



Primary Source Verification

Oman Medical Specialty Board (OMSB) - Oman

Healthcare practitioners with less than two years of most recent experience in Oman

How to Apply

'A Step By Step Guide for Completing Your Application'



If you are a new applicant, follow the instructions from Step One. If you are an existing applicant, skip to Step Four.

Step One:

- Visit www.dfomsb.com
- Click on the 'Sign Up As New User' tab

* Note: You may also sign up using your Facebook/Google/LinkedIn account.



The screenshot shows the login page of the DATAFLOW system. At the top left is the DATAFLOW logo, and at the top right is the MSB logo. The main heading is "Login" in English and "تسجيل الدخول" in Arabic. Below the heading are two input fields: "Email" (البريد الإلكتروني) and "Password" (كلمة السر). To the right of these fields are three social media login buttons: "Login with Facebook", "Login with Google", and "Login with LinkedIn". Below the social media buttons is a "Sign Up As New User" button. On the right side of the page, there is a vertical list of links: "How to Apply", "http://www.omib.org/", "FAQ - English", "FAQ - Arabic", and "Authenticate a Report".

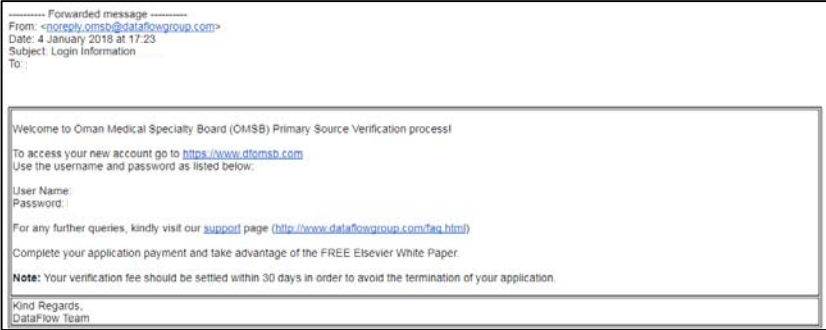


Step Two:

- On the 'Sign Up' page - enter and confirm your email address
- Read the disclaimer carefully and tick the 'I Agree to the Disclaimer' checkbox
- Click the 'Sign Up' button



- You will receive an automated email at your registered email ID containing a username and temporary password




Step Three:

- Login to your account using your registered email ID and temporary password received via email - then click 'Sign In'




* Note: If you forgot your password, click 'Forgot Password', enter the requested details and click 'Submit'. You will receive an email at your registered email ID with a link to change your password.



Step Four:

- Visit www.dfomsb.com
- Enter your email ID and password
- Click on the 'Login' button

*Note: You may also login using your Facebook/Google/LinkedIn account.



Please enter your information in English only. Do not attempt to open the same application in another tab, browser or computer if you are already logged into the system. By doing so, you will be automatically logged out and your ID will be blocked for 15 minutes.
الرجاء إدخال المعلومات الخاصة بك باللغة الإنجليزية فقط إذا كنت تستخدم التطبيق في أي علامة التبويب، متصفح أو جهاز حاسوبية أخرى. إذا قمت بتسجيل الدخول في نفس التطبيق في علامة التبويب، متصفح أو جهاز حاسوبية أخرى، سيتم تسجيل خروجك تلقائياً وسيتم حظر اسم المستخدم الخاص بك لمدة 15 دقيقة.
(لتجربة أفضل، يرجى استخدام: (IE+ /Google Chrome /Mozilla Firefox))

For best site experience, please use (IE+ /Google Chrome /Mozilla Firefox)

How to Apply
<http://www.omsb.org/>
FAQ - English
FAQ - Arabic
Authenticate a Report

Sign Up As New User
التسجيل كـ مستخدم جديد





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Step Five:

- On the 'Personal Details' page - choose the option that applies to you from the 'Position Applied For' dropdown menu

Personal Details	
Position Applied For	الوظيفة المتقدم لها
--SELECT APPLICATION FOR--	
--SELECT APPLICATION FOR--	
ALLIED HEALTHCARE STAFF: DIPLOMA HOLDERS	
ALLIED HEALTHCARE STAFF: BACHELOR'S DEGREE HOLDERS	
NURSES: BACHELOR DEGREE HOLDERS	
NURSES: DIPLOMA HOLDERS	
PHARMACY	
PHYSICIAN	
RENEWAL OF MEDICAL LICENSE	
CUSTOM PACKAGE	
Passport Number	رقم جواز السفر





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Step Six:

- Once done, fill the requested details and click 'Next'

Personal Details	
Position Applied For CUSTOM PACKAGE	توظيف المتقدم لها
First Name (Given)	الاسم الأول
Last Name (Family Surname)	اسم العائلة
Passport Number	رقم جواز السفر
Nationality [SELECT NATIONALITY]	الجنسية
Country Of Birth [SELECT COUNTRY OF BIRTH]	بلد الميلاد
Department Applied For	القسم الذي تقدم عليه الطبيب
Mobile Telephone Number	رقم الهاتف
Position Applied For	توظيف المتقدم لها
Email www@dataflowgroup.com	البريد الإلكتروني
Package Type <input type="radio"/> Fixed <input type="radio"/> Flexible	نوع العمود
Middle Name	اسم الابن
Date Of Birth Date Format dd/mm/yyyy	التاريخ الميلاد
Staff Number (For Candidates Employed by Ministry Of Health In Oman) []	رقم الموظف (للمتقدمين العاملين من قبل وزارة الصحة في سلطنة عمان)
Gender <input type="radio"/> Male <input type="radio"/> Female	الجنس
Country Of Residency [SELECT COUNTRY OF RESIDENCY]	بلد الإقامة
Hospital Applied For	المستشفى المقدم عليه الطبيب
Current Position	المكتب الحالي
Current Hospital	المستشفى الحالي

Save & Logout Next



Step Seven:

- On the 'Education Details' page - enter the requested information and upload a clear uncut copy of your academic certificate.

*Note: To verify more than one academic certificate, click the 'Add More' button. Additional charges are applicable if the number of documents you wish to verify exceed Ministry of Health - Oman requirements.

Education Details 1

Applicant Name As per Certificate <input type="text"/>	اسم مقدم الطلب وفقا للشهادة	University / Institution Name <input type="text"/>	اسم الجامعة / المعهد
College Name <input type="text"/>	اسم الكلية	University Country --SELECT UNIVERSITY COUNTRY-- <input type="text"/>	بلد الجامعة
Qualification Attained <input type="text"/>	المؤهل العلمي الذي تم الحصول عليه	Education Type --SELECT EDUCATION TYPE-- <input type="text"/>	نوعية التعليم
Major Subject <input type="text"/>	التخصص	Student Identity / Roll No. <input type="text"/>	رقم الطالب / رقم التسجيل
Seat No / Registration No. <input type="text"/>	رقم الجلوس / الرقم الجامعي	Attendance From Date Format dd/mm/yyyy <input type="text"/>	تاريخ البدء
Attendance To Date Format dd/mm/yyyy <input type="text"/>	تاريخ الانتهاء	Graduation Date / Qualification Conferral / Issue Date Date Format dd/mm/yyyy <input type="text"/>	تاريخ التخرج / تاريخ الحصول على المؤهل العلمي

Upload Copy Of Qualification Attained(Max. Size 2 MB):

Max. Size: (For Indian Degrees) (Max. 2 MB):

تحميل نسخة من المؤهل العلمي الذي تم الحصول عليه (كحد أقصى 2 MB)
كتفب الامارات (قطر لعماني الشهادات الهندية) (كحد أقصى 2 MB)



Step Eight:

- On the 'Employment Details' page - enter the requested information and upload a clear uncut copy of your employment certificate

* Note: To verify more than one employment certificate, click on 'Add More' button. Additional charges are applicable if the numbers of documents/employment tenure exceeds OMSB requirements.

Employment Details 1

<p>Name Of The Employer <small>اسم صاحب العمل</small></p> <p>State/Province <small>الدولة / المحافظة</small></p> <p>Ep/Postal <small>الرمز البريدي / أرقام البريدي</small></p> <p>Job Title / Designation <small>المسمى</small></p> <p>Period Of Employment From <small>فترة العمل (من)</small> Date Format dd/mm/yyyy</p> <p>Employee Code <small>رقم الموظف</small></p> <p>Full Time / Temporary <small>نوع العمل / جزائي</small> --SELECT EMPLOYMENT TYPE--</p> <p>Department <small>القسم/الجهة</small></p>	<p>Employer Address <small>عنوان صاحب العمل</small></p> <p>City <small>العاصمة</small></p> <p>Employer Country <small>بلد صاحب العمل</small> --SELECT EMPLOYMENT COUNTRY--</p> <p>Period Of Employment To <small>فترة العمل (إلى)</small> Date Format dd/mm/yyyy</p> <p>To Date <small>إلى تاريخ</small></p> <p>Web Link <small>الرابط الإلكتروني</small></p> <p>If Temporary Please Specify The Agency Name If Any <small>إذا كانت الوظيفة مؤقتة، يرجى تحديد اسم وكالة الوظيفة إن وجدت</small></p>
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Upload Experience Letter (Max. 2 MB) تحميل شهادة الخبرة (كحد أقصى 2 MB)



Step Nine:

- On the 'Health License Details' page - enter the requested information and upload a clear uncut copy of your health license

*Note: This step is only applicable for Physician and Nurses categories.

Health License Details 1

<p>Applicant Name As Per Certificate <small>اسم مقدم الطلب وفقاً للشهادة</small></p> <p>Living Authority Address <small>عنوان جهة الاصدار</small></p> <p>State/Province <small>الدولة / المحافظة</small></p> <p>Eye/Master <small>العين / الماستر</small></p> <p>Professional Title on License Attained <small>(المسمى الوظيفي على رخصة مهنة (الطبيب / التمريض)</small></p> <p>License Status <small>مركز الترخيص</small></p> <p>License Confirmed/Issued Date <small>تاريخ اصدار الترخيص</small></p> <p><small>Upload Copy of Original Certificate (An English Translated Copy of the Certificate. If Language is Other Than Arabic & English) (Max. 2 MB)</small></p> <p style="text-align: right;"><input type="button" value="Upload"/></p>	<p>Living Authority Name <small>اسم جهة الاصدار</small></p> <p>Living Authority Country <small>بلد الاصدار</small></p> <p>City <small>المدينة</small></p> <p>Living Authority Telephone Number <small>رقم الهاتف</small></p> <p>License Type <small>نوع الترخيص</small></p> <p>License Number <small>رقم الترخيص</small></p> <p>License Expiry Date <small>تاريخ انتهاء الترخيص</small></p> <p><small>تحميل صورة الشهادة الأصلية وأ نسخة مترجمة في اللغة الإنجليزية للشهادة غير العربية أو الإنجليزية) (كحد أقصى 2 MB)</small></p> <p style="text-align: right;"><input type="button" value="Add More"/></p>
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Step Ten:

- On the 'Upload Documents' page - click on the 'Download Letter of Authorization' button, then sign, scan and upload the letter

*Note: This is a mandatory step.

- Upload a copy of your passport or identity card, as well as a copy of your curriculum vitae (CV)
- Upload a copy of your Name Change Certificate (if applicable)
- Click 'Next'

Upload Documents

1. Upload Copy Of Passport/ Identity Card (Max. 2 MB)	<input type="button" value="Upload"/>	1. تحميل نسخة من جواز السفر / الهوية (كحد أقصى 2 MB)
	Download Letter Of Authorization	تنزيل خطاب التفويض
2. Upload Letter Of Authorization	<input type="button" value="Upload"/>	2. تحميل خطاب التفويض
3. Upload Copy Of Name Change Certificate, If Applicable (Marriage Certificate, Affidavit, Any Legal Document) (Max. 2 MB)	<input type="button" value="Upload"/>	3. تحميل نسخة من شهادة تغيير الاسم (إذا وجد) (شهادة الزواج، مستندات رسمية أو أي وثيقة قانونية تمت تدقق) (كحد أقصى 2 MB)
4. Curriculum Vitae (Max. 2 MB)	<input type="button" value="Upload"/>	4. الرزومه تحميل السيرة الذاتية





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Step Eleven:

- On the 'Submission of Application' page - carefully review your entered details
- Tick the checkbox next to the disclaimer, then click 'Next' to proceed

Submission Of Application

I hereby declare that I have read the instruction carefully and I have submitted all documents according to OMSB requirements.
أصرح بهذا بأنني قد قرأت التعليمات بعناية و قد قدمت جميع الوثائق الخاصة بطلبي وفقا لمعاملات المجلس العماني للاختصاصات الطبية

I will be responsible for any delay that may occur if I submit an incomplete application or re-submit any documents at a later stage.
انا مسؤول عن أي تأخير في حال عدم تقديم طلب غير مكتمل أو إعادة تقديم أي وثائق في مرحلة لاحقة

طريقة الدفع: Credit Card

I understand that completing the verification process does not guarantee obtaining a license if I do not meet OMSB criteria.
أنا اقر و الفهم أن استكمال عملية التحقق لا يضمن الحصول على ترخيص مزاولة المهنة إذا لم تتوافق مع متطلبات معيير المجلس العماني للاختصاصات الطبية

[Save & Logout](#) [Previous](#) [Next](#)





Step Twelve:

- On the 'Your Payment Summary' page - your OMSB Reference Number will be automatically generated and the total fee for your application will be displayed

Your Payment Summary

Dear sirs/mes:

Note: Please note that the case will not be processed till the amount has been transferred to Dataflow account

Applying For

OMSB Reference Number:

Data Flow Reference Number:

Amount*

* The charges listed above are inclusive of credit card and processing fee which is as under.

المصارف المصرفية اعمدة لتسهيل بطاقة الائتمان ورسوم المعاملة كما هو موضح اعلاه

Verification Fees details are:

Description	Service Fees
Physicians	OMR 135
Nurses Bachelor Degree Holder	OMR 110





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Step Thirteen:

- On the 'Payment' page - select your payment method as credit card
- You will be directed to the bank page to settle the payment using your card

*Note: Review your application carefully before making your payment. You may not edit your application once the payment has been completed.



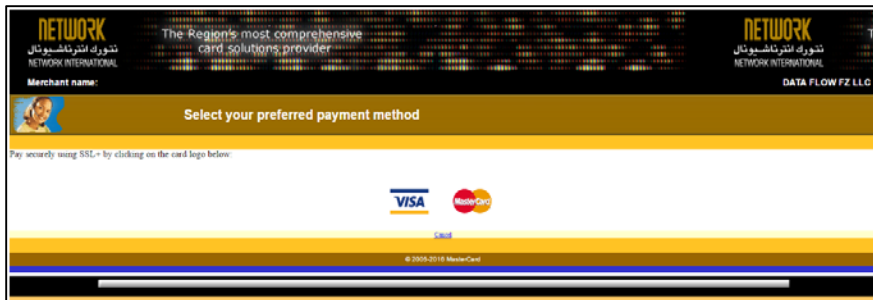


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Step Fourteen:

- Choose either Visa or MasterCard



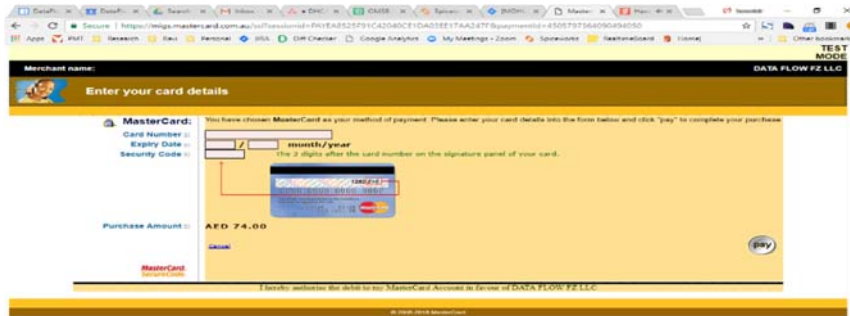


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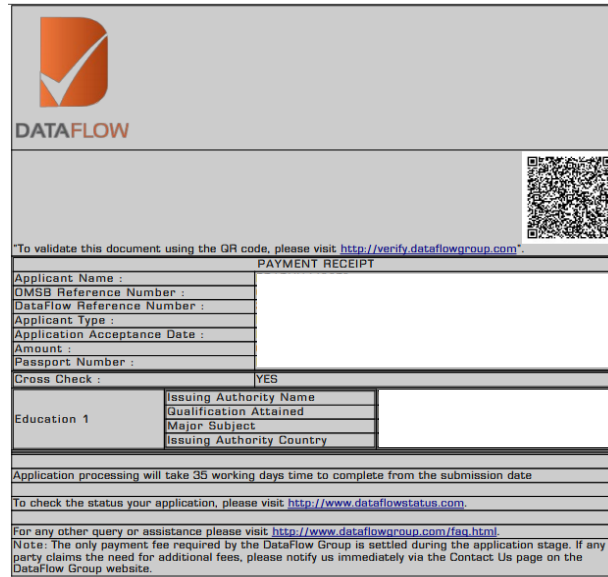
Step Fifteen:

- Enter your credit card information
- Click on the 'Pay' button



Important Notes:

- Once the payment has been finalized, you will receive an auto-generated email to your registered email ID containing an attached payment receipt - as per the below.



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To validate this document using the QR code, please visit <http://verify.dataflowgroup.com>.

PAYMENT RECEIPT

Applicant Name :									
OMSB Reference Number :									
DataFlow Reference Number :									
Applicant Type :									
Application Acceptance Date :									
Amount :									
Passport Number :									
Cross Check :	YES								
Education 1	<table border="1"> <tr> <td>Issuing Authority Name</td> <td></td> </tr> <tr> <td>Qualification Attained</td> <td></td> </tr> <tr> <td>Major Subject</td> <td></td> </tr> <tr> <td>Issuing Authority Country</td> <td></td> </tr> </table>	Issuing Authority Name		Qualification Attained		Major Subject		Issuing Authority Country	
Issuing Authority Name									
Qualification Attained									
Major Subject									
Issuing Authority Country									

Application processing will take 35 working days time to complete from the submission date

To check the status your application, please visit <http://www.dataflowstatus.com>.

For any other query or assistance please visit <http://www.dataflowgroup.com/faq.html>.

Note: The only payment fee required by the DataFlow Group is settled during the application stage. If any party claims the need for additional fees, please notify us immediately via the Contact Us page on the DataFlow Group website.

- To track the status of your application, click on the 'Check Status' button.
- Once your application status is displayed as 'Completed' - click 'Download Report'.



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MSB

Home My Apps Contact Us Application Status Change Password Check Status Download Payment Receipt Logout

Please enter your information in English only. Do not attempt to open the same application in another tab, browser or computer if you are already logged into the system. By doing so, you will be automatically logged out and your ID will be blocked for 15 minutes.
الرجاء إدخال المعلومات الخاصة بك باللغة الإنجليزية فقط. إذا قمت بتسجيل الدخول إلى الطلب الخاص بك في عدة متصفحات أو أجهزة حاسوب أو في نفس الوقت، سيتم تسجيل خروجك تلقائياً من النظام وسيتم حظر اسم المستخدم الخاص بك لمدة 15 دقيقة.

Personal Details Education Details Employment Details Health Details Upload Documents Internship Residency Training Submission of Application

