

## The DataFlow Group Primary Source Verification Report



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## **Verification Report**

Report Summary				
Applicant Name	ALNAEMI TALAL AQEEL A			
DataFlow Case Reference	S003-1810-298189			
Client Reference	VR1811004246			
Application Type	RENEWAL			
Issued To	SAUDI COMMISSION FOR HEALTH SPECIALTIES PO BOX 94656, RIYADH 11614, KINGDOM OF SAUDI ARABIA			
Issued On	13 DECEMBER 2018			
Date of Receipt	26 OCTOBER 2018			
Passport Number	N315609			
SCHS License Number	10AM0354107			
Result	POSITIVE			

Report Status Color Reference Table				
Discrepancy	The concerned issuing authorities have reported one or more discrepancies in the information provided.			
Unable To Verify	One or more component(s) could not be verified due to i) An untraceable or unresponsive issuing authority ii) An unconfirmed affiliation iii) The documents submitted by the applicant were incomplete.			
Positive	The concerned issuing authorities have confirmed that the submitted details are verified.			

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Verification Component:Education					
Detail	Information Provided	Information Verified			
Institute Name	THE NATIONAL HOSPITAL FOR NEUROLOGY AND NEUROSURGERY	CORRECT			
Qualification Attained	THE CLINICAL ACADEMIC NEURORADIOLOGY FELLOWSHIP PROGRAMME (NEURORADIOLOGY)	CORRECT			
Conferred Date/Examination Date/Issue Date	15 OCTOBER 2018	CORRECT			
Degree/Course Is Completed	YES	CORRECT			
Mode Of Study	EXAM BASED QUALIFICATION				
Remarks	Verified - Education document has been verified by Ian Leveney, Neuroradiology Department Secretary of The National Hospital For Neurology And Neurosurgery				





Verification Component:Cross Check		
Remarks	No Derogatory Records Found	









"Visit <a href="http://verify.dataflowgroup.com">http://verify.dataflowgroup.com</a> for more information

27 January 2017

Saudi Commission for Health Specialties PO Box 94656, Riyadh 11614, Kingdom of Saudi Arabia

Dear Sir/Madam,

## Subject - Verification Result

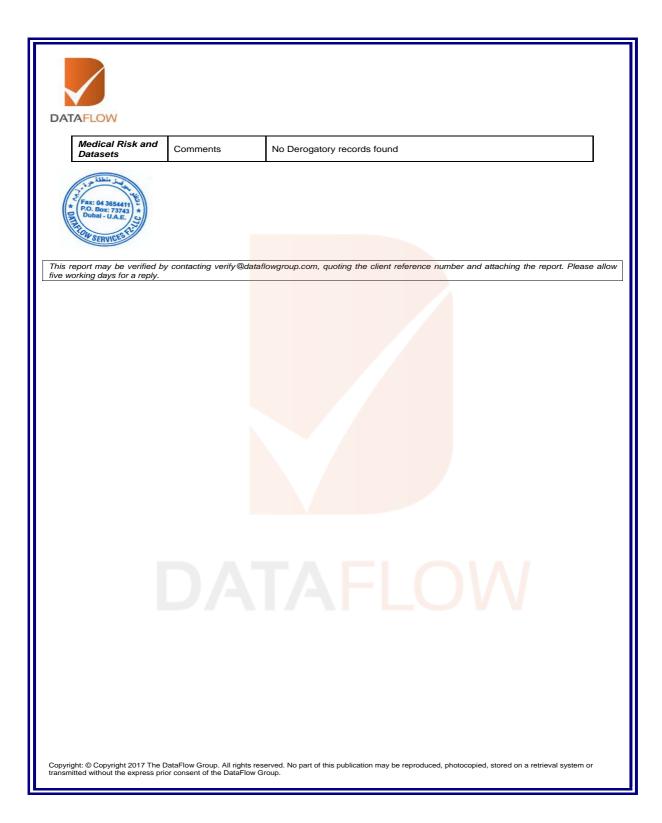
DataFlow, hereby, certifies that the following credentials have been checked, the results are as stated below.

DF Barcode	SCHS Ref #	Date of Receipt	Name of Applicant	Passport Number
S004-VR-17- 265887	S2017102087	22/01/2017	Alnaemi Talal Aqeel A	N315609
Application Type	cation Type SCHS License Number			
RENEWAL		10-A-M-03541 <mark>07</mark>		
				1
Checks Details	Checks Details Information Provided		Information Verified	
	Institution	Jordan Medical Council		Correct
	Qualification	Certificate of Specialization in Diagnostic Radiology		Correct
	Conferred Date	27/09	27/09/2016 Yes	
	Diploma Received	Y		
Education	Comments	Verified – Education details have been verified by Ms. Ghada Al Zoubi, Head of Educational and Training Department at Jordan Medical Council.  Please refer to Annexure 1 for written communication.		
		Please refer to Annexure 2 for document submitted by the Applicant.		

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**End Of Report** 

