



DATAFLOW

# How to Apply

Oman Medical Specialty Board

A Step By Step Guide  
for completing your application



CROSSCHECK



DIGIFLOW



TrueProfile.io



ISO 9001  
Quality  
Management  
Systems  
CERTIFIED

ISO/IEC  
27001  
Information  
Security  
Management  
Systems  
CERTIFIED

ISO/IEC  
27701  
Privacy Information  
Management  
Systems  
CERTIFIED

# Introduction

This guide will cover the step-by-step process of submitting your DataFlow Application for Primary Source Verification (PSV) for The **Oman Medical Specialty Board**.

If you face any issue or need assistance, please connect with us at <https://support.dataflowgroup.com>

**1** Requirements

**2** Categories and Pricing

**3** Setup your account

i. Registration   ii. Account Activation   iii. Set your password

**4** Application Dashboard

**5** Select your licensing authority

**6** Select the right package

**7** Personal Details

**8** Submit the required documents

**9** Payment

**10** Track your application

Please make sure you have all the required documents before starting your application:

- A clear copy of your valid passport.
- A copy of the original educational certificate.
- Marksheets of the qualification (if applicable).
- Backside of the qualification showing the stamps.
- Name Change Certificate (if applicable).

Category	Service Description	Pricing
<b>Physicians</b>	1. One educational qualification 2. One Health license or Registration Certificate of Home Country 3. Last Three to Five years of experience (limited to three employers per case) 4. CrossCheck	<b>OMR 135</b>
<b>Nurses: Bachelor holders</b>	1. One educational qualification 2. One Health license or Registration Certificate of Home Country 3. Last Two to Five years of experience (limited to Three employers per case) 4. CrossCheck	<b>OMR 110</b>
<b>Nurses: Diploma holders</b>	1. One educational qualification 2. One Health license or Registration Certificate of Home Country 3. Last Three years of experience (limited to Two employers per case) 4. CrossCheck	<b>OMR 100</b>

Category	Service Description	Pricing
<b>Pharmacists</b>	1. One educational qualification	<b>OMR 110</b>
	2. Last Three years of experience (limited to Two employers per case)	
	3. CrossCheck	
<b>Allied Health Care Staff</b>	1. One educational qualification	<b>OMR 80</b>
	2. Last Two to Three years of experience for Bachelor holders and Last Three years for Diploma holders (limited to Two employers per case).	
	3. CrossCheck	
<b>Custom / Renewal Package</b>	One education qualification + Cross check	<b>OMR 60</b>
	One professional license + Cross check	<b>OMR 60</b>
	One experience certificate + Cross check	<b>OMR 60</b>
<b>Report Transfer</b>	1. Transfer of a Primary Source Verification Report issued by DataFlow under other Regulators  2. Cross Check	<b>OMR 25</b>

Category	Service Description	Pricing
Report Transfer with Check(s)	1. Transfer of a Primary Source Verification Report issued by DataFlow under other Regulators 2. One additional document 3. Cross Check	OMR 85
True Profile Report Transfer	Transfer of a TrueProfile.io report	OMR 70
Additional document	Applicable to any additional document added to any of the packages above (Price per document)	OMR 50

**Note:** The prices exclude any fees requested by Issuing Authorities to disclose information. All the Issuing Authorities' fees will be paid by applicants.

Service Type	Description of the Service	Turnaround time required to obtain the PSV report	Pricing
Applicant Assist Service for one single document	Our Customer Service team will submit the PSV application on behalf of the applicant. This service is available for one single document.	25 Working Days	OMR 25
Applicant Assist Service Package for multiple documents	Our Customer Service team will submit the PSV application on behalf of the applicant. This service is available for multiple documents.	25 Working Days	OMR 40
Express Service	The Express Service will expedite the verification from our standard application turnaround time to an average of 14 working days.	14 Working Days	OMR 62
Express Assist Service	The above Express and Applicant Assist services.	14 Working Days	OMR 87

**Note:** In case the DataFlow is not able to complete the application within 14 working days, the additional amount paid to avail the Express service may be refunded to the applicant.

Visit [www.dfgateway.com](http://www.dfgateway.com) and enter your email ID to begin.

**DATAFLOW**

# Verify the easy and secure way

You are here because you got a job abroad and one of the last things you need to do is get your documents verified? What a match! We at DataFlow are specialized in verifying documents in the most secure and efficient way.

[More info >](#)

## Start by entering your email address

Our system will detect if you are a new or existing user automatically.

**Continue**

[I need assistance >](#)

Already an Agency/Facility and need help? Ready to sign up as an Agency/Facility to submit on behalf of your applicants?

## Registration Confirmation

x

We have observed that the email address entered is not registered with us. Click the **Confirm** button to proceed to sign up.

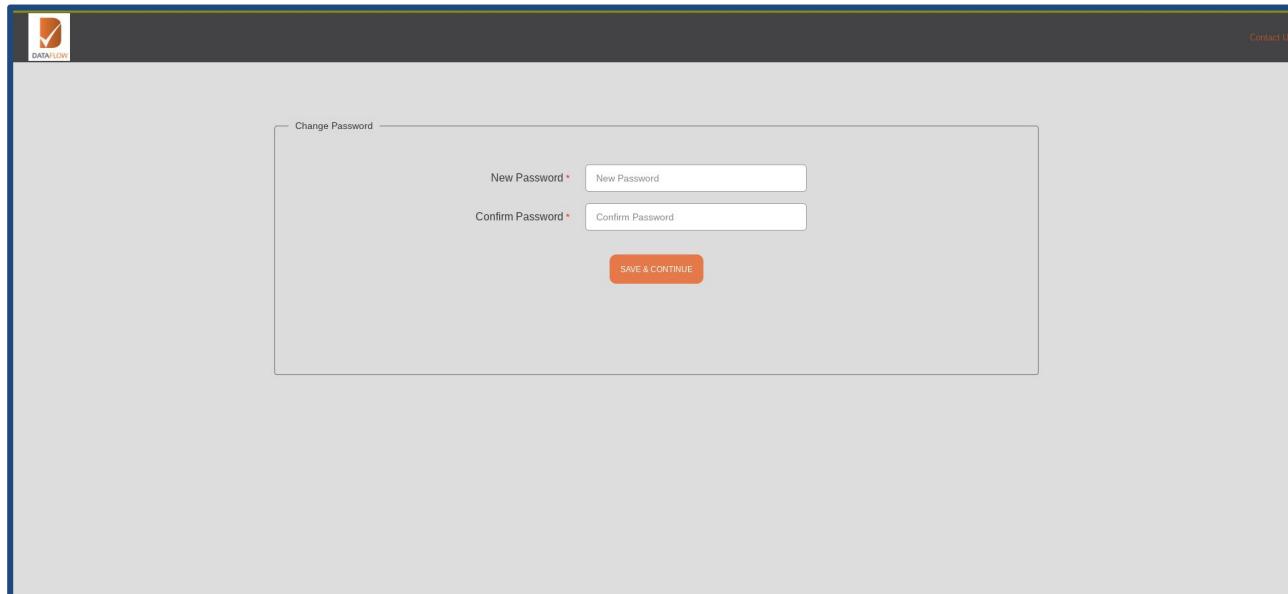
If you are already registered, we suggest click **Close** and confirm the email ID entered.

I agree to the [Terms & Conditions](#)

Confirm

Close

If you have registered with the DataFlow Group previously, you will be asked to enter your password on the next screen. If this is your first visit, you will receive an automated email at the registered email ID you shared, containing an activation link. Please click on the activation link to complete your registration and set your password.



The screenshot shows a 'Change Password' form on a website. The header includes the Dataflow logo and a 'Contact Us' link. The form has two input fields: 'New Password' and 'Confirm Password', both marked with a red asterisk indicating they are required. Below the fields is an orange 'SAVE & CONTINUE' button. The entire form is enclosed in a light gray box.

Please set your new password to save and continue.

Once you have activated your account, enter your registered email ID and password on the **Sign In** page



# Verify the easy and secure way

You are here because you got a job abroad and one of the last things you need to do is get your documents verified? What a match! We at DataFlow are specialized in verifying documents in the most secure and efficient way.

[More info >](#)

**Start by entering your email address**

Our system will detect if you are a new or existing user automatically.

Enter your email ID

**Continue**

[I need assistance >](#)

Already an Agency/Facility and need help? Ready to sign up as an Agency/Facility to submit on behalf of your applicants?



Contact Us

Forgot Password —

Registered Personal Email ID \*

BACK SUBMIT

If you forget your password, click **Forgot Password**, enter details, and click **Submit**. You will receive an email at your registered email ID with a link to change your password.

## Application Dashboard

On the **Dashboard** page, click the **Start Application** button to initiate a new application



You can also track your application by selecting your DataFlow Group Case Reference Number from the **Select Case** dropdown menu or by clicking the **Check Your Status** button

## 5 Select your licensing authority

From the **Authority Name** drop list select **Oman Medical Specialty Board** system will prompt you to select the package or documents or pre-determined combination .

Licensing Authority Details

Authority Name	Oman Medical Specialty Board			▼
Case Type	Package Type	Service Type	Profession	
Select	Select	Select	Select	▼

Frequently Accessed Licensing Authorities



OMSB  
Oman Medical Specialty Board



NHRA  
BAHRAIN  
NATIONAL HEALTH REGULATORY AUTHORITY



Saudi Commission for Health Specialties



Ministry of Public Health

↑

Or click on **OMSB** Icon from the Frequently Accessed Licencing Authorities

## Select the right package

Confirm your selection in **Package Details**:

- Select the right package
- Click on + to add more documents if required
- Confirm to proceed with the application process.

**Note:** Based on the selected package, your specific components details will be displayed.

Depending on your selected package you can add up to 1 health license free of charge, more than 1 document will be charged.

In the Licensing Authority Field , select your employer name from the **Facility Name** drop list.

— Package Details —

Select Package  
Nurse Bachelor Degree Holders - Regular

Type of Check/Document Education	No. of Checks/Documents 1	+	-
Additional checks/documents will be charged extra			
Type of Check/Document Health License	No. of Checks/Documents 1	+	-
Additional checks/documents will be charged extra			
Type of Check/Document Employment	No. of Checks/Documents 1	+	-
Please enter the number of Employment applicable for the last 2 Years			
Type of Check/Document Crosscheck	No. of Checks/Documents 1	+	-

— Licensing Authority - Specific Details —

Facility Name \*  Select 

## Personal Details

On the **Personal Details** page, click the button **Upload** to upload a clear copy of your passport. The system will scan your passport and fill your details.



Mandatory Documents –

Please upload a clear copy of your passport page\*

**UPLOAD**

Passport upload → Details confirmation → Submit

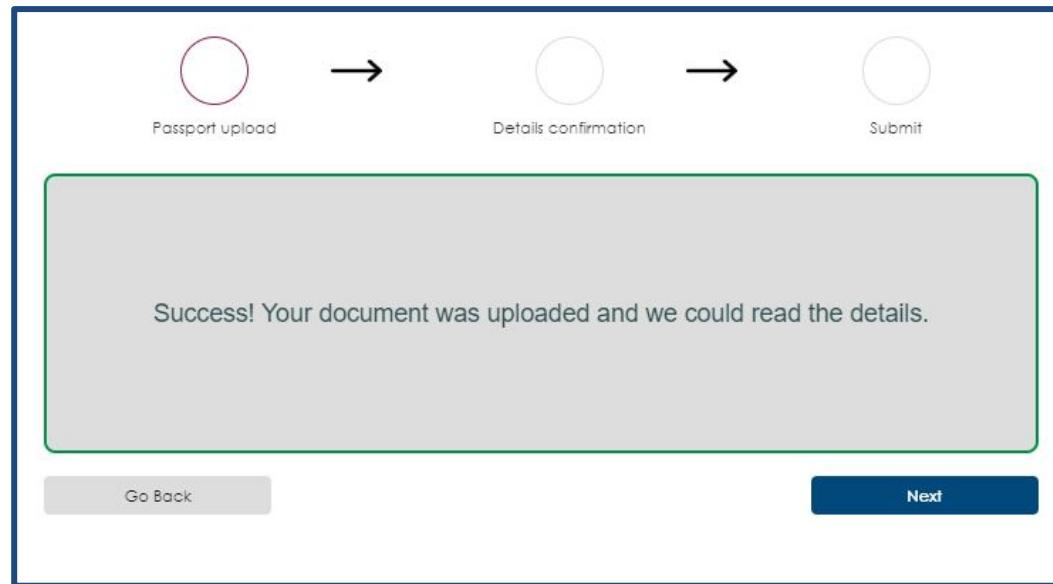
Drag your scanned passport image here

**Or click here to upload**

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

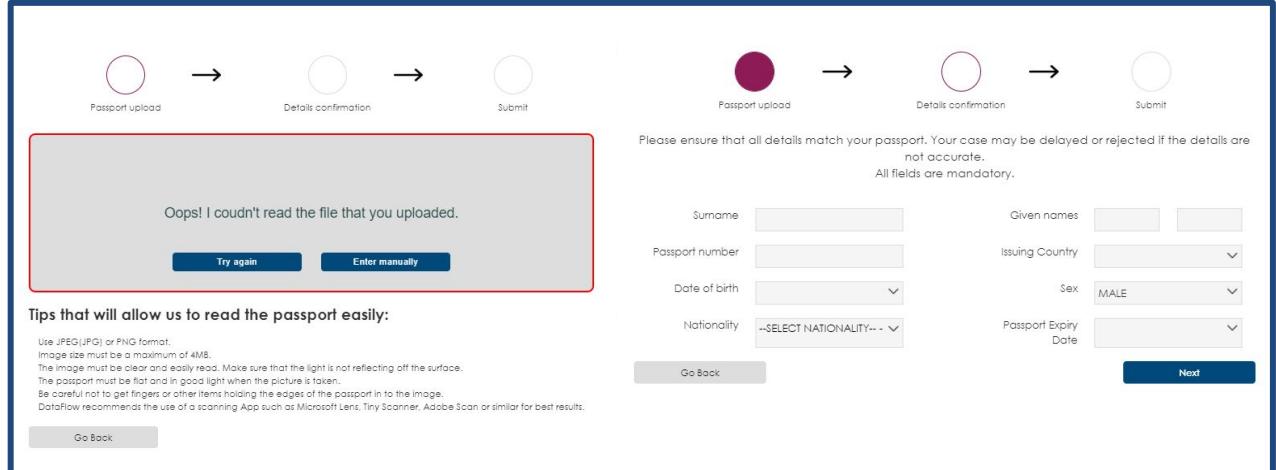
Use JPEG(JPG) or PNG format.  
 Image size must be a maximum of 4MB.  
 The image must be clear and easily read. Make sure that the light is not reflecting off the surface.  
 The passport must be flat and in good light when the picture is taken.  
 Be careful not to get fingers or other items holding the edges of the passport in to the image.  
 DataFlow recommends the use of a scanning App such as Microsoft Lens, Tiny Scanner, Adobe Scan, or similar for best results.

**Go Back**



The system will show a success screen in case it can successfully read your passport

In case the system is not able to read your passport, you shall see the following screen. Please **Try again** and use a clearer scanned passport copy or click on **Enter Manually** to add the details manually



Passport upload → Details confirmation → Submit

Passport upload → Details confirmation → Submit

Oops! I couldn't read the file that you uploaded.

Try again   Enter manually

Tips that will allow us to read the passport easily:

Use JPEG (JPEG) or PNG format.  
Image size must be a maximum of 4MB.  
The image must be clear and easily read. Make sure that the light is not reflecting off the surface.  
The passport must be flat and in good light when the picture is taken.  
Be careful not to get fingers or other items holding the edges of the passport in to the image.  
Dataflow recommends the use of a scanning App such as Microsoft Lens, Tiny Scanner, Adobe Scan or similar for best results.

Go Back

Surname:  Given names:    
Passport number:   
Issuing Country:   
Date of birth:   
Sex:  MALE   
Nationality:  --SELECT NATIONALITY--   
Passport Expiry Date:   
Next

Once the system is able to read your passport, your personal details shall be filled, please make corrections to the captured details if required then **Submit** to move forward.

Passport upload → Details confirmation → Submit

Please ensure that all details match your passport. Your case may be delayed or rejected if the details are not accurate.  
All fields are mandatory.

Surname:   
Given names:   
Passport number:   
Issuing Country:   
Date of birth:   
Sex:   
Nationality:   
Passport Expiry Date:   
[Go Back](#)

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?

Surname:   
Given names:    
Passport number:   
Issuing Country:   
Date of birth:   
Sex:   
Nationality:   
Passport Expiry Date:   
[Go Back](#) [Submit](#)

## Personal Details

The page will refresh with the personal information filled and once it shows the passport has been uploaded, please continue with the application

Mandatory Documents

Please upload a clear copy of your passport page

UPLOAD

Personal Details

Please enter all details in ENGLISH language only.

Given name as per passport *	Given name as per passport	Surname as per passport *	Surname as per passport	Passport Number *	Passport Number
Date of Birth *	Date of Birth	Nationality *	Select	Applicant Email Id *	salma@abyssmail.com
Country Code *	Select	Mobile Number *		Generate OTP	

BACK SAVE NEXT

- Enter your **Country Code** and **Mobile Number** and click on **Generate OTP**
- You will receive an OTP (one time password) on your mobile
- Enter the **OTP** and click **Validate OTP**

### Note:

- In case you don't receive a text message, re-check your number and click **Re-generate OTP**.
- In case you are unable to receive OTP by SMS click **Get OTP on Call** and you will receive an incoming call with the OTP

## Submit your documents | Health License *(If applicable)*

As you click on **Issuing Authority Name** in “Health License ” page, the system will prompt with a pop-up to enter the details of your institution.

Start typing your institution name and in case it is already listed, select the correct one from the drop down list.

*In case of any additional requirements shared by your institution with DataFlow, you will find the instructions on the screen*

*Please review Pages 22 & 23 in case you cannot find your Issuing Authority Name*

The image displays two screenshots of a web application interface for entering institution details. The top screenshot is a modal window titled 'Issuing Authority' with the following fields: 'Issuing Authority Name' (input field), 'Issuing Authority City' (input field), 'Issuing Authority Country' (dropdown menu with 'Select' option), 'Applicant's Name as per Document' (input field), and 'Licence Status' (dropdown menu with 'Select' option). The bottom screenshot shows the main form with the same fields: 'Issuing Authority Name' (input field with placeholder 'ENTER ISSUING AUTHORITY NAME'), 'Issuing Authority City' (input field), 'Issuing Authority State' (input field), and 'Issuing Authority Country' (dropdown menu with 'SELECT' option). Below these fields is a checkbox labeled 'I have read and understood the Minimum Requirements List and Special Instruction'. At the bottom are three buttons: 'Submit' (dark blue), 'Cancel' (grey), and 'Reset' (light blue). At the very bottom of the page, there is a link: 'I cannot find my Issuing Authority from the List'.

- On the **Health License** page, enter the required details and upload clear uncropped scans of the License.
- Select the type of document uploaded from the dropdown menu

Please enter all details in ENGLISH language only.

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.

Issuing Authority Name	Issuing Authority Name	Issuing Authority Country	Select
Professional Title	Professional Title	Applicant's name as per certificate	SALMA ABU MERHI DAMAJ
License Type	Select	License Status	Select
License Number	License Number	License Issued Date	License Issued Date
License Expiry Date	License Expiry Date		

Mandatory Documents

Upload copy of original health license to be verified.

UPLOAD

Optional Document / Information

Upload a copy of your renewed Health License (if any).  
Upload a copy of the back side of your Health License.

UPLOAD

BACK | SAVE | NEXT

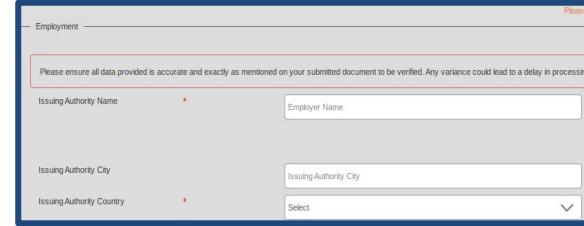
## Upload required documents | Employment

As you click on **Issuing Authority Name** in the “Employment Page”, the system will prompt with a pop-up to enter the details of your previous employer.

In the **Issuing Authority Name**, start typing your previous employer’s name and select the correct one from the list.

*In case your employer requires any specific information or details, the instructions will reflect on the screen.*

*Please review Pages 22 & 23 in case you cannot find your Issuing Authority Name*



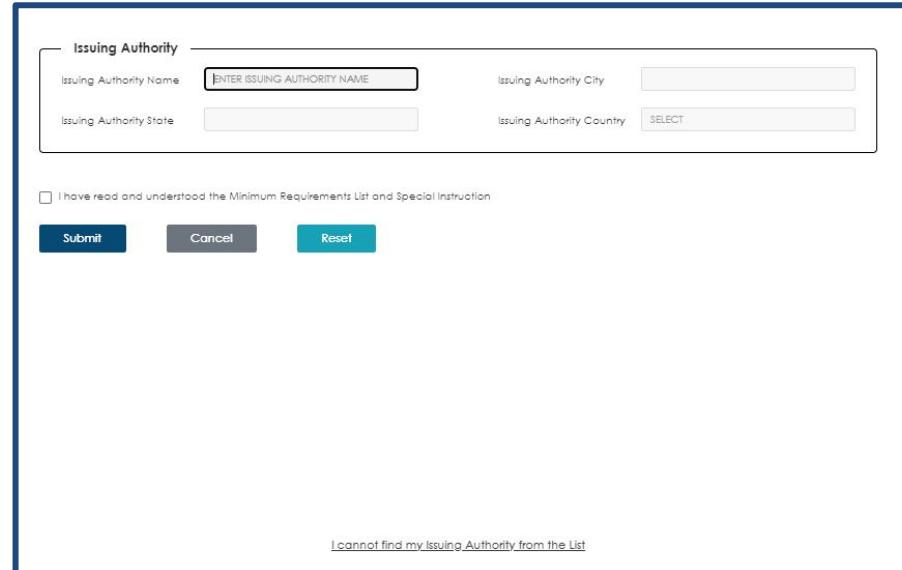
Employment

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

Issuing Authority Name \*

Issuing Authority City

Issuing Authority Country \*



Issuing Authority

Issuing Authority Name

Issuing Authority City

Issuing Authority State

Issuing Authority Country

I have read and understood the Minimum Requirements List and Special Instruction

[I cannot find my Issuing Authority from the List](#)

## Upload required documents| Employment

On the **Employment** page, enter the required details and upload clear uncropped scanned copies of the employment certificate to be verified and any other required documents, example:

- a. Experience certificate,
- b. End of service certificate

Select the type of Certificate you uploaded from the dropdown menu

— Employment —

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.

Name of the Employer	<input type="text" value="Name of the Employer"/>	Employment Country	<input type="text" value="Select"/>
Job Title / Designation	<input type="text" value="Job Title / Designation"/>	Applicant's name as per certificate	<input type="text" value="SALMA ABU MERHI DAMAJ"/>
Employment Type	<input type="text" value="Select"/>	Period of Employment From	<input type="text" value="Period of Employment From"/>
Period of Employment To	<input type="text" value="Period of Employment To"/>		

**To Note:**

1. The employment certificate is related to your work experience, reflecting designation and complete work tenure (Start and End date) issued by Human Resources or Administration Department only.  
2. In case of self employment, please make sure to submit your Business Registration Certificate.

— Mandatory Documents —

Please upload a copy of employment certificate.

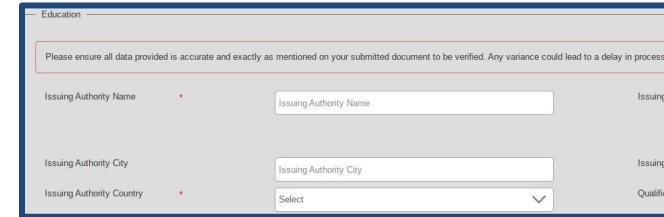
## Upload required documents | Education

As you click on **Issuing Authority Name** in the “Education” Page, the system will prompt with a pop-up to enter the details of the Issuing Authority of your degree.

In the **Issuing Authority Name**, start typing your University/Institute name and select the correct one from the list

*In case your Issuing Authority requires any specific information or details, the instructions will reflect on the screen.*

*Please review Pages 22 & 23 in case you cannot find your Issuing Authority Name*

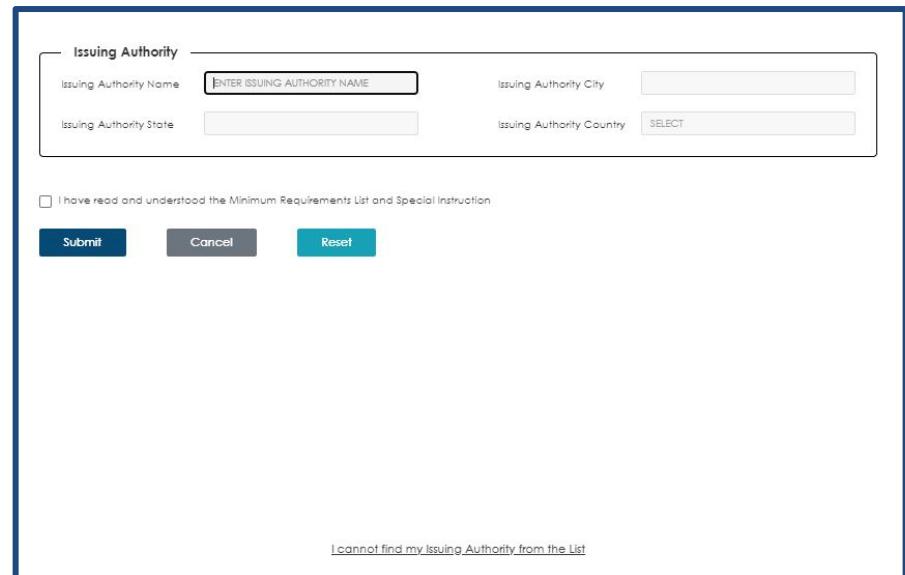


Please ensure all data provided is accurate and exactly as mentioned on your submitted document to be verified. Any variance could lead to a delay in processing.

Issuing Authority Name:

Issuing Authority City:

Issuing Authority Country:



Issuing Authority

Issuing Authority Name:

Issuing Authority City:

Issuing Authority State:

Issuing Authority Country:

I have read and understood the Minimum Requirements List and Special Instruction

**Submit** **Cancel** **Reset**

[I cannot find my Issuing Authority from the List](#)

## Upload required documents | Education

On the **Education** page, enter the required details and upload clear uncropped scans of the mandatory documents listed below:

- a. Original Education Degree(s)
- b. The back page of Education Degree (Applicable for degrees obtained from Afghanistan, India, and Pakistan)

Select the type of document uploaded from the dropdown menu

Upload any additional documents such as marksheets

In case your educational institute has any additional request, our team member will reach out to you for the document or information

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.

Issuing Authority Name

Duration of Program (Months)

Province/State

Qualification Attained/Certificate Title

Mode Of Study

Issuing Authority Name

Duration of Program (Years)

Issuing Authority Country

Applicant's name as per certificate

Qualification Conferred Date

Qualification Conferred Date

Mandatory Documents

Optional Document / Information

Upload

Upload

BACK

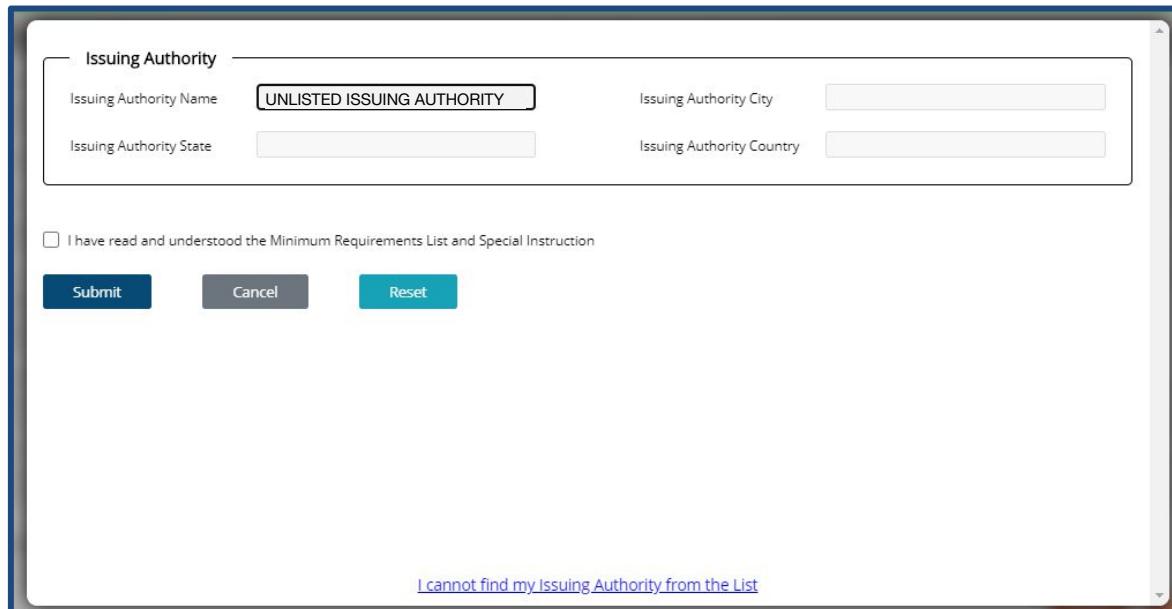
SAVE

NEXT

## Upload required documents

### In case your Issuing Authority is not listed

Please type the name of your Issuing Authority, and in case it is not listed click on **I cannot find my Issuing Authority from the list**



The screenshot shows a web form titled 'Issuing Authority' with the following fields:

- Issuing Authority Name:** A text input field containing the text 'UNLISTED ISSUING AUTHORITY'.
- Issuing Authority City:** A text input field.
- Issuing Authority State:** A text input field.
- Issuing Authority Country:** A text input field.

Below the form is a checkbox labeled 'I have read and understood the Minimum Requirements List and Special Instruction'.

At the bottom of the form are three buttons: 'Submit' (dark blue), 'Cancel' (grey), and 'Reset' (light blue).

At the bottom of the page, there is a link: [I cannot find my Issuing Authority from the list](#).

## Upload required documents

A new popup will open to allow you to enter the name and country of your issuing authority.

Enter the details and click on **Submit**

### New Issuing Authority

Issuing Authority Name

Issuing Authority Country

**Submit** **Cancel**

New

Issuing Authority Name

Issuing Authority Country

**Submit** **Cancel**

- SAN MARINO
- SAO TOME AND PRINCIPE
- SAUDI ARABIA
- SENEGAL
- SERBIA
- SEYCHELLES
- SIERRA LEONE
- SINGAPORE**

## Upload required documents | Consent

After completing the application form, will need to digitally sign the **letter of Authorization**.

This is a mandatory document

- Click on Consent
- Read and scroll down
- Then click Consent

**Note:** Click on **download PDF** if you would like to save a copy of your consent before you click on **Finish**



Letter of Authorization

Consent

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



**DATAFLOW**

**Letter of Authorization**

I hereby authorize the DataFlow Group, its authorized affiliates, agents and subsidiaries acting on its behalf, to

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

Given Names \*

Surname

**Consent**

**Letter of Authorization**

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

Name	i Damaj
Sanctioned o	322

**Download PDF**

**Finish**

## Upload required documents | Review

On the **Application Review** page, carefully review your entered details before submitting.

You can edit your entered information by clicking on the **Edit** tab.

Please review all the details entered for your application

**Personal Details**

Given name as per passport	TEST	Surname as per passport	TEST	Passport Number	12345
Date of birth	13/09/1973	Nationality	Algerian	Country Code	+91
Mobile Number		Applicant Email Id	lizim487@alboceti.com		

**Licensing Authority Details**

Customer	Department of Healthcare Professions (DHP) - Ministry of Public Health (MOPH)	Application Category	None	Application Type	New
Service Type	Applicant Assist Service	Component			
Package	New - Applicant Assist				

**Licensing Authority - Specific Details**

Facility Name	FIRST DENTAL CENTER
---------------	---------------------

On the **Payment** page - based on the package selected, you will view the overall fee in the **Total Amount** field.

Click on **Submit Application** and you will be redirected to the payment gateway.

**Note:** If any of your issuing authorities requires the payment of a fee to disclose the verification, the fee will be added to the total amount.

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

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 AED 9.54 for this service.

Package Amount	<input type="text"/>	surcharge	<input type="text"/>	Premium Services	<input type="text"/>
VAT(Value Added Tax) Amount	<input type="text"/>	Total Amount	<input type="text"/>	Payment Method	<input type="text"/> Credit Card 

\*Amount in AED  
\* VAT(Value Added Tax) percentage of 5 %

**BACK** **SUBMIT APPLICATION**

Once you have completed your payment your will receive a receipt by email and the the Primary Source Verification process will start.

DataFlow Services FZ LLC  
P.O. Box 73743  
Dubai  
United Arab Emirates

Tax registration number 10024135300003



**TAX INVOICE**



**Receipt number:** 180702-300645

**Name:**

**Email:**

**Payment method:** Credit Card

**Date:** 4 July 2019

**Passport no.** 1234567890

Service	Currency	Net amt.	VAT rate	VAT	Total
1 Premium Services - SMS updates	AED	XXX	X%	XXX	XXX
2 Premium Services - Express processing	AED	XXX	X%	XXX	XXX
3 Premium Services - VIP processing	AED	XXX	X%	XXX	XXX
4 Primary Source Verification <b>CASE NUMBER:</b> TC99-1901-000001 <b>CASE TYPE:</b> New/Renew <b>CLIENT NAME:</b> Test Customer <b>CLIENT REF NUMBER:</b> T201901010001 <b>PACKAGE DETAILS:</b> Professional 1/Professional 2/Etc. <b>EDUCATION 1:</b> University <b>EDUCATION 2:</b> University <b>EMPLOYMENT 1:</b> FZ LLC <b>EMPLOYMENT 2:</b> FZ LLC <b>LICENSE 1:</b> Hospital	AED	XXX	X%	XXX	XXX
	<b>Total</b>	AED	XXX	X%	XXX
					XXX

**NOTES:**

1. Primary Source Verification payments may be cancelled and refunded up to 48 hours of the payment being made. After 48 hours, refunds will not be accepted.

Visit [www.dataflowstatus.com](http://www.dataflowstatus.com) to track the status of your application and download a copy of the report once ready.



The DataFlow logo consists of a red square containing a white checkmark, with the word "DATAFLOW" in a bold, sans-serif font below it.

## Check verification status and download report

**Search by DataFlow Case Number** ?

DataFlow Case Number

Passport Number

and

**Check Status**



# Thank You

**[www.dataflowgroup.com](http://www.dataflowgroup.com)**