



ID:00454

Al-Kindi Hospital  
Amman - Jordanمستشفى الكندي  
عمان - الأردن

## Privilege's For Doctors

20/12/2022

Name	Date of Birth	Specialty	
Yazan Mohammad sayyah	07/10/1992	Orthopedic	
Phone	Clinic Phone	Email	Address
0795881748	+962 7 7656 4770	<a href="mailto:Dr.yazanabbadi@gmail.com">Dr.yazanabbadi@gmail.com</a>	Amman - airport road, Amman

## Document

Personal photo	CV	National Identity
<ul style="list-style-type: none"><li><a href="#">D854D5E5-8152-44DA-A4DF-9F350F307816.jpeg</a></li></ul>	<ul style="list-style-type: none"><li><a href="#">Yazan_CV-2022.pdf</a></li></ul>	<ul style="list-style-type: none"><li>هوية</li></ul>
Bachelor's Certificate	M.O.H License for Specialty	
<ul style="list-style-type: none"><li><a href="#">مصدقة.pdf</a></li></ul>	<ul style="list-style-type: none"><li><a href="#">26B0E7F8-202D-4D19-9185-EA9048C20F2D.jpeg</a></li></ul>	

Jordan Medical Association Registration	Board Certification Jordan-Arab
<ul style="list-style-type: none"><li><a href="#">ACECE4F-35A5-4A72-A576-82A235E3E913.jpeg</a></li></ul>	<ul style="list-style-type: none"><li><a href="#">91E21B0E-F744-4204-ACE9-D41C5C274E9A.jpeg</a></li></ul>

Privilege's
Orthopedic
Privileges in Orthopedic
<b>PDF VIEW</b>
Open a PDF file <a href="#">Privileges in Orthopedic</a> .
for any additional privileges insert it at next field

Consent
<input checked="" type="checkbox"/> I agree to
I confirm that the all files and information attached above are complete and correct. I authorize the hospital to verify them according to the instructions and regulations in the hospital, and I sign on all the above.

Signature