

Health Facility Guidelines

Health Facility Registration Form

Purpose:

All health facilities in Sharjah Healthcare City are required to be licensed. Registration is the first step to obtaining a license and describes the type and size of the facility, the type(s) of health services provided, an approximate construction cost etc. On satisfactory completion of this process, the Applicant will be given an 'Approval in Principle – Registration' (AIP-R) Certificate.

Process to Lodge this Registration Form:

Fill out this form on screen including selecting the appropriate boxes – print – lodge without signature online* – the owner is to sign the printed copy and include it in the Health Facility Registration Submission. By return email, SHCC will confirm the date and time when the Submission can be lodged at the SHCC office. ***NOTE: The online submission is not enabled until further notice. The applicant is to submit the signed hard copy only. An appointment with SHCC is to be made prior to lodging the registration.**

Section 1 – General Information			
'AIP-R Approval Number:		For Office Use Only	
Type of Application ⁽¹⁾ :		<input type="checkbox"/> New License	<input type="checkbox"/> Change to Existing License
		<input type="checkbox"/> Change Facility Location	<input type="checkbox"/> Other
Project:	Name		
	Location/Address		
	Legal Plot Number		
	Size (Gross Floor Area in m ²)		
Type of Building ⁽²⁾ :	<input type="checkbox"/> Dedicated Building	<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Villa
	<input type="checkbox"/> Flat/Suite		
Land Availability ⁽³⁾ :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Expected Date of:	Starting the Project on Site:		Commissioning the Facility:
Total Project Cost:		Item	Value (AED)
		Construction Cost	-----
		Medical Equipment Cost	-----
		Furniture and Office Equipment Cost	-----
		Vehicle and Transportation Equipment Cost	-----
		Working Capital	-----
		Pre-Operation Cost	-----
		First Year Operating Cost	-----
		Total Investment	-----
Applicant ⁽⁴⁾ :	Company Name		
	Name and Surname Executive		
	Role Executive		
	Business Address		
	Business Phone Number		
	Business Email		
Date the Health Facility Registration Submission will be ready ⁽⁵⁾ :			

(1) This is the Type of Application that the applicant is seeking to be licensed.

(2) This is the Type of Building in which the Facility will be located.

(3) This applies to Health Facilities only.

(4) This is the Owner/Operator of the Health Facility. This section is to be filled out by a Senior Executive.

(5) This is the date the Submission will be ready for lodgment. SHCC will advise a date on which the Submission can be lodged.

Section 2 – Type of Facility

Type of Facility⁽⁶⁾: <i>(Fill in the selected Facility)</i>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Diagnostic Center
	<input type="checkbox"/> Rehabilitation Center	<input type="checkbox"/> Clinic and Medical Center
	<input type="checkbox"/> Pharmaceutical Facilities	<input type="checkbox"/> Spas, Wellness and Fitness Centers
	<input type="checkbox"/> Day Procedure Center	<input type="checkbox"/> Aged Care Facilities
	<input type="checkbox"/> Medical Logistic Center	

(6) For detailed definitions of each Facility Type, refer to Part A – Health Facility Brief and Design, Section 3.

Section 3 – Hospitals

Functional Planning Units (FPUs)⁽⁷⁾: <i>(Select the FPUs from below to be included in the Facility)</i>	Hospital								
	Research and Teaching Hospital	General Hospital	Specialist Maternity Hospital	Specialist Pediatric Hospital	Specialist Cancer Care Hospital	Specialist Rehab Hospital	Specialist Mental Health Hospital	Specialist Orthopedic Hospital	Specialist Cardiac Care Center
Administration Unit									
Admission Unit									
Adult Mental Health Inpatient Unit									
Ambulatory Care Unit									
Catering Unit									
Child and Adolescent Mental Health Unit									
Cleaning and Housekeeping Unit									
Clinical Information Unit									
Community Health Unit									
Day Surgery Procedure Unit									
Emergency Unit									
Engineering and Maintenance Unit									
Hospital Morgue									
Inpatient Accommodation Unit									
Intensive Care Unit – General									
IVF Unit									
Linen Handling Unit									
Main Entrance Unit									
Medical Imaging Unit – General									
Nuclear Medicine Unit									
Obstetrics Unit									
Operating Unit									
Oral Health									
Pathology									
Pharmacy	Refer to Section 7								
Public and Staff Amenities Unit									
Radiation Oncology Unit									
Rehab- Allied Health Unit									
Sterile Supply Unit									
Supply Unit									
Waste Management									

(7) For detailed information on FPUs, refer to Part B – Health Facility Brief and Design, Section 3.

Section 4 – Diagnostic Centers

Functional Planning Units (FPUs) ⁽⁸⁾ : (Select the FPU's from below to be included in the Facility)	Diagnostic Center			
	Medical Imaging Center	Nuclear Medicine Center	Medical Laboratory	General Diagnostic Center
Administration Unit				
Cleaning and Housekeeping Unit				
Clinical Information Unit				
Engineering and Maintenance Unit				
Main Entrance Unit				
Medical Imaging Unit – General				
Nuclear Medicine Unit				
Radiation Oncology Unit				
Pathology Unit				
Waste Management Unit				

(8) For detailed information on FPU's, refer to Part B – Health Facility Brief and Design, Section 3.

Section 5 – Rehabilitation Centers

Functional Planning Units (FPUs) ⁽⁹⁾ : (Select the FPU's from below to be included in the Facility)	Rehabilitation Centers			
	Specialist Physiotherapy Centers	Specialist Occupational Therapy Centers	Specialist Hydrotherapy Centers	Specialist Prosthetics and Orthotics Centers
Administration Unit				
Cleaning and Housekeeping Unit				
Clinical Information Unit				
Rehab - Allied Health Unit				
Waste Management Unit				

(9) For detailed information on FPU's, refer to Part B – Health Facility Brief and Design, Section 3.

Section 6 – Clinics and Medical Centers

Functional Planning Units (FPUs) ⁽¹⁰⁾ : (Select the FPU's from below to be included in the Facility)	Clinics and Medical Centers					
	General Practice or Group Practice Primary Health Centers	General and Specialized Clinics - Medical Polyclinics	IVF Unit (Fertilization Centers)	General and Specialized Dental Clinics - Dental Polyclinics	Community Health Centers	Complementary and Alternative Medical Centers
Administration Unit						
Cleaning and Housekeeping Unit						
Clinical Information Unit						
Ambulatory Care Area						
Waste Management Unit						

(10) For detailed information on FPU's, refer to Part B – Health Facility Brief and Design, Section 3.

Section 7 – Pharmaceutical Facilities

Functional Planning Units (FPUs) ⁽¹¹⁾ : (Select the FPU from below to be included in the Facility)	Pharmacies		
	Scientific Offices	Drug Stores	24-Hour Pharmacy
Pharmacy Unit			

(11) This refers to stand-alone facilities only. Pharmaceutical facilities that are included within other facility types are included in the selected FPUs for that facility.

Section 8 – Spas, Wellness and Fitness Centers

Functional Planning Units (FPUs): (Select the FPU from below to be included in the Facility)	Spas, Wellness and Fitness Centers			
	Medical Spa	Destination Spa	Wellness Center	Fitness Center
Spas, Wellness and Fitness Centers				

Section 9 – Day Procedure Centers

Functional Planning Units (FPUs) ⁽¹²⁾ : (Select the FPUs from below to be included in the Facility)	Day Procedure Centers							
	Day Surgery Center	Specialist Dental Surgery Center	Specialist Eye Surgery Center	Specialist Orthopedic Center	Specialist Plastic Surgery Center	Specialist Radiotherapy and Chemotherapy Center	Specialist Dialysis Center	Specialist Invasive Imaging Center
Administration Unit								
Admission Unit								
Cleaning and Housekeeping Unit								
Clinical Information Unit								
Day Surgery Procedure Unit								
Engineering and Maintenance Unit								
IVF Unit								
Linen Handling Unit								
Main Entrance Unit								
Medical Imaging Unit – General								
Nuclear Medicine Unit								
Obstetrics Unit								
Operating Unit								
Oral Health Unit								
Pathology Unit								
Pharmacy Unit	Refer to Section 7							
Public and Staff Amenities Unit								
Radiation Oncology Unit								
Sterile Supply Unit								
Supply Unit								
Waste Management Unit								

(12) For detailed information on FPUs, refer to Part B – Health Facility Brief and Design, Section 3.



Section 10 – Aged Care Facilities

Functional Planning Units (FPUs): <i>(Select the FPU from below to be included in the Facility)</i>	Aged Care Facilities	
	Day Care Center	Long-term Care Center
Administration Unit		
Cleaning and Housekeeping Unit		
Clinical Information Unit		
Ambulatory Care Area		
Supply Unit		
Catering Unit		
Accommodation		
Linen Handling Unit		
Waste Management Unit		

Section 10 – Medical Logistic Services

Functional Planning Units (FPUs): <i>(Select the FPU from below to be included in the Facility)</i>	Medical Logistic Services	
	General Warehouses	Special Warehouses
Medical Logistic Services		

Section 10 – Role Delineation Levels (RDLs)

The Applicant must disclose the services to be provided in the facility by selecting the FPU's together with the appropriate RDLs for those services. The RDLs set out the most common health services defined under each level and under each category, the requirements are stated.

Once both the FPU's and the RDLs are selected, the facility requirements can be determined and verified by SHCC.

For detailed information on RDLs, definitions and abbreviations, refer to Part B – Health Facility Brief and Design, Section 2.

Role Delineation Levels (RDLs): (Select the RDL for the services to be provided)	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Medical Services						
General						
Cardiology						
Endocrinology						
Geriatric						
Neurology						
Renal – General						
Renal – Dialysis						
Oncology						
Radiation Oncology						
Respiratory						
Palliative Care						
Gastroenterology						
Surgical Services						
General						
ENT						
Gynecology						
Ophthalmology						
Orthopedics						
Urology						
Cardiothoracic						
Vascular surgery						
Neurosurgery						
Plastics						
Burns						
Emergency/Trauma Services						
Emergency Department						
Urgent Primary Care						
Obstetrics						
Pediatrics Services						
Pediatrics						
Neonatology						
Rehabilitation Services						
Rehabilitation						
Continuing Care Services						
Community Assessment						

Role Delineation Levels (RDLs): (Select the RDL for the services to be provided)	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Prevention and Promotion Services						
Environmental Health ▪ Health protection including food, air, water, radiation, pharmaceutical, pesticides, mosquito borne diseases						
Communicable Disease Control ▪ Includes food and water borne diseases, vaccination programs, STIs, BBVs and indigenous diseases						
Child and Community Health ▪ Community Health Services, School Health Services, Child Health Services, Child Development Services						
Indigenous Health						
Health Promotion ▪ Primary prevention including lifestyle diseases and injury prevention						
Breast Screen						
Screening and Assessment						
Cervical ▪ Health promotion, screening awareness, maintain cervical cytology register						
Genomics ▪ Education, research						
Primary Care Services						
GP Based Community Nursing						
Ambulatory Care Services						
Surgical						
Medical						
Rehabilitation						
Continuing Care						
Pediatrics						
Obstetrics						
Child and Adolescent Mental Health, Adult Mental Health, Older Persons Mental Health Services						
Mental Health Promotion and Illness Prevention						
Emergency Services (Hospital-Based)						
Inpatient Services						
Community Clinical Based Services						
Day Therapy Services (Hospital-Based)						
Community Non-Clinical Support Programs						
Intermediate Care						
Mental Health Services						
Forensic						
Maternal						



Role Delineation Levels (RDLs): (Select the RDL for the services to be provided)	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Neurological						
Alcohol and Drug						
Other (Eating Disorders etc.)						
Clinical Support Services						
Pathology						
Radiology						
Pharmacy						
ICU/HDU						
Pediatric ICU						
CCU						
Anesthetics						
Operating Theatres						
Training and Research						

I,, hereby certify or affirm that:

Applicant Name and Surname

Title of Applicant

The information provided in this application is complete and accurate;

1. All official documents required by SHCC are enclosed
2. Upon approval of 'Step 1 – Project Registration' (as set out in Part A – Health Facility Brief and Design), 'Step 2 – Schematic Submission of the Approval Process' must be lodged in full to the Health Licensing Department of SHCC within **twelve (12) months** of the date of approval of Step 1
3. In the case of land being reserved by SHCC, 'Step 2 – Schematic Submission of the Approval Process' must be lodged in full to the Health Licensing Department of SHCC within **six (6) months** of the date of SHCC's reservation of the land
4. In the case of 'Step 2 – Schematic Submission' not being lodged within the time limit specified in item 3 above (**12 months**), the application will become void and a new application shall be required to be lodged commencing with 'Step 1 – Registration' as set out in Part A – Health Facility Brief and Design
5. If required, the validity of the 'Step 1 – Project Registration' can be extended for a further **twelve (12) months**, by special application to the Health Licensing Department of SHCC prior to expiry of the 12-month period
6. As a result of final inspection of the facility by SHCC's Health Audit Team, ensuring compliance with all of the relevant Guidelines and conditions of approval, the Health Licensing Department will deliver the final license to commission the facility
7. Note: For Inpatient Pharmacies:
The facility must apply for a separate license.

I acknowledge and attest the facility:

- a. Medical professional staff qualifications will meet the SHCC requirements;
- b. Will deploy and maintain SHCC's healthcare quality standards;
- c. Will comply with SHCC's policies, rules and regulations;
- d. Will implement best recognized healthcare practices to manage health information, patient and staff safety, quality improvement from all perspectives; and
- e. Will provide the Health Licensing Department of SHCC monthly and yearly statistical reports upon facility commissioning.

Owner's Name, Signature and Date:

Name:

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Signature:

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Date:

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For Official Use

☐ Approved

☐ Incomplete, further information
required

☐ Not Approved

Comments:

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*Head of SHCC Facility
Licensing Department*