

### DXH GROUP APPLICATION FORM

The Health Tourism Department (HTD), under the directions of Dubai Health Authority (DHA) acknowledges your interest to become a member of Dubai Health Experience (DXH) Group.

#### Membership Eligibility and Qualifying Criteria:

All DHA licenced healthcare facilities with an aim to promote health tourism services in Dubai are eligible to apply to become a member of DXH Group. All Eligibility Application forms for membership will be evaluated by the HTD, according to established criteria prior to acceptance into the DXH Group. All members shall be reviewed and evaluated annually by the HTD.

\* DHA shall have absolute discretion in its decision to accept the healthcare facility as Member of the DXH group. □

#### Instructions for Application Form:

Please ensure that all fields are completed prior to submitting the form. If you have any questions concerning this form or the DXH Group Membership in general, kindly contact us on +97142193678/3763 or email us on [medicaltourism@dha.gov.ae](mailto:medicaltourism@dha.gov.ae).

### BASIC INFORMATION

Name of facility (as per DHA licence)	
DHA Unique ID	
Address	
Website	

<b>CONTACT PERSON:</b>	
Designation	
Mobile*	
Email*	
Fax*	

<b>MEDICAL DIRECTOR:</b>	
Mobile*	
Email*	

<b>CHIEF EXECUTIVE OFFICER</b>	
Mobile*	
Email*	

### FACILITY INFORMATION

GROUP NAME (if any)			
DATE OF COMMENCING OPERATION ( <i>Date on First DHA License</i> )	(DD)	(MM)	(YYYY)
LIST OF FACILITIES/BRANCHES			
TYPE OF FACILITY			
NUMBER OF DOCTORS*	Full -time		Part-time
Total Number of Doctors by Specialty* <i>Please select specialty &amp; Indicate numbers</i>			

INTERNATIONAL ACCREDITATIONS- Please indicate if your facility has more than one.	
International Accreditation -approved by IsQua	
Name of Accrediting body:*	
Valid until:	<input type="text" value="(DD)"/> <input type="text" value="(MM)"/> <input type="text" value="(YYYY)"/>
Name of Accrediting body:	
Valid until:	<input type="text" value="(DD)"/> <input type="text" value="(MM)"/> <input type="text" value="(YYYY)"/>
Name of Accrediting body:	
Valid until:	<input type="text" value="(DD)"/> <input type="text" value="(MM)"/> <input type="text" value="(YYYY)"/>
INTERNATIONAL AFFILIATIONS	
List of branches in other Countries	
Affiliation with other Academic research institutions/hospitals/clinics abroad	
Joint Venture or Investment in Hospital or Clinics outside UAE.	
OWNERSHIP / MANAGEMENT	
Facility managed/ owned by an establishment	
If yes, please provide details of Parent Organization and Head Office Address	
HEALTH TOURISM	
Is Your facility currently promoting Health Toursim services	
If yes, Please select from the list of promotional tools	
Website	
Health Tourism Events-Participation	
Facilitators Tie-ups	
Health Tourism Promotions and campaigns	
Abroad	
Others, kindly specify	
HEALTH TRAVEL SERVICES OFFERED FOR INTERNATIONAL PATIENT	
Patient Coordinators and International Patients desk	
Translators	
Hotel stay arrangements and discounts	
Airport picks up and drops off	
Concierge	
Health tourism help desk & information center	
Others, kindly specify	

HEALTH TOURISM SPECIALTIES					
Specialty Focus Please select top 5 specialities from your facility	Number of Consultants (with minimum 10 years experience)	Number of Full time specialist (with minimum 10 years of experinece)	Availability of infrastructure, equipments and technology within the facility to support the specilaity (supported by evidence)	Availability of research and/or training center. (supported by evidence)	Associations with internationally certified research centers (supported by evidence)
TOP THREE (3) DESTINATION SOURCES OF HEALTH TOURISTS VISTING YOUR FACILITY					
TOTAL NUMBER OF HEALTH TOURISTS RECEIVED IN YOUR FACILITY IN THE PREVIOUS THREE YEARS					

TERMS & CONDITIONS	
<p><b>APPLICATION PROCESS:</b>            This application form applies solely to Healthcare Facilities in the Emirate of Dubai, licensed by Dubai Health Authority.            Provide a complete Membership Application Form including all relevant information. All Fields are mandatory.            The Health Tourism Department will evaluate the applicant healthcare facility based on an internal review, which will require a minimum of 15 business working days            Nominate a coordinator to be the main point of contact between DXH Group and the Member Facility.            The nominated coordinator will receive notification from DXH Group that the Membership Application is accepted and the granted Membership.</p> <p><b>DETERMINATION OF MEMBERSHIP:</b>            Acceptance of an Application to DXH Group and Membership assigned shall be decided according to the decision of Dubai Health Authority and Dubai Health Tourism Department based on the evaluation of the submitted information.            Facility Members must inform DXH Group in writing about any changes that may affect its eligibility for membership within 5 working days.            Members will be informed upon renewal of membership.</p> <p><b>MEMBERSHIP:</b>            Health Tourism Department has the right to evaluate Member Facilities periodically, and consequently retain membership and benefits, granting the Member Facility 10 Days' Notice.            All members shall cooperate with the Health Tourism Department, by providing specialized Health tourism packages for the success of the Dubai Health Tourism Program            All members shall accurately and timely provide all relevant statistics as requested by the Health Regulations Section.            All members shall provide relevant marketing materials in support of the Dubai Health Tourism campaigns.</p> <p><b>MEMBERSHIP FEES:</b>            Notwithstanding the conditions listed here, the Membership to DXH Group is Free, until any further notice from DHA or DXH Group Administration.            The membership year begins on January 1 and end on 31 December of each calendar year, subscriptions are payable annually in advance.            The (DXH) Group will issue an invoice in the amount applicable to the relevant Membership, prior to an Applicant being eligible for membership            Membership fees may be revised and will be notified to Members on the DXH portal.</p>	
DISCLAIMER	
<p>The information requested below is essential for evaluating your facility based on the services offered and performance. All additional information and supporting documents can be included as attachment.</p>	
Signature of CEO/Medical Director	Stamp of Facility
	Date

