



ID:00515

Al-Kindi Hospital  
Amman - Jordanمستشفى الكندي  
عمان - الأردن

## Privilege's For Doctors

24/07/2023

| Name                        |              | Date of Birth                                                        | Specialty       |
|-----------------------------|--------------|----------------------------------------------------------------------|-----------------|
| fares amjad yousef al manai |              | 13/08/1995                                                           | GP              |
| Phone                       | Clinic Phone | Email                                                                | Address         |
| 0777515942                  | 0777515942   | <a href="mailto:alnajifares34@gmail.com">alnajifares34@gmail.com</a> | amman, alabdali |

## Document

| Personal photo                                          | CV                                                                       | Covid Vaccine Certificate                                    |
|---------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|
| <ul style="list-style-type: none"><li>o3w.jpg</li></ul> | <ul style="list-style-type: none"><li>cv.pdf</li></ul>                   | <ul style="list-style-type: none"><li>كورونا.pdf</li></ul>   |
| National Identity                                       | Bachelor's Certificate                                                   | M.O.H License for Specialty                                  |
| <ul style="list-style-type: none"><li>الهويه</li></ul>  | <ul style="list-style-type: none"><li>بكالوريوس-كشف-وترجمه.pdf</li></ul> | <ul style="list-style-type: none"><li>المزاولة.pdf</li></ul> |

## Jordan Medical Association Registration

- انتساب-للتفقيه.pdf

## Board Certification Jordan-Arab

- المزاولة1.pdf

## Privilege's

GP

Clinical Privileges in GP

## PDF VIEW

Open a PDF file [Clinical Privileges in GP](#).

for any additional privileges insert it at next field

## Additional Privileges

general practitioner

## Consent

☒ 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