

## External User Guide

### Licensing of a Pharmaceutical Facility

## DISCLAIMER

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<b>1. SERVICE OVERVIEW</b>	<b>3</b>
<b>2. SERVICE CHANNEL</b>	<b>3</b>
<b>3. SERVICE TARGET AUDIENCE</b>	<b>3</b>
<b>4. SERVICE OUTPUTS</b>	<b>4</b>
<b>5. SERVICE PREREQUISITES</b>	<b>5</b>
<b>6. SUBMIT SERVICE REQUEST</b>	<b>6</b>
<b>6.1 INITIAL INSPECTION</b>	<b>6</b>
OPEN THE FORM FROM THE SERVICES LIST	6
START THE APPLICATION FORM AND FILL ALL THE REQUIRED INFORMATION	7
SUBMIT THE APPLICATION FOR REVIEW	15
MAKE THE PAYMENT FOR THE INSPECTION FEE.	15
<b>6.2 INITIAL APPROVAL</b>	<b>17</b>
UPLOAD THE REQUIRED ATTACHMENT	18
SUBMIT THE APPLICATION FOR REVIEW	18
<b>6.3 DOWNLOAD THE CERTIFICATE(S) OR LETTER(S)</b>	<b>19</b>

## 1. Service Overview

Provides the Initial License approval for the Pharmaceutical establishment to enable to start adding Pharmaceutical staff, use initial Certificate for External Permissions, and submit for Pharmaceutical establishment licensing.

## 2. Service Channel



Website

## 3. Service Target Audience



Individual

## 4. Service Outputs



**NOC Letter for DED.  
To Whomsoever it May Concern for DED.  
Initial Approval Letter.**

## 5. Service Prerequisites

1

The pharmaceutical establishment owners, must not own more than two pharmacies in the UAE.

2

The establishment should meet all the all technical requirements and conditions (please refer to the service cataloug for more details)

3

If the owner need to get more than 2 pharmacies, licenses need to be applied through "Group of Pharmacies" service.

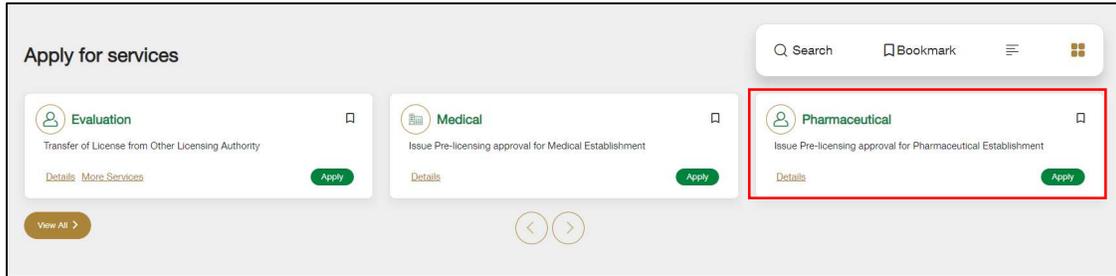
4

Initial approval will be valid for (6) months only, during which time the pharmacy owner is required to meet all technical requirements and conditions to obtain the license from the Ministry of Health.

## 6. Submit Service Request

### 6.1 Initial Inspection

Open the form from the services list



Click on the “Apply” button.

## Start the application form and fill all the required information

Request Information  
Request No:

**Location Information**

Permitted Locations \*  
Permitted Locations

Emirate \*  
Emirate

Area \*  
Area

Street \*  
Street

PO Box. \*  
PO Box.

Building Name \*  
Building Name

Building NO. \*  
Building NO.

Google Map URL \*  
Google Map URL

Next

Establishment Information

Contact Information

Owner Details

Partner Details

Self Evaluation

Complete Progress  
0%

Application Form Attachments Preview

Show Footer

Fill up the location details and click on next.

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MINISTRY OF HEALTH & PREVENTION

Request Information  
Request No:

Location Information

Establishment Information

Establishment Name (English) \*  
Please Add the name as trade License

Establishment Name (Arabic) \*  
Please Add the name as trade License

Establishment Type \*  
Establishment Type

Classification \*  
Classification

Activities \*  
Activities

Next

Contact Information

Owner Details

Partner Details

Self Evaluation

Complete Progress  
33%

Application Form Attachments Preview

Input the establishment information and then click on the next button.

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Issue Pre-licensing approval for Pharmaceutical Establishment

Request Information  
Request No:

Location Information ✓

Establishment Information ✓

Contact Information

Retrieve Contact Information From Your Profile? \*

Yes  No

Contact Name \*  
Contact Name

Second Contact Name \*  
Second Contact Name

Designation \*  
Designation

Primary Email \*  
Email@mail.com

Email (Alternative Email) \*  
Email@mail.com

Contact Number \*  
+971 000 000

Alternate Contact Number \*  
+971 000 000

Fax  
Fax

Next

Owner Details

Partner Details

Self Evaluation ✓

Complete Progress  
11%

Application Form Attachments Preview

Provide your contact details and click on the “Next” button. You have the option to retrieve your contact information from your profile.

The screenshot displays a web application interface for issuing pre-licensing approval for a pharmaceutical establishment. The page title is "Issue Pre-licensing approval for Pharmaceutical Establishment". At the top, there are logos for the United Arab Emirates Ministry of Health & Prevention and the Emirates Drug Establishment. The user's name "shakha\_r@hotmail.com" is visible in the top right corner. The main content area is titled "Request Information" and shows a progress bar with three steps: "Location Information", "Establishment Information", and "Contact Information", all of which are marked as completed. Below this, the "Owner Details" section is active. It includes a "Retrieve Contact Information From Your Profile?" toggle set to "No", a "Personal Image" upload field, and a "Title" dropdown menu. There are also radio buttons for "Gender" (Female and Male). The form contains several text input fields for "First Name", "Middle Name", and "Family Name" in both English and Arabic. Below these are fields for "Share Percentage" (set to 50%), "UAE Citizen" (set to No), "Nationality" (a dropdown menu), and "Passport NO.". There is also an "Emirate ID" field with a placeholder "XXX-XXXX-XXXXXXX". Two links are provided: "Click here to download the reproduction document in English" and "Click here to download the reproduction document in Arabic". The "Contact Information" section includes "Contact Number" and "Primary Email" fields. An "Attachments" section shows a progress bar for "Valid Passport copy of the owner", "Valid Emirates ID Copy", and "Passport size photo with white background". A large "Next" button is located at the bottom of the form. At the very bottom, there is a "Partner Details" and "Self Evaluation" section, and a footer with "Complete Progress 22%" and icons for "Application Form", "Attachments", and "Preview".

Fill in the owner details and click on “Next” to proceed.

Request Information  
Request No.

Location Information

Establishment Information

Contact Information

Owner Details

Partner Details

Add Partner

Full Name (English)	Full Name (Arabic)	Emirate ID	Passport	Nationality	Share Percentage
No Data					

Next

Self Evaluation

Complete Progress  
44%

Application Form Attachments Preview

To enter partner details, simply click on the “Add Partner” button and provide the necessary information.

←
**Add Partner**

Personal Image

Upload

Title \*

Gender  Male  Female

First Name -EN * <input type="text" value="First Name -EN"/>	Middle Name -EN * <input type="text" value="Middle Name -EN"/>	Family Name -EN * <input type="text" value="Family Name -EN"/>
First Name -Arabic * <input type="text" value="First Name -Arabic"/>	Middle Name -Arabic * <input type="text" value="Middle Name -Arabic"/>	Family Name -Arabic * <input type="text" value="Family Name -Arabic"/>

Share Percentage <input type="text" value="50%"/>	UAE Citizen <input type="radio"/> Yes <input type="radio"/> No
Nationality * <input type="text" value="Select"/>	Passport NO. <input type="text" value="Passport NO."/>
Emirate ID * <input type="text" value="Emirate ID"/>	

Contact Information Contact Number * <input type="text" value="+971 000 000"/>	Primary Email * <input type="text" value="email@gmail.com"/>
--	---

Attachments Completed: 0 of 3

Optional

Valid passport copy of the partner.

Optional

Valid Emirates ID of the partner

Optional

Passport size photo with white background

Select Files from your computer

Use the "Select" button to upload your attachments

The supported files are: pdf, png, jpeg, docx

File size: No more than 10MB

Browse For Attachments On Your Computer

Cancel
Add

Fill in all the required fields and ensure that you attach the necessary documents.

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MINISTRY OF HEALTH & PREVENTION

Issue Pre-licensing approval for Pharmaceutical Establishment

Request Information  
Request No:

Location Information ✓

Establishment Information ✓

Contact Information ✓

Owner Details ✓

Partner Details ✓

Self Evaluation ✓

Description	Yes	No	N/A	Remark
No Data				

**Note**

- make sure to revise the ministry of health and prevention guidelines and requirements and apply them on the drawing plans and site based on the type of the facility;
- the drawing plans submitted shall be revised, stamped by engineering consultants and inserted in the standard ministry form;
- the initial approval is approval given for the site only and it does not include the approval on the detailed and internal divisions of the facility;
- the construction works, preparation, finishing in the facility shall be not done before getting the initial approval on the drawing plans.

Disclaimer

Go To Attachments

Complete Progress  
56%

Application Form Attachments Preview

Show Footer

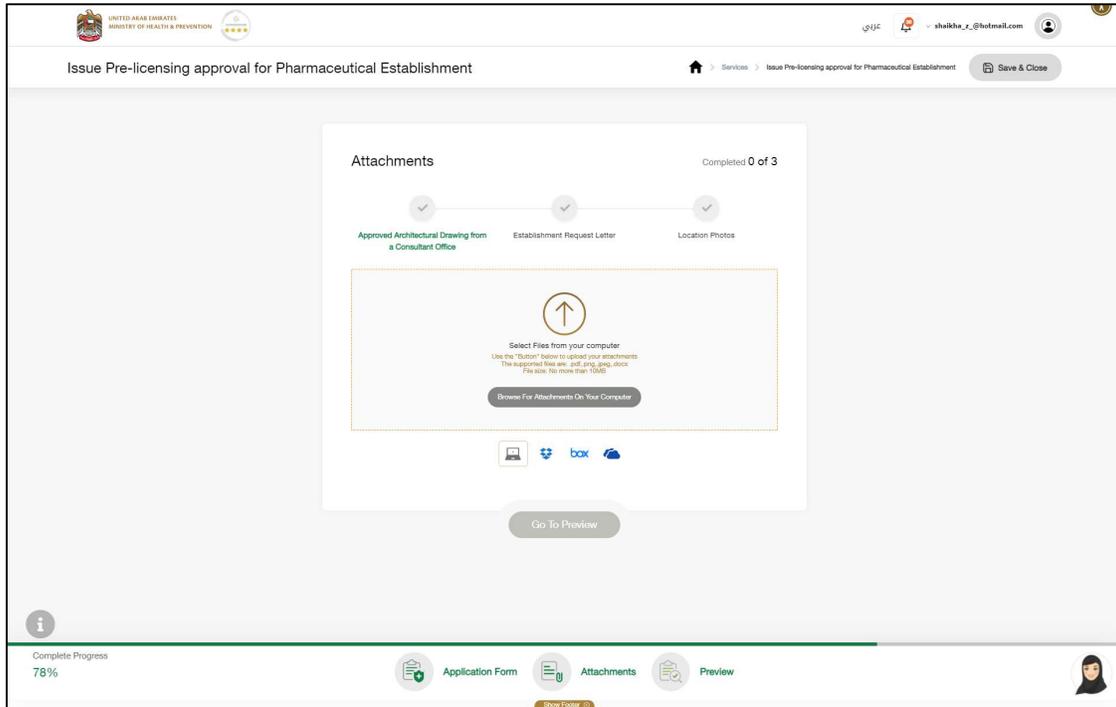
**Disclaimer**

I am the undersigned, I work in the aforementioned pharmaceutical facility, I acknowledge according to this undertaking that all the information and data described above are correct and in conformity with reality, and if it is proven otherwise, the Ministry of Health and Prevention has the right to take what it deems appropriate, knowing that all the conditions and standards required are explained and clarified to me by MCHAP inspectors. I have read Ministerial Circular No. (932) for the year 2012 regarding the health and technical conditions that must be met in private pharmacies, and I will abide by what is stated therein.

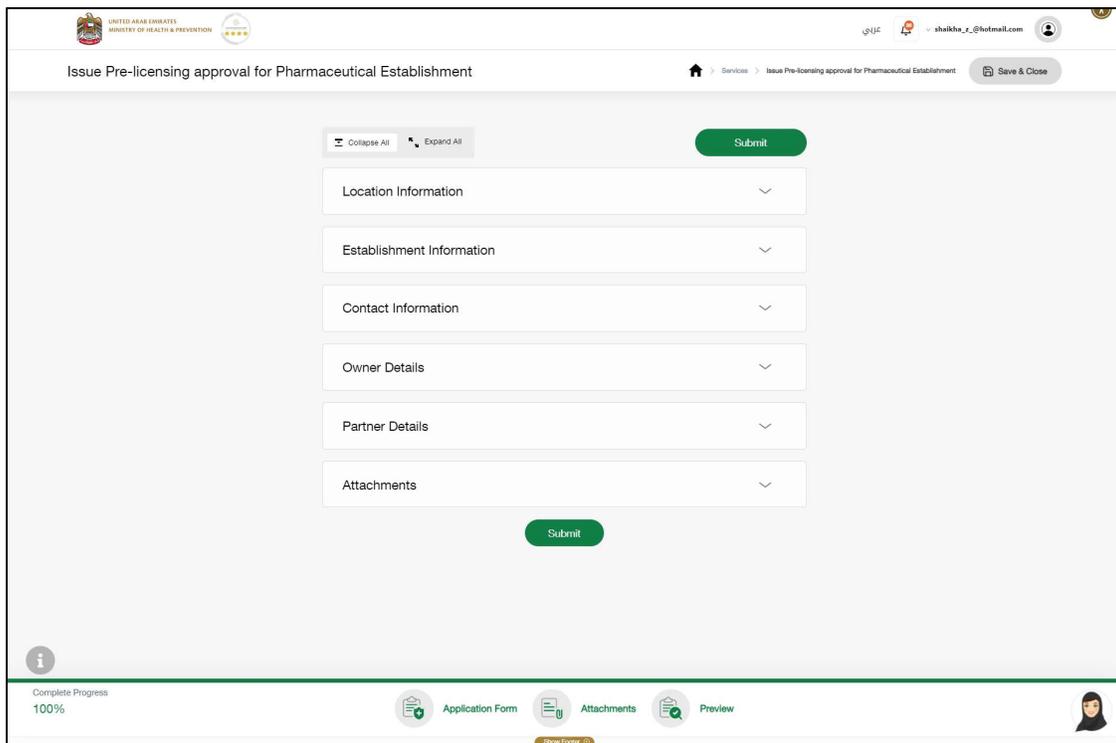
Yes, I Understand

Disclaimer

Go To Attachments

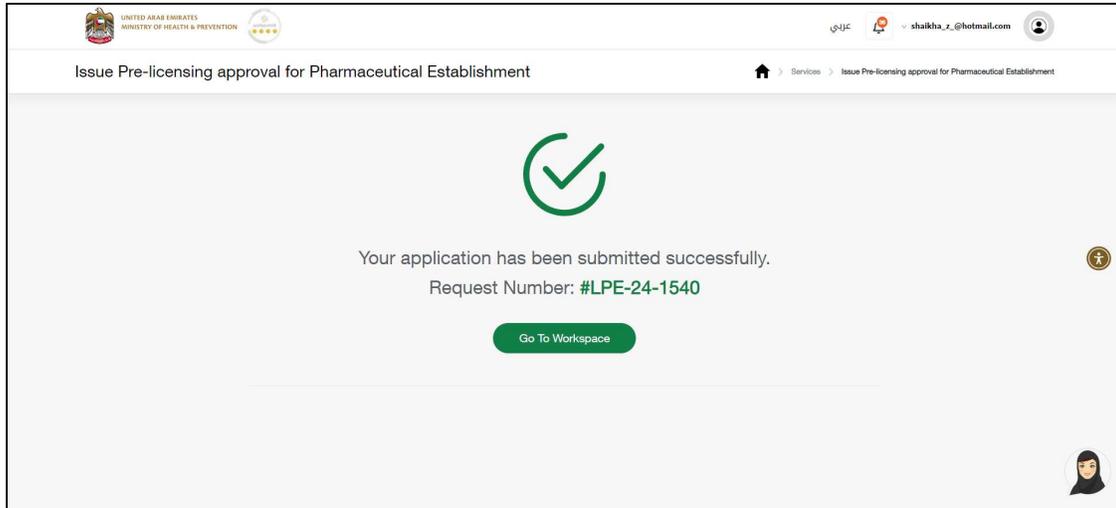


Upload the required attachment(s).



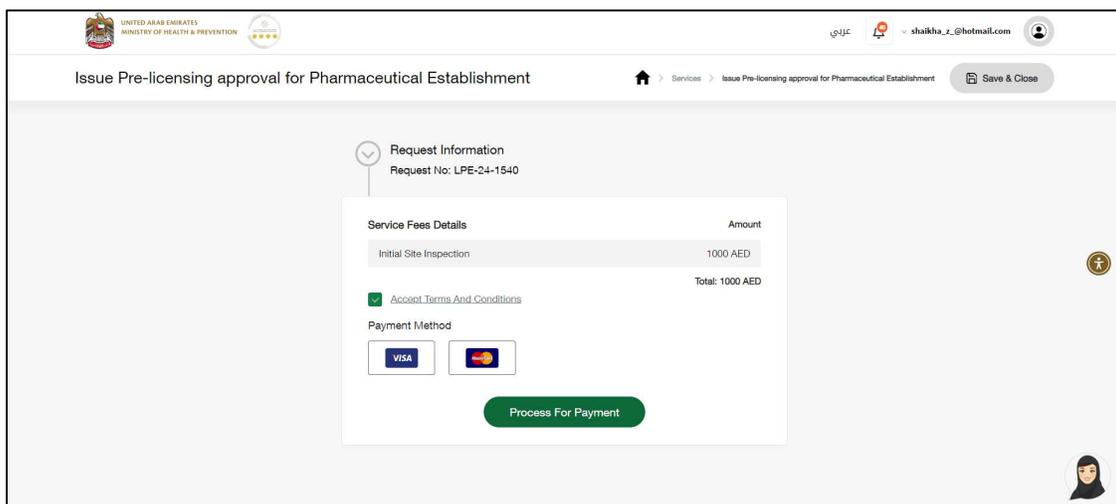
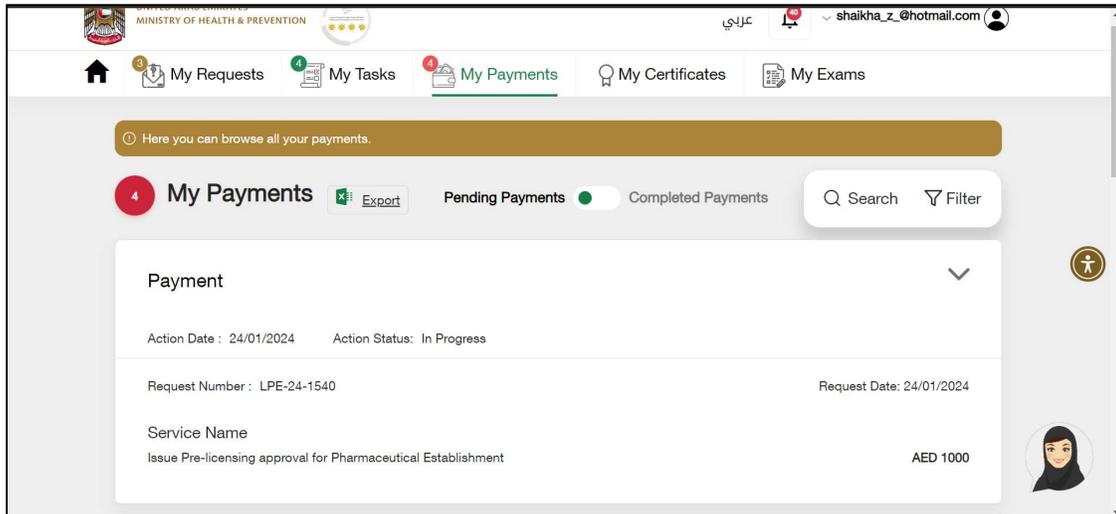
Review all the details of your request before submitting and edit it if required.

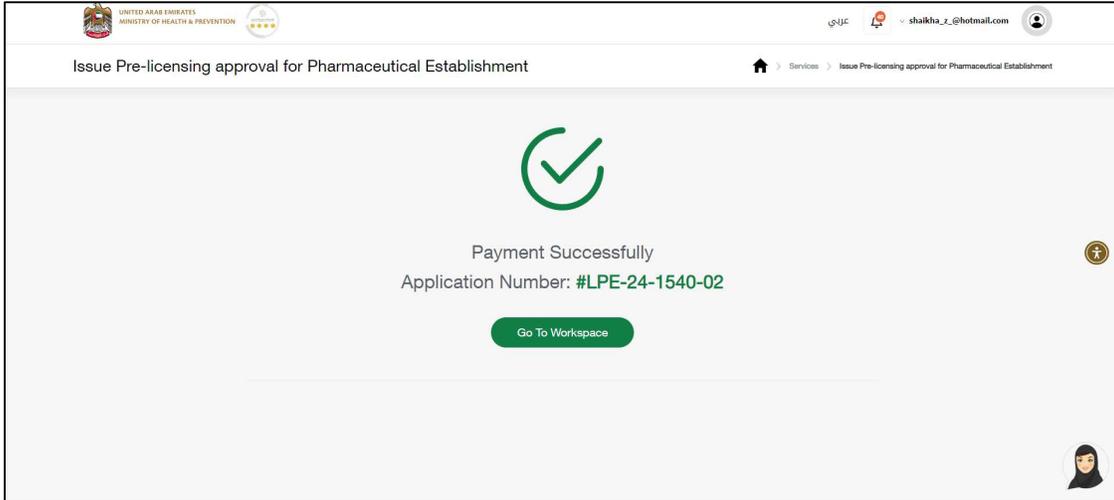
## Submit the application for review



Confirmation that your request has been successfully received.

## Make the payment for the inspection fee.

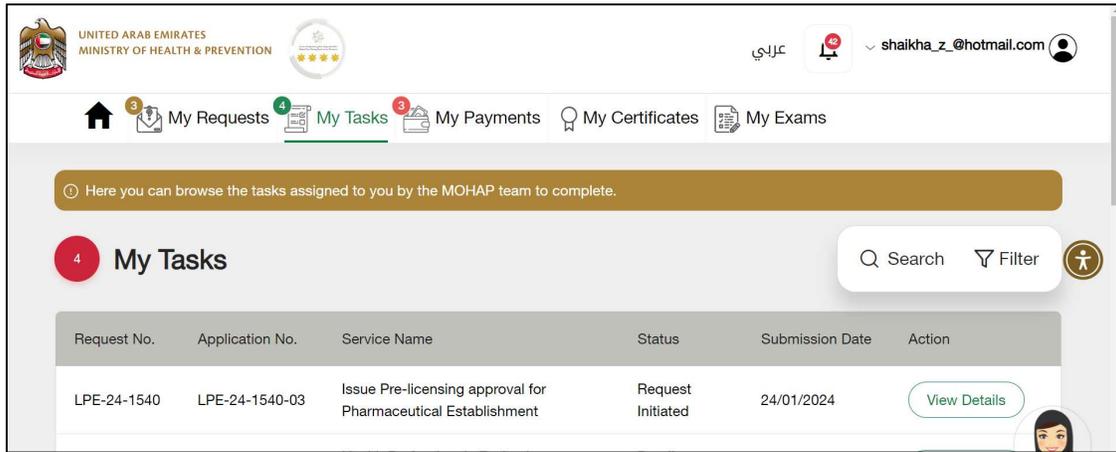




A confirmation for successful completion of payment.

## 6.2 Initial Approval

Submit initial approval request for the pharmaceutical establishment.



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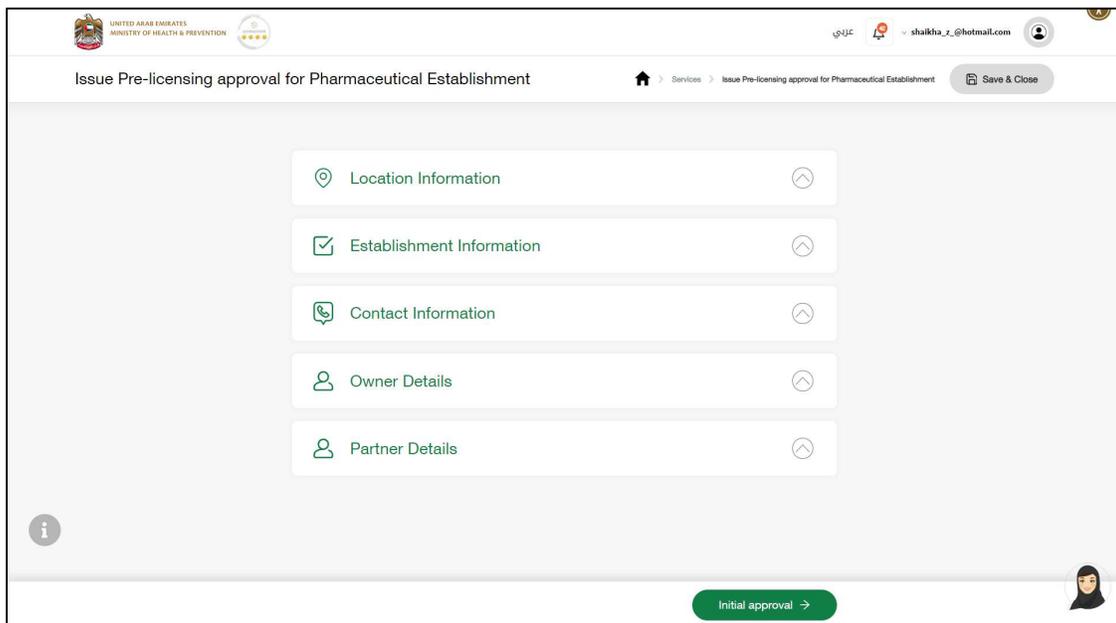
عربي shaikha\_z@hotmail.com

My Requests My Tasks My Payments My Certificates My Exams

Here you can browse the tasks assigned to you by the MOHAP team to complete.

4 My Tasks Search Filter

Request No.	Application No.	Service Name	Status	Submission Date	Action
LPE-24-1540	LPE-24-1540-03	Issue Pre-licensing approval for Pharmaceutical Establishment	Request Initiated	24/01/2024	View Details



UNITED ARAB EMIRATES  
MINISTRY OF HEALTH & PREVENTION

عربي shaikha\_z@hotmail.com

Issue Pre-licensing approval for Pharmaceutical Establishment Save & Close

Location Information

Establishment Information

Contact Information

Owner Details

Partner Details

Initial approval →

Review your details and click on the “Initial Approval” button.

## Upload the required attachment

Issue Pre-licensing approval for Pharmaceutical Establishment

Attachments Completed 0 of 3

Affection Plan Attested from the Municipality

valid copy of Establishment Lease Agreement

Economic Department trade Name

Select Files from your computer

Use the "Button" below to upload your attachments

The supported file are PDF, JPG, Word

File size: No more than 10MB

Browse For Attachments On Your Computer

Submit

Back to Download →

## Submit the application for review

Issue Pre-licensing approval for Pharmaceutical Establishment

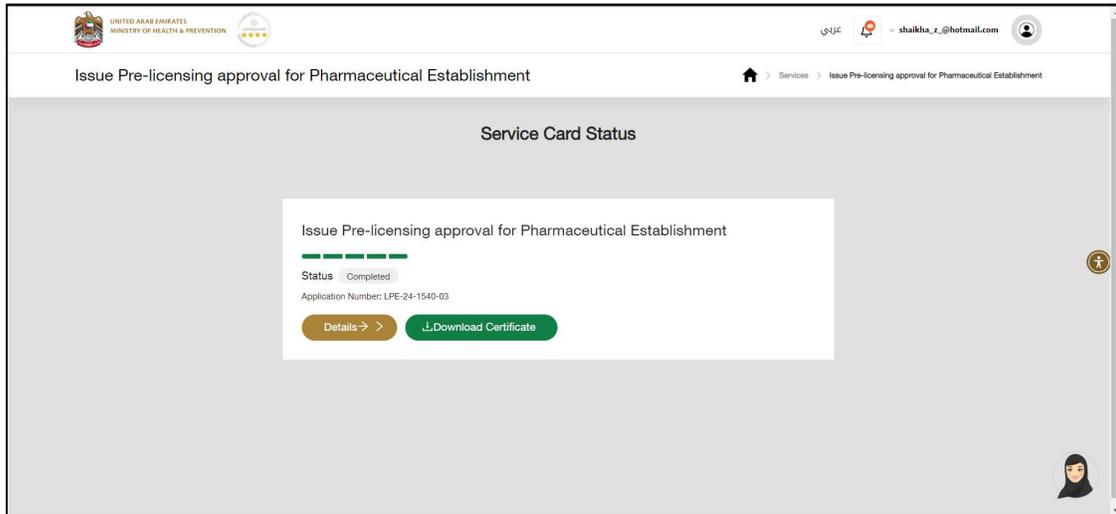
Your application has been submitted successfully.

Application Number: #LPE-24-1540-03

Go To Workspace

A confirmation message for the successful submission of the application.

## 6.3 Download the certificate(s) or letter(s)



Upon approval, you will receive a letter 'to whomsoever it may concern' on behalf of the Department of Economic License. You will also receive an email with an attached letter titled 'Initial Approval for Issue Pre-licensing approval for Pharmaceutical Establishment'. Furthermore, you can download the letter from the portal in the 'My Certificate' section.

