



ID:00689

Al-Kindi Hospital  
Amman - Jordan



مستشفى الكندي  
عمان - الأردن

### Privilege's For Doctors

10/02/2025

Name	Date of Birth	Specialty
Shahir mohammad ali alian	07/09/1962	Dentistry
Phone	Address	
+962 7 9054 0087	Amman, Amman	

### Document

Personal photo	National Identity	Bachelor's Certificate
<ul style="list-style-type: none"><li><a href="#">55e12865-07e5-43f2-8ab4-2c0c552e6816.jpeg</a></li></ul>	<ul style="list-style-type: none"><li><a href="#">55e12865-07e5-43f2-8ab4-2c0c552e68161</a></li></ul>	<ul style="list-style-type: none"><li><a href="#">1bb0cbe6-8245-44d7-a9c4-1da0a0ac8975.jpeg</a></li></ul>
M.O.H License for Specialty	Jordan Medical Association Registration	
<ul style="list-style-type: none"><li><a href="#">ccde3e2a-fa95-4171-bbd3-7f6b056f1209.jpeg</a></li></ul>	<ul style="list-style-type: none"><li><a href="#">1f178685-393f-4b45-b8f7-329e69227e21.jpeg</a></li></ul>	
Board Certification Jordan-Arab	Privilege's	
<ul style="list-style-type: none"><li><a href="#">6dc5385e-949e-4536-9a84-637da2406b99.jpeg</a></li><li><a href="#">1f178685-393f-4b45-b8f7-329e69227e211.jpeg</a></li><li><a href="#">94a870f6-6e9b-49af-94a8-1a0211e8ccd2.jpeg</a></li></ul>	Dentistry	

Privileges in Dentistry Service

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for any additional privileges insert it at next field

### 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