APPROVED PRACTICE SETTING FOR
BASIC TRAINING
Medical Education and Examination Department
Facility Information

Name: [Name]
Phone: [Phone]
Address: [Address]
International Accreditation: ISO O JCI O Other, Specify: [Other]
Other licensed healthcare facility affiliation: No O Yes, Specify: [Yes]
Authorized Facility Academic Officer: [Name]
Phone: [Phone]
Email: [Email]

This document is designed to assist a health facility to become recognized by DOH as an Approved Practice Setting for Basic Training (APS - B). If a health facility meets the requirements of an APS – B. Completing this application does not grant/entitle the facility to DoH’s recognition.

Declaration

O The training facility must establish an agreement with accredited academic institute by ADEK or MOE to conduct undergraduate training
O The training must comply with all DoH standards including malpractice and ADEK standards (if applicable)
O The training must be under supervision/conducted by active licensed healthcare professionals by DoH

O The training must be under supervision/conducted in active licensed services by DoH

O The training facility must comply with DoH reporting requirements

O Facility authorize DOH to provide all information and documents provided with and /or obtained in connection with this application to all participating institutions for any purpose connected with my application.

Facility director/CEO/CMO Name: [Name]  Facility direction/CEO/CMO Signature: [Signature]

Official Use

Approved:
Date:

Disapproved:
Date: