Requirements for the Accreditation of requirements (pharmacy, glasses shop in a private clinic, medical laboratory, earphone center for hearing impairment, physiotherapy center, nutrition center, prosthetic limb center, radiation center, dialysis center, speech and hearing improvement center, psychiatric center, disabled care and rehabilitation center, medical rehabilitation) for private sector in the private sector

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| Requirements: | NO. |
| Apply for accreditation electronically via the following link: <https://chi.gov.sa/ServicesDirectory/Pages/default.aspx> | 1 |
| New user form used in the council’s online portal (Authorization Form). | 2 |
| The validity of the final Ministry of Health license for the health facility. | 3 |
| Validity of the commercial registry of the health facility. | 4 |
| Validity of the Certificate of Zakat and Income Interest. | 5 |
| National address. | 6 |
| Obtaining the ICD-10 Medical Coding Certificate approved by the Saudi Health Council. | 7 |
| Obtaining certification from the Saudi Center for Accreditation of Quality Health Facilities (CBAHI). | 8 |
| Data of the ‏facility’s employees and the nature of the owner: | 9 |
| Executive Director (Name, ID Number, Nationality, Email, Mobile Number) | 10 |
| Managing director (Name, ID Number, Nationality, Email, Mobile Number) | 11 |
| Medical director (Name, ID Number, Nationality, Email, Mobile Number) | 12 |
| Financial manager (Name, ID Number, Nationality, Email, Mobile Number) | 13 |
| Information technology director (Name, ID Number, Nationality, Email, Mobile Number) | 14 |
| Customer service manager (Name, ID Number, Nationality, Email, Mobile Number) | 15 |
| Director of Business Center (Name, ID Number, Nationality, Email, Mobile Number) | 16 |
| Annual financial reimbursement fees for accreditation according to the annual financial reimbursement list for health care providers' accreditation. | 17 |