



**معادلة الشهادة الألمانية وإجراءاتها المختلفة في المجلس الطبي الأردني  
ووزارة الصحة**

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استشاري أمراض الدماغ و الجهاز العصبي

# الوثائق المطلوبة بشكل أساسي للمعادلة:

- Approbationsurkunde
- Facharzturkunde
- Weiterbildungszeugnis
- Bescheinigung über 3-jährige Tätigkeit nach Facharztanerkennung

## Deutschland:

- Notar – Ärztekammer – Bürgerbüro
- Landgericht - Bezirksregierung
- Auswärtiges Amt
- Jordanische Botschaft Berlin

# الأردن:

- وزارة الخارجية ؟
- المجلس الطبي و تعبئة طلب المعادلة اونلاين و دفع 50 دينار لحين اجتماع اللجنة، وعند الموافقة على معادلة شهادتك يتم دفع 400 دينار
- الذهاب النقابة الاطباء ل 1. تسديد جميع المستلزمات المالية
- 2. طلب الحصول على شهادة انك مسجل تسجيلًا دائمًا كأخصائي في تخصصك، تكلفة الطلب 100 دينار
- عمل شهادة عدم محكومية اونلاين
- التوجه إلى البريد الأردني و تعبئة طلب ترخيص مزاولة مهنة صحية و بعثه لوزارة الصحة، تكلفة الطلب 25 دينار

# الموقع الرسمي لتسجيل حساب الأطباء في المجلس الطبي الأردني





# اجراءات الداتا فلو



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## Jordan Medical Council

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المجلس الطبي الاردني  
المملكة الاردنية الهاشمية

Since 2006, the DataFlow Group has partnered with public and private sector clients and entities to provide specialized Primary Source Verification (PSV) solutions, background screening, and immigration compliance services across the Middle East and worldwide.


We are a trusted Primary Source Verification (PSV) partner for the Jordan Medical Council (JMC). Our role involves verifying the education credentials of individuals who submit their applications to the Jordan Medical Council (JMC).

Activate Windows

Go to Settings to activate Windows

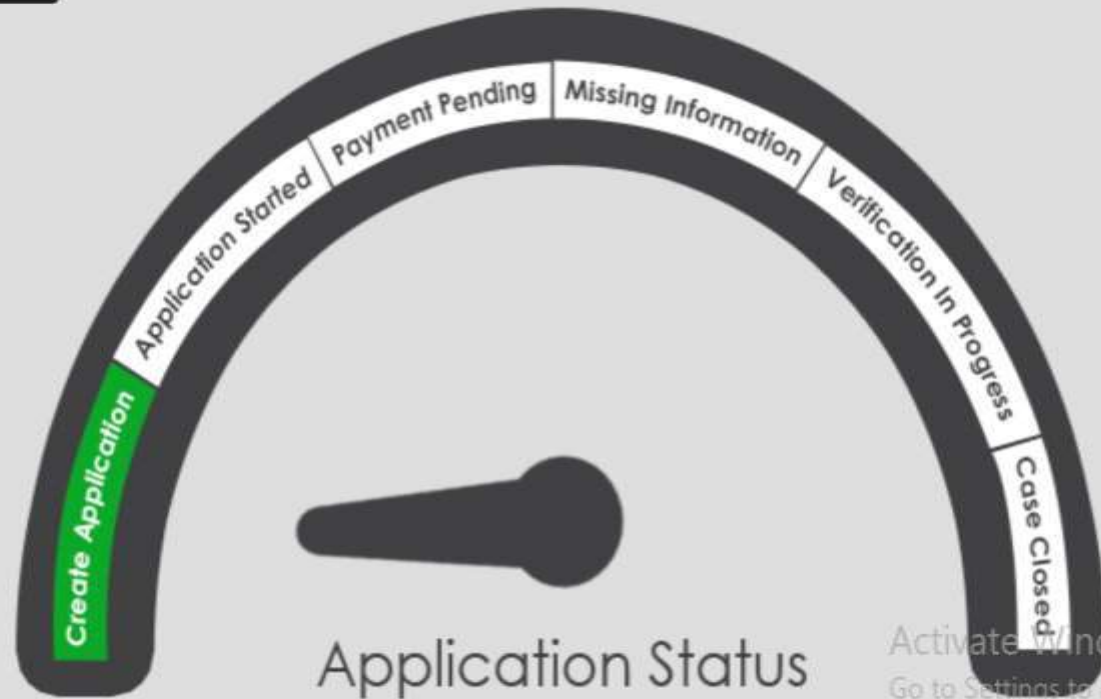


<p><b>- Jordanian only</b></p>	<p><b>JMC Exam Exemption Announcement No. 17</b></p>	<p>1- Highest Specialty Qualification in the specialization country</p> <p>2- Specialty training certificate</p> <p>3- Specialty License certificate</p> <p>4- One Experience certificate (mandatory tenure is three continuous years)</p> <p>In case of additional experience certificate to be calculated on top of this package</p> <p>5- CrossCheck risk database</p>	<p>295\$</p>
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 Start Application

 Check Your Status

Select Case



Application Status

Activate Windows  
Go to Settings to activate Windows



1

Licensing Details

2

Personal Details

3

Verification Details

4

Letter of  
Authorisation

### Licensing Authority Details

Authority Name

Jordan Medical Council



I want to verify my documents without selecting a specific authority

Select Category 1

Select Category 2

Select Category 3

Select



Select



Select



### Frequently Accessed Licensing Authorities



الهيئة الوطنية لتنظيم المهن والخدمات الصحية  
NATIONAL HEALTH REGULATORY AUTHORITY



الهيئة السعودية للتخصصات الصحية  
Saudi Commission for Health Specialties



Ministry of Public Health



### Licensing Authority Details

Authority Name:

I want to verify my documents without selecting a specific authority

Select Category 1

Select Category 2

Select Category 3

### Frequently Accessed Licensing Authorities



Activate Windows  
Go to Settings to activate Windows

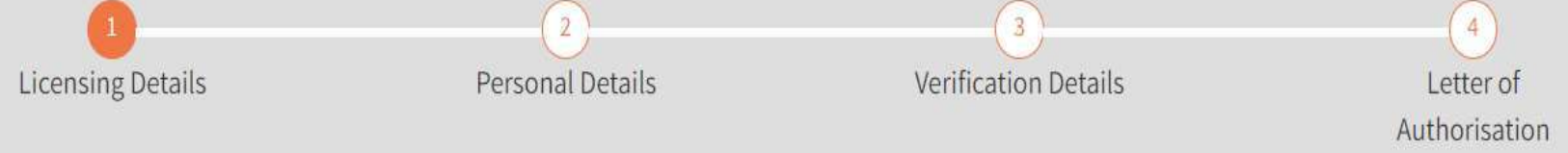


Welcome Drmohammadiyad@Gmail.Com

English



[Home](#) | [Change Password](#) | [Contact Us](#) | [Log Out](#)



### Licensing Authority Details

Authority Name

I want to verify my documents without selecting a specific authority

Select Category 1

Select Category 2

Select Category 3

### Frequently Accessed Licensing Authorities



Ministry of Public Health

Select Category 1

Jordanian Citizen

Select

JMC E

Frequently Accessed Licensing Authorities



الصحة  
Saudi Com

Package Details

### Message to Proceed

Based on your input you have selected the following :

Authority Name: **Jordan Medical Council**

Select Category 1: **Jordanian Citizen**

Select Category 2: **JMC Exam Exemption Announcement No. 17**

Select Category 3: **Regular Service**

Package: **Jordanian with JMC Exam Exemption Announcement No. 17**

Package Amount: **USD 295**

Click 'Confirm' to proceed with the application process. However, you can still amend the selected package by clicking on Change at any time.

**NOTE:** Incorrect information may lead to delays and additional costs.

CONFIRM

CHANGE

Select Package  
 Jordanian with JMC Exam Exe

Type of Check/Document	No. of Checks/Documents	Type of Check/Document	No. of Checks/Documents
Database	1	Training Certificat	1
Education	1	Employment	1
Professional Licer	1		

Additional checks/documents will be charged extra

loading data.. please wait..

Package Cost : 295  
 Additional Cost : 0  
 surcharge : 0  
**Total Cost : 295**

\* VAT(Value Added Tax) amount will incur an additional 5 % charge  
 \* All amounts are in USD

1

Licensing Details

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Letter of  
Authorisation

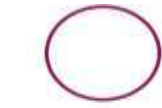
Mandatory Documents

Please upload a clear copy of your passport page

UPLOAD



Please enter all details in ENGLISH language only.



Passport upload



Details confirmation



Submit

Drag your scanned passport image here

Or

[Click here to upload](#)

### Tips that will allow us to read the passport easily:

- Use JPEG(JPG) or PNG format.
- Maximum of 4MB.
- The image must be of the passport details page only. Do not include additional pages.
- The image must be clear and easily read.
- The passport must be flat, in good light with no reflections.

Activate Windows  
Go to Settings to activate Win



Passport upload



Details confirmation



Submit

Congratulations - you're at the final step!

Can we please ask you to double-check one last time that all of the details are correct?

## Personal Details

First Name

Middle  
Name

Middle Name

Last/Family  
Name

Gender

Passport  
NumberPrevious  
DataFlow  
Case  
Reference  
Number  
for Report  
Transfer (if  
applicable)Date of  
Birth

Country

Germany

Country  
Code

+ 49

Telephone  
NumberPersonal  
Email ID

Activate Windows  
Go to Settings to activate Windows



# - املأ الفراغات المطلوبة باللغة الانجليزية - حمل الوثائق المطلوبة بلغتها الأم



Please enter all details in ENGLISH language only.

## Education

Please ensure all data provided is accurate and exactly as mentioned on your submitted document to be verified. Any variance could lead to a delay in processing.

University /  
College Name \*

University /  
College Country \*

Applicant's Name  
as per Document \*

Qualification  
Attained \*

Degree/Course is  
completed \*

Mode of Study \*

Conferred Date \*



Activate Windows

Go to Settings to activate Windows

Please upload the documents to be verified (such as degree, transcript/mark sheets, experience letter, etc) along with the mandatory requirements, if any, mentioned in the section below.

**Note:** If multiple documents are required, please utilize the same upload option to submit all documents.

UPLOAD

BACK

SAVE

NEXT

Activate Windows

# ماذا أفعل عند عدم العثور على المشفى المطلوب؟

### Issuing Authority

Issuing Authority Name	<input type="text"/>	Issuing Authority City	<input type="text"/>
Issuing Authority State	<input type="text" value="I cannot find my Issuing Authority from the List"/>	Issuing Authority Country	<input type="text" value="SELECT"/>

Please note **"I cannot find my Issuing Authority"** link available at the bottom of the drop-down list displayed for Issuing Authority

I have read and understood the Minimum Requirements List and Special Instructions and I understand that my issuing authority may charge additional fees for verification processing that will be passed through to my total bill at the checkout stage. I also understand that in case my issuing authority increases or adds fees that DataFlow is currently not aware of, DataFlow will contact me for the payment of an additional fee. **I confirm correct information is submitted to avoid any delays in processing my application.**

## Employment

Employment 1 NEW IA

Check Is In Validation



# خطوة الداتاقلو تجاه المشفى الجديد

Um unseren Verifizierungsprozess zu optimieren, bitten wir Sie um die folgenden Informationen:

Name des autorisierten Prüfers:

Abteilung:

Bezeichnung:

E-Mail-ID:

Handynummer:

Instituts-/Hochschulakkreditierung: Ja/Nein

Art des Leitungsgremiums: Regierung / Halb Regierung / Private

Einrichtung / Institut / Universität / Non-Profit-Organisation /

Nichtregierungsorganisation / Regulierungsbehörde

Employer Name

Employer State

Employer  
Country

Applicant's  
Name as per  
Document

Employment  
Period (From)

Employment  
Period (To/Till  
Date)

Last  
Profile/Designation



Employment...

(Employment  
Certificate  
Issued from the  
Human  
Resource  
Department  
(HRD))

Activate Windows  
Go to Settings to activate Windows

1

Personal Details

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Authorisation



Letter of Authorisation

Consent

BACK

NEXT



Before DataFlow may act on your behalf to verify your information and documents, you first have to consent to the Letter of Authorisation. **Please read the complete text below** before you consent with your Given Names and Surname:



**Letter of Authorization**

I hereby authorize the DataFlow Group, its authorized affiliates, agents and subsidiaries acting on its behalf, to verify the information and documents presented with my application form; including, but not limited to, education, employment and licenses.

By clicking on Consent, you are legally signing the above Letter of Authorisation.


Given names \*

Surname

Consent

ate Win

Go to Settings to



## Letter of Authorisation

This authorisation signifies and records a memorandum of legally binding consent via means of legitimate digital consent

Name

Sanctioned on

**Download PDF**

**Finish**





Letter of Authorisation



Consent

Mandatory Documents



Letter of  
Authorisation



BACK

NEXT

Activate Window  
Go to Settings to activa



# آلية الدفع

Once you click the "SUBMIT APPLICATION" button you will be redirected to Payment Gateway. **To Note: Changes cannot be made to the application once you make the payment.**

## Payment

Please note:-

Your Issuing Authorities (Universities, Councils, etc.) may request additional or extra verification fees. In these cases, the DataFlow Group will contact you in order to collect this additional payment in order to continue processing the case.

I agree to receiving SMS updates from The DataFlow Group related to the status of my cases and am willing to pay an additional charge of USD 2.6 for this service.

Payment Method

Credit Card 

Package Net Amount

122

VAT(Value Added Tax) Amount

6.23

surcharge

0

**GROSS AMOUNT (USD)**

**130.83**

Premium Services

2.6

Activate Windows  
Go to Settings to activate Windows

Applications successfully submitted for Licensing Authority

You can view the application details along with applicant's case & check status under Check Status tab.

To download the payment receipt, click on "Check Status" on the dashboard page and download the payment receipt from the concerned case.

Check Status

Home

Activate Windows  
Go to Settings to activate



# هذا ايميل التأكيد



Dear [Name],

**Your PSV application has been received and is being processed under DataFlow Case Number [Case Number].**

The verification process shall start once details and documents submitted by you have been successfully reviewed. If we need any additional information or discover missing documents we will contact you via your registered contact IDs.

**Your application is expected to be completed by 11/11/2024. The date may be extended in case any missing or required documents or clarifications are submitted on a later date.**

Activate Windows

# ثم يتم ارسال هذا الايميل من الداتاقلو الى الجهة المعنية

Bitte bestätigen Sie die unten genannten Details -

- 1- Das beigefügte Dokument ist echt - Ja oder Nein?
- 2- Der Antragsteller arbeitet noch mit der Einrichtung – Ja oder Nein? (Wenn nein, geben Sie bitte das Enddatum an).
- 3- Darf der Kandidat bei einer anderen Organisation arbeiten, während er in Ihrer Organisation beschäftigt ist – Ja oder Nein?
- 4- Ist Ihnen bekannt, dass der Bewerber mit einer anderen Organisation zusammenarbeitet?

عند صدور التقرير والانتهاء من التحقق من المعاملة

DataFlow PSV Case Completed



Case Is Completed

### Case Status Summary

- 6 out of 6 checks are completed

### Case Outcome: Positive

### Important Notes

- To open the report - Please enter your date of birth in DDMMYYYY format without space
- The free report is available for download for 90 days, after which a fee will be payable. The validity will expire on 2024-10-10





# في حال نقص احد المستندات و اضافتها

- Jordanian - Non-Jordanian	<b>Additional Documents</b>	Any type of additional documents over a package or report transfer	70\$
- Jordanian - Non-Jordanian	<b>Report Transfer</b>	1- Previous DataFlow report transfer to JMC 2- CrossCheck risk database	52\$

Licensing Authority Details

Customer: Jordan Medical Council

Select Category 1: Jordanian Citizen

Select Category 2: Report Reissuance

Select Category 3: Regular Service

Package: Report Reissuance\_Jordanian

Parent Case Number: [Empty]



# عند تغيير عنوان شهادة تم معادلتها الاعتراف بها لدى الداتاقلو

to be verified (such as degree, transcript/mark sheets, experience letter, etc) along with the mandatory requirements in the section below.

**Note:** If multiple documents are required, please utilize the same upload option to submit all documents.

→ Upload a copy of your Name Change Certificate. ←

Employment Certificate I

Employment...

UPLOAD

# الراغبين في تقديم البورد الأردني:

<ul style="list-style-type: none"> <li>- Jordanian Board</li> <li>- Non-Jordanian Qualification</li> </ul>	1- Highest Specialty Qualification in the specialization country	155\$
	2- Specialty training certificate	
	3- CrossCheck risk database	

# سلبيات الداتافلو:

عدم وجود رقم هاتف للاتصال المباشر  
عدم فهم طلبك بوضوح برغم ارسال الرسائل الالكترونية  
العامل المادي  
الوقت

رقم التصريح : ٤٧٤  
الرقم الوطني :  
ساري المفعول لمدة خمس سنوات



وزارة الصحة

بموجب السلطة المخولة لي في المادة ٥ من قانون الصحة العامة رقم ٤٧ لسنة ٢٠٠٨

أصرح للدكتور /

بممارسة مهنة اختصاصي في

عمان في اليوم ١٤

من شهر ٤ سنة ٢٠١٤

مدير مديرية  
ترخيص المهن والمؤسسات الصحية  
الدكتورة إخلاص أحمد جاعوس

الملكة الأردنية الهاشمية  
وزارة الصحة  
وزير الصحة  
د. مصطفى

رقمية الهاشمية  
ح

The Hashemite Kingdom of Jordan  
JORDAN MEDICAL ASSOCIATION



الملكة الأردنية الهاشمية  
نقابة الأطباء الأردنية

Ref: \_\_\_\_\_  
Date: \_\_\_\_\_

الرقم: \_\_\_\_\_  
التاريخ: \_\_\_\_\_

لمن يهمه الأمر

تشهد نقابة الأطباء الأردنية بأن الدكتور / / هو أحد الأطباء  
المسجلين لديها لتسويلاً دائماً اختصاصي /

وبناء على مئله اعطى هذه الشهادة...

الأمين العام  
سليمان العبدلات  
1981

AMMAN: P.O. Box 941070 Amman 11194 Jordan. عمان ١١١٩٤ - عمان ١١١٩٤  
Tel: 5663429 Fax: 5206421 عمان - عمان ١١١٩٤ - عمان ١١١٩٤  
JERUSALEM: Tel: 5882208 Fax: 5882222 P.O. Box 19181 عمان ١٩١٨١ - عمان ١٩١٨١  
E-mail: info@jma.org.jo www.jma.org.jo



شكرا لحسن استماعكم... أسئلة؟؟ 😊😊