



دائرة الصحة
DEPARTMENT OF HEALTH

APPLICATION FOR NEW AND EXPANDING POSTGRADUATE MEDICAL EDUCATION PROGRAMS

August 2025



SECTION A: PROVIDER INFORMATION

1. **Provider Name:**

2. **Facility License Number:**

3. **Type of Application**

☐ New Program

☐ Expansion of Existing Program (Fill SECTIONS A, F and G only)

4. **Approved Practice Setting (APS) Status**

☐ APS-I (Intermediate)

☐ APS-A (Advanced)

☐ Not yet approved (please explain)

5. **Intended Accrediting Body:**

☐ National Institute for Health Specialties (NIHS)

☐ Other (specify)

6. **Institutional Accreditation Status**

☐ Currently accredited:

☐ Full accreditation ☐ Conditional accreditation ☐ Initial accreditation

☐ In-process (attach accreditation-readiness plan)

☐ Not yet initiated

7. **List of Existing Training Programs and Their Accreditation Status** (Attach Separate List if Needed)

8. **Designated Institutional Official (DIO):**

Name:

Title:

License number:

Email:

Phone:



SECTION B: PROGRAM OVERVIEW

1. Program Name:

2. Program Site(s):

☐ Single

☐ Joint (list participating sites and their facility license number)

Facility Name:

Facility License Number:

3. Program Type

☐ Internship

☐ Residency

☐ Fellowship

☐ Other (specify)

4. Proposed start date:

5. Proposed number of trainees per year:

6. Program duration (in months):

7. Intended Accrediting Body:

☐ National Institute for Health Specialties (NIHS)

☐ Other (specify)

8. Program Accreditation Status

☐ Currently accredited:

☐ Full accreditation ☐ Conditional accreditation ☐ Initial accreditation

☐ In-process (attach accreditation-readiness plan)

☐ Not yet initiated

9. Exit Examination Required for Training Completion

☐ Yes, specify name of Examination:

☐ No

10. Describe how completion of the program will contribute to the qualifications/licensure status of the graduated trainees in accordance with the unified Professional Qualification Requirements.



SECTION C: STRATEGIC JUSTIFICATION

- 1. Rationale for Program Establishment** - Describe how the proposed program aligns with Abu Dhabi's workforce needs. Highlight service gaps addressed. Attach any relevant workforce survey data or expression of interest (max 250 words).

SECTION D: PROGRAM STRUCTURE, QUALITY AND FACULTY

- 1. Curriculum Overview** - Provide a brief overview of the curriculum, training structure and learning outcomes (max 250 words).

- 2. Governance Structure** - Attach governance chart

- 3. Program Director**

Name:

Title:

License number:

Email:

Phone:



4. Faculty Details - Attach Faculty List, Qualifications, License numbers

Number of Faculty:

Faculty to Trainee ratio:

5. Clinical Training Sites - List and describe all participating sites and learning environment adequacy.

SECTION E: STAKEHOLDER ENGAGEMENT

1. Executive Leadership Endorsement

Attach formal letter of endorsement from hospital leadership or executive management (CEO or equivalent) confirming long-term commitment and integration into strategic planning, including plans for Emiratization and graduate absorption plan.

SECTION F: FINANCIAL AND OPERATIONAL SUSTAINABILITY

1. Funding Model

☐ Requesting DOH Funding

☐ Self-funded (attach institutional letter of commitment from hospital leadership or executive management (CEO, CFO or equivalent) confirming commitment to program's financial and operational sustainability over a minimum of five-year period, with a clear plan to maintain program quality and validity.)

2. Estimated Budget (for Providers' requesting DOH funding) - Attach budget details categorized as per Service Agreement (SA) structure

3. Five-year Sustainability Plan Summary - Include plans for faculty retention, site continuity, graduate absorption and risk mitigation (max 250 words).



SECTION G: PROGRAM CAPACITY MODIFICATION (ONLY FOR EXISTING PROGRAMS)

1. Program Name:

2. Program Site(s):

- ☐ Single
- ☐ Joint (list participating sites and their facility license number)

3. Program Type

- ☐ Internship ☐ Residency ☐ Fellowship
- ☐ Other (specify)

4. Accrediting Body

- ☐ National Institute for Health Specialties (NIHS)
- ☐ Other (specify)

5. Accreditation Status

- ☐ Full accreditation ☐ Conditional accreditation ☐ Initial accreditation

6. Current DOH-Approved Capacity

- a. Number DOH-approved trainee positions:
- b. Number of enrolled trainees:

7. Proposed Additional Capacity:

8. Number of Approved NIHS Accredited Seats:

9. Justification for Program Expansion - Describe how the proposed program expansion aligns with Abu Dhabi's workforce needs. Highlight service gaps addressed. Attach any relevant workforce survey data or expression of interest (max 250 words or attach document).



10. Resources to Support Additional Trainees - Describe the resources that will be allocated or scaled to accommodate the additional trainees, including:

- a. Faculty expansion:
 - i. Current number of Faculty:
 - ii. Faculty to trainee ratio with expanded capacity:
- b. Supervision and Teaching Capacity
- c. Clinical Exposure Opportunities
- d. Learning Space and Facilities

11. Trainee Retention Data (5-year data)

- a. Number of residents who did not complete training program (withdrew or transferred to different program/institution)
- b. Number of residents who transferred into the program (from another program/institution)

12. Resident and Graduate Survey results - Attach past 5-years residents and graduate survey results.

13. Trainee and Graduate Performance Data - Attach list of program's Board Certification and exam pass rates for the past 5-years, including in-training examinations, part 1, part 2, and final examinations.

14. Graduate Placement - Attach list of program graduates who were hired by the institution or matched into fellowship positions in the past 5-years.



SECTION H: COMPLIANCE AND DECLARATION

Upon submission of the complete application, DOH Medical Education will review all submitted documents. Additional information and a site visit may be required.

I declare that all information submitted is true and complete. I understand this is an application process and by no means grants the recognition or endorsement of the Department of Health.

I acknowledge that the training program cannot start or enroll trainees without prior approval of DOH.

Program Director

Name:

Signature:

Date:

Designated Institutional Official

Name:

Signature:

Date:

Academic Office Endorsement

Name:

Title:

Signature:

Date:

Attachments (check all submitted documents)

Executive Leadership Endorsement Letter

Accreditation Letter - Provider

Accreditation Letter - Program

Accreditation Readiness Plan

Governance Structure/Organizational Chart

Faculty List and Qualifications

Financial Commitment Letter

Requested Budget

Resident and Graduate Survey Results

Resident and Graduate Performance Data

Graduate Placement Data

Other Supporting Documents (specify)