of the concerned authority/organization to require an up-to-date copy.

Any change in Sponsoring Facility License/Training Facility License status will invalidate the additional transactions.

This registration certificate dose not authorizes the holder's name here in named to practice the profession as indicated in accordance with UAE laws rules and regulations.

The registration certificate will be considered as expired once not renewed from its training end date.

ملاحظة موازاة المهنة

لا تسمح شهادة التسجيل هذا المسماة المتكبر هذا موازاة المهنة كما هو موضح وفقاً لقواعد ومواظم القوانين دولة الامارات العربية المتحدة  
تحتل شهادة التسجيل مائة حتى تاريخ انتهاء التدريب المشار اليه ما لم يتم التجاوزه او معلقها لسبب عاجل.  
تعتبر شهادة التسجيل متعلقة الصلاحية في حال عدم تجديدها من تاريخ انتهاء التدريب.

Figure 25: Trainee Certificate