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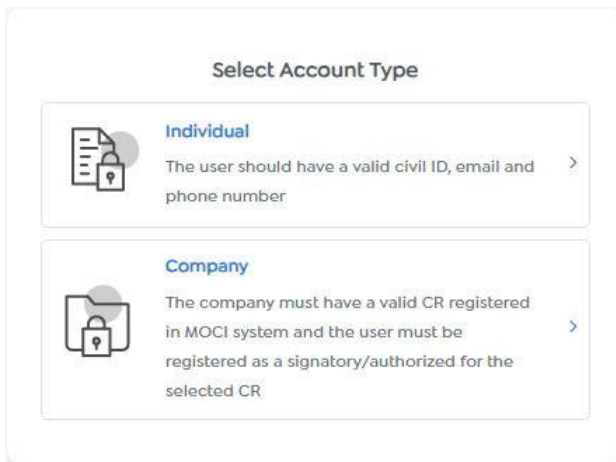
1. Registration.....Error! Bookmark not defined.
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1. Registration

You can create or a register a new account to use in the system using two different types: Individual and Company. You start from the **Login** page as shown below:



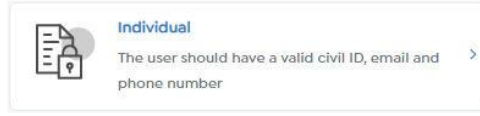
Click your mobile number and click **Login**, when the system recognizes that it is not registered in the system, it will navigate you to the following page:



You can select an account type by simply clicking on any of them.

1.1 Register an Individual Account


To register an individual account, follow the steps below:




1. Click on , and following page appears:


Individual Registration

Person Identity


ID Card Number ID Expiry Date * 


2. Enter your resident card number and expiry date.
3. Click , and the system will retrieve your information automatically as shown below:


Person Identity



ID Card Number ID Expiry Date * 


Personal Information


Full Name (En) Date of Birth 

Full Name (Ar) Gender 

Nationality  Age

Governorate  Willayat 

Village 



Contact Details


E-mail address

Send OTP

Mobile *


Send OTP

Communication Preferences

Language * English  Arabic

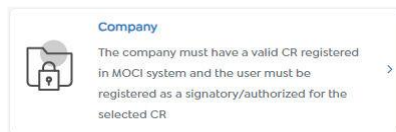
Method SMS Email

4. Enter the location which consists of Governorate, Wilaya, and village.
5. Enter email address and mobile number, then click Send OTP for both platforms, and then enter the OTP which you have received on both platforms.

6. Select the communication language if it's in Arabic or English.
7. Select the communication method if it's by SMS or Email or both.
8. Click , and a message appears indicating that the account has been successfully registered.

1.2 Register a Company Account

To register a company account, follow the steps below:




1. Click on , and the following page appears:

Company Registration

Corporate Commercial Register

CR Number *


2. Enter the CR number and then click the  button, and the system will retrieve your company's information as shown below:

Company Registration


Corporate Commercial Register


CR Number *

Corporate Information

Company Name (En)	[REDACTED]	Company Name (Ar)	[REDACTED]
CR Status	Valid	CR Expiry Date	04/23/2024 

Person Identity

ID Card Number ID Expiry Date * 

3. Then you need to enter the person's information by entering the resident card number and expiry date, then click  and the system will retrieve the person's information automatically as shown below:

Person Identity

ID Card Number ID Expiry Date *

[Verify](#)

Personal Information

Full Name (En) <input type="text" value="██████████"/>	Date of Birth <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="03-01-1986"/>	
Full Name (Ar) <input type="text" value="██████████"/>	Gender <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="Male"/>	
Nationality <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="JORDANIAN"/>	Age <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="37"/>	
Governorate <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="Muscat"/>	Willayat <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="Select Willayat"/>	
Village <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="Select Village"/>		

Contact Details

E-mail address <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="Email address"/>	OTP <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text"/>
<input checked="" type="checkbox"/> Send OTP	
Mobile * <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text" value="Mobile Number"/>	OTP * <input style="border: 1px solid #ccc; border-radius: 5px; padding: 2px 5px; margin-left: 5px;" type="text"/>
<input checked="" type="checkbox"/> Send OTP	

Communication Preferences

Language * English Arabic

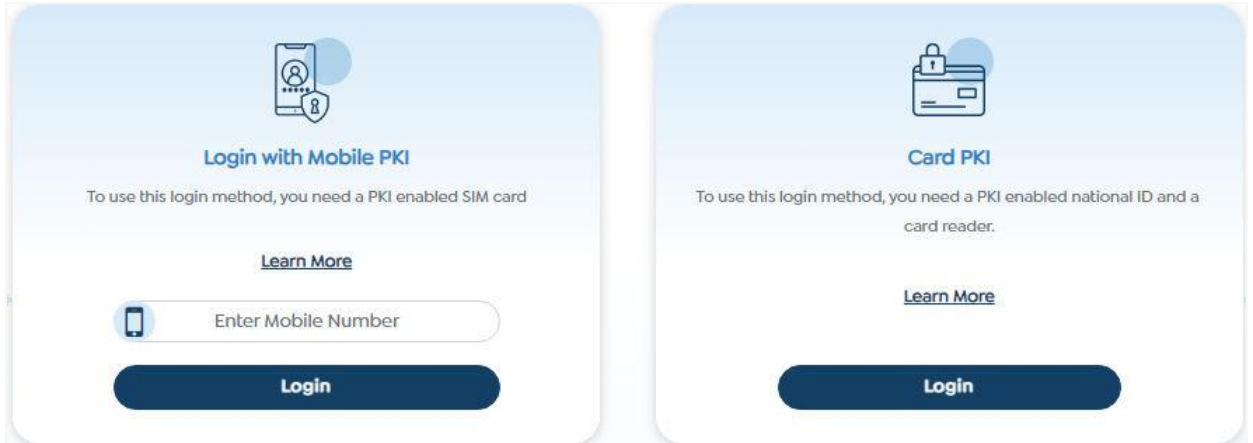
Method SMS Email

[Save](#)

4. Enter the location which consists of Governorate, Wilaya, and village.
5. Enter email address and mobile number, then click **Send OTP** for both platforms, and then enter the OTP which you have received on both platforms.
6. Select the communication language if it's in Arabic or English.
7. Select the communication method if it's by SMS or Email or both.
8. Click [Save](#), and a message appears indicating that the account has been successfully registered.

2. Login

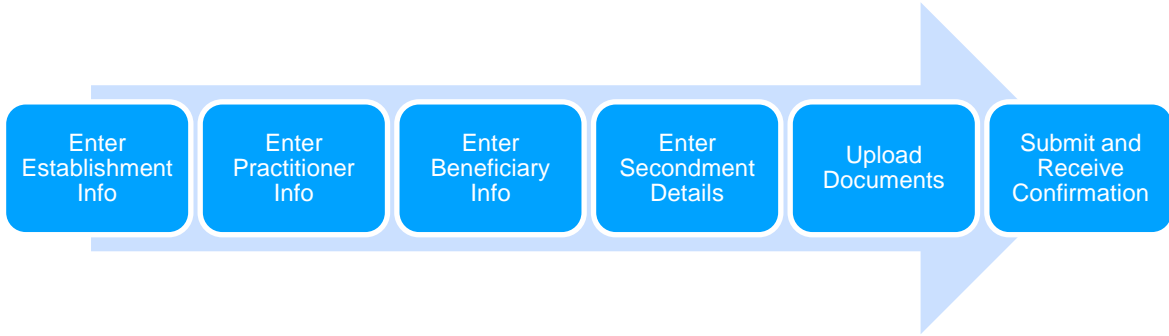
You can login to the system with your account using two different methods: Mobile PKI and Card PKI. The **Login** page appears as shown below:



- For **Mobile PKI**, you enter your mobile number then you click **Login** button on the left side, and if you enter your password on your phone.
- For **Card PKI**, you click **Login** on the right side, then you use the ID card reader to read your card, and then you enter your password on the computer screen.

3. Practitioner Secondment Request Service

Through this page you apply for practitioner secondment request whether for Omani or Non-Omani practitioners. The process is as follows:



The Practitioner Secondment Request page appears as shown below:

Practitioner Secondment Request eService

Fill e-Form Receive Confirmation

- Establishment Information
- Practitioner Information
- Beneficiary Information
- Secondment Details
- Attachments
- Preview

Establishment Information

Applicant Details

Name (En)	Establishment Owner	Name (Ar)	مضيف
Civil id	EstablishmentOwner	Mobile Number	94309602
Role	CR Signatory	Email	hajir.albalushi@moh.gov.om

Select Establishment

Establishment *	Providers *	
Select Establishment	Select Provider	Verify <input type="button" value="Q"/>

Establishment Details

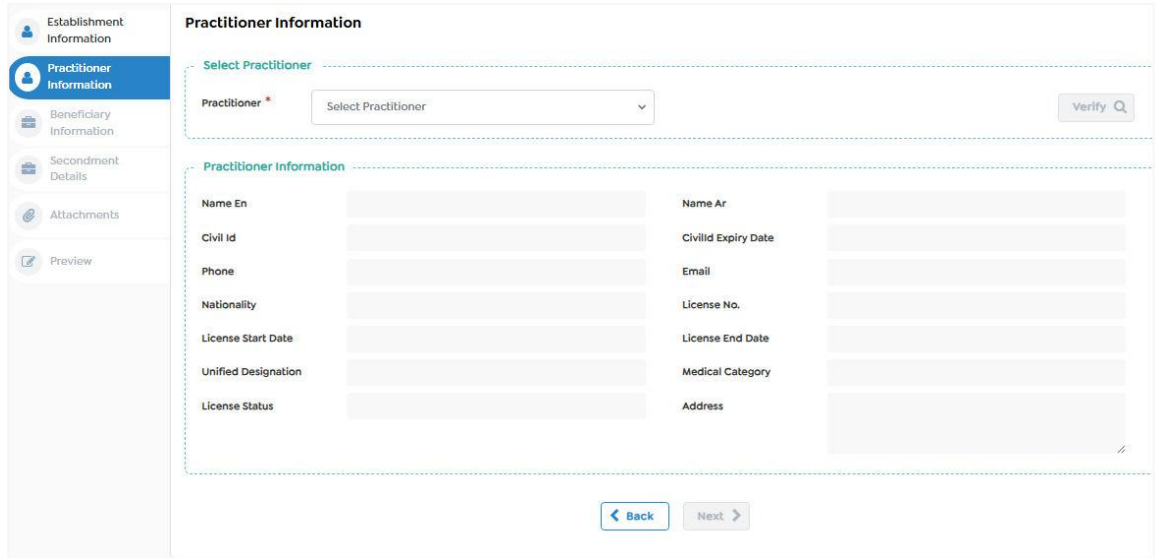
CR Number	CR Status
Phone Number	Email
License Number	License Status
Legal Form/Category	Sub Category
Governorate	Wilaya
P.O. Box	Address

To apply for the service, follow the steps below:

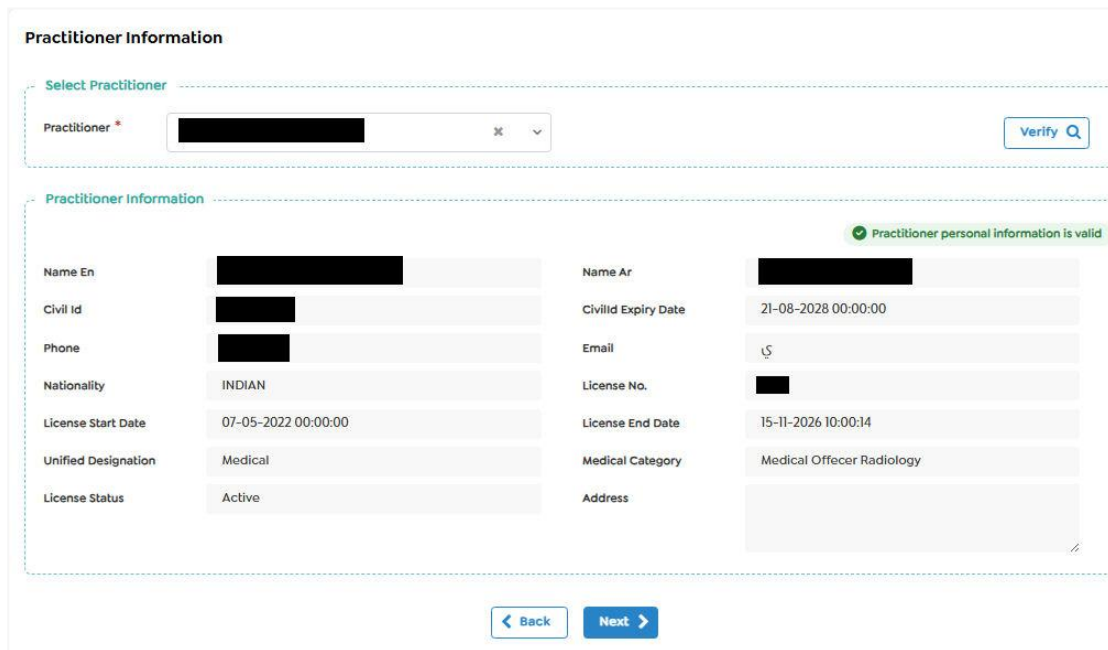
1. Select the establishment and the provider from the dropdown lists, and the details appear automatically.
2. Click , and you get a notification in green on top of the page if the establishment is valid and you can continue with the process. The notification appears as shown below:

✓ Establishment & Provider Details is Valid and Active

3. Click **Next >** and the following page appears:



4. Select practitioner from the dropdown list, then click **Verify Q** and the details appear automatically as shown below:



5. Click **Next >** and the following page appears:

- [Establishment Information](#)
- [Practitioner Information](#)
- Beneficiary Information
- [Secondment Details](#)
- [Attachments](#)
- [Preview](#)

Beneficiary Information

Search Beneficiary

Beneficiary License Number Verify Q

Beneficiary Provider Information

Name En	<input type="text"/>	Name Ar	<input type="text"/>
License No.	<input type="text"/>	License Status	<input type="text"/>
Governorate	<input type="text"/>	Willaya	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Category	<input type="text"/>	Sub Category	<input type="text"/>

Select Beneficiary Speciality

Speciality *

← Back
Next >

- Enter beneficiary license number then click Verify Q to check if the beneficiary details are valid as shown below:

Beneficiary Information

Search Beneficiary

Beneficiary License Number Verify Q

Beneficiary Provider Information

✔ Beneficiary Provider information is valid

Name En	<input type="text" value="██████████"/>	Name Ar	<input type="text" value="██████████"/>
License No.	<input type="text" value="36"/>	License Status	<input type="text" value="Opened"/>
Governorate	<input type="text" value="Muscat"/>	Willaya	<input type="text" value="Boushar"/>
Phone	<input type="text" value="██████"/>	Email	<input type="text" value="██████████"/>
Category	<input type="text" value="Clinic"/>	Sub Category	<input type="text" value="Dental Speciality Clinic"/>

Select Beneficiary Speciality

Speciality *

← Back
Next >

- Select Specialty from the dropdown list.
- Click Next > and the following page appears:

- [Establishment Information](#)
- [Practitioner Information](#)
- [Beneficiary Information](#)
- [Secondment Details](#)
- [Attachments](#)
- [Preview](#)

Secondment Details Secondment History

Secondment Duration

Is Emergency

From Date * To Date *

[Verify](#)

Select Coverage Practitioner

Practitioner

[Verify](#)

Coverage Practitioner Information

Name En	<input type="text"/>	Name Ar	<input type="text"/>
Civil Id	<input type="text"/>	Civil Id Expiry Date	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Nationality	<input type="text"/>	License No.	<input type="text"/>
License Start Date	<input type="text"/>	License End Date	<input type="text"/>
Unified Designation	<input type="text"/>	Medical Category	<input type="text"/>
License Status	<input type="text"/>	Address	<input type="text"/>

Secondment Reason

Secondment Reason *

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9. Select if the secondment is an emergency or not.
10. Enter duration of the secondment then click [Verify](#) to check if the selected period is valid.
11. Select the covering practitioner from the dropdown list and click [Verify](#) , the details appear as shown below:

Select Coverage Practitioner

Practitioner: [Redacted] Verify

Coverage Practitioner Information

Practitioner personal information is valid

Name En	[Redacted]	Name Ar	[Redacted]
Civil Id	[Redacted]	CivilId Expiry Date	21-08-2028 00:00:00
Phone	[Redacted]	Email	reg@email.com
Nationality	JORDANIAN	License No.	[Redacted]
License Start Date	21-09-2022 00:00:00	License End Date	15-11-2026 10:00:14
Unified Designation	Medical	Medical Category	SPECIALIST DERMATOLOGY
License Status	Active	Address	[Redacted]

Secondment Reason

Secondment Reason *

[Back](#) [Next](#)

12. Enter secondment reason.

13. Click [Next](#) and the following page appears:

Attachments

Secondment Attachments

Required Attachment	Description	File Name	Action
Beneficiary Secondment Confirmation Letter *	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB		Upload file
Insurance Coverage by Beneficiary Secondment	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB		Upload file
Other Document	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB		Upload file
Secondment Form Confirmation Letter	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB		Upload file

[Back](#) [Next](#)

14. Upload the required attachments using the [Upload file](#) button.

15. Click [Next](#) and the following page appears:

- [Establishment Information](#)
- [Practitioner Information](#)
- [Beneficiary Information](#)
- [Secondment Details](#)
- [Attachments](#)
- Preview

Applicant Information

Applicant Details

Name (En)	Establishment Owner	Name (Ar)	ضضض
Civil id	EstablishmentOwner	Mobile Number	94309602
Role	CR Signatory	Email	[REDACTED]

Establishment Information

Establishment Details

Establishment	ARROW TECHNOLOGY SOLUTION AND SERVICES	Provider	Al Hail Clinic
CR Number	[REDACTED]	CR Status	Active
Phone Number	[REDACTED]	Email	arrowtechno@gmail.com
Provider License Number	97	Provider License Status	Opened
Provider Legal Form/Category	Polyclinic	Provider Sub Category	Medical Fitness Center
Provider Governorate	Muscat	Provider Willaya	Al-Amirat
Provider P.O. Box	24543080	Provider Address	حيل العوامر

Practitioner Information

Attachments

Attachments

Secondment Attachments

Required Attachment	Description	File Name
Beneficiary Secondment Confirmation Letter *	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB	download.pdf
Insurance Coverage by Beneficiary Secondment	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB	
Other Document	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB	
Secondment Form Confirmation Letter	• Allowed FileTypes (jpg,pdf,png) & size must not exceed 5 MB	

Declaration

I here by declare that all the information provided in the application form is true and accurate. I understand that providing incorrect or misleading information will result in the rejection of my application, and DGPHE will take necessary actions.

← Back
Submit Application →


16. Review all the details. Once done, add a tick to the checkbox to declare that the entered information is true and correct.

17. click Submit Application → and the following message appears:


Confirmation ✕

Are you sure you want to submit the application?

18. Click button, and the following page appears:



Fill e-Form



Receive Confirmation

Application Information

Application Number:	PSRE0407792676407E
Application Issue Date:	07-04-2026 10:28:01

You can view your applications using the button

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