



### Declaration Form by the Sponsoring Facility

We hereby declare that .....is applying for DoH – Abu Dhabi licensure under our sponsorship and that we undertake to comply with and fulfill the licensing requirements for the above mentioned healthcare professionals.

Please note that by signing this application I acknowledged the responsibility held by our facility to ensure that all information given to DoH – Abu Dhabi is true and correct

#### **Personal Details:**

Full Name : \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Official Title/Position: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd/mm/yyyy)