

ABDELRAHMAN KHALED MAHMOUD ALI

CONTACT

**** 0565807661

✓ abdelrahmank766@gmail.com

Saudi Arabia - Jeddah

PERSONAL INFORMATION

Date of Birth: 12 February 1997

Marital Status: Married Nationality: Egyptian

EDUCATION

Higher Institute of Health
 Technology - Department of
 Emergency and Critical Care |

Graduation Year: 2017

Grade: Excellent (With Internship)

COURSES

- BLS Basic Life Support
- ACLS Advanced Cardiovascular Life Support

LANGUAGES

- Arabic
- English

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PROFILE

Qualified nurse with a diploma in Emergency and Critical Care Nursing from the Higher Institute of Health. Experienced in surgical operations (Neurosurgery, Orthopedics, and Urology), as well as in emergency and intensive care units. Demonstrates high accuracy in carrying out medical procedures and excellent response under pressure. Committed to providing high-quality, compassionate care to patients, with strong communication and teamwork abilities.



WORK EXPERIENCE

Operating Room Nurse - Al-Mabarrah Hospital for Health Insurance

December 2023 - Present

- Operating Room Nurse International Hospital for Kidney and Urology, Integrated
 Care, Cairo December 2016 Present
- Emergency Room Nurse Suez Hospital for Health Insurance
 December 2018 November 2023



SKILLS

- Strong organizational and time-management skills
- Excellent verbal and written communication
- Ability to work with children and in team environments
- Microsoft Office (Word, Excel, PowerPoint)
- · Basic legal knowledge and administrative law
- Adaptability and problem-solving skills
- Customer service and interpersonal skills

Issue Date: 15/05/2025 Expiry Date: 16/05/2027



Profile Number: 23592166

Membership Status: Practicing

Abdelrahman Khaled Mahmoud Elsayed

Health Assistant-Nursing

Nursing and Midwifery

Nationality Egypt

National/Iqama ID 2610836989

Date of Birth 12/02/1997

Registration Record

Decision Date	Decision type	Qualification	Country	Awarding Date	Rank	Speciality	Sub Speciality
16/05/2025	Professional Classification	دبلوم المعاهد الفنية الصحية شعبة تمريض الطوار ئ والر عابة الحرحة	Egypt	12/09/2017	Health Assistant	Nursing	





the AMERICAN ASSOCIATION of CONTINUING MEDICAL EDUCATION

The Committee for Review & Recognition Certifies that

Abdelrahman Khaled Mahmoud Ali Elsayed

Has Completed the Educational Activity Titled

Basics of Health Care Quality Course

Provided by

ZMK Training Center, Egypt

Which was held in Cairo, Egypt on March 26, 2025

This Activity was Accredited for 3.00 Hours of the Category I Credit of the Association's Designation
This Participant has Received 3.00 Hours of the Category I Credit of the Association's Designation

Issued On
April 3, 2025



Prof. Judei Steiner, MD, PhD, PhD(Ed

www aacme org





ADVANCED CARDIOVASCULAR LIFE SUPPORT





ABDELRAHMAN KHALED MAHMOUD ALI ELSAYED

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Advanced Cardiovascular Life Support (ACLS) Program.

Issue Date

19 Jun 2025

Training Center Name

Town Hospital Training Center

Training Center ID

ZZ21492

Training Center City, Region

New Cairo, Egypt

Training Site Name

Renew By

Jun 2027

Instructor Name

AYMAN AHMED RAFIE

Instructor ID

2003000234

eCard Code

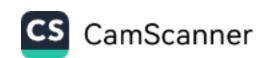
265622839728

QR Code



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عبدالرحمن خالد محمود السيد

ABDELRAHMAN KHALED MAHMOUD ELSAYED

تاریخ الانتهاء: ۲۰۲۰/۱۰/۲۰

مكان الميلاد: مصر

الديانة: الاسلام

رقم الهوية: ١٩٨٩ ٢٦١٠٢٢

تاریخ المیلاد: ۱۹۹۷/۰۲/۱۲

الجنسية: مصر

المهنة:

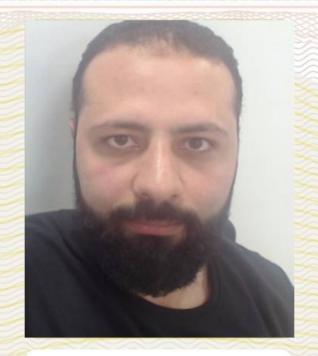
مساعد صحی

هوية صاحب العمل: ٧٠٤٩٨٥٧٦٤٧

مكان الإصدار: شعبة الجوازات بحي الرمال

مكان العمل: منطقة الرياض

اسم صام العمل: شركة عمر عبيد العتبير







BASIC LIFE SUPPORT

BLS Provider



ABDELRAHMAN KHALED MAHMOUD ALI ELSAED

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

Issue Date

23 Feb 2025

Training Center Name

Town Hospital Training Center

Training Center ID

ZZ21492

Training Center City, Country

New Cairo, Egypt

Training Site Name

ZMK TRAINING CENTER

Renew By

Feb 2027

Instructor Name

ABDELRAHMAN AHMED HASSNEIN

Instructor ID

01210921051

eCard Code

255607796859

QR Code

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الهيئة العامة للتأمين الصحي فرع الشرقية

لسنة ٢٥٠٦م

: عبد الرحمن خالد محمود على السيد

1994/1/17:

تاريخ الميلاد

المؤهل الدراسي : معهد فني صحي ٢٠١٧

تاريخ التعيين: ١٠١٧/١١/٢٥؛ بالقرار رقم (٢٦٥) لسنة ٢٠١٧

الوظيفة الحالية : فني تمريض مستشفى المبرة بالزقازيق : الثالثة

الدرجة الحالية

: ٥ ١/١ ١/٢١ حتى تاريخ مازال على رأس العمل بمستشفى المبرة بالزقازيق

مدة الخدمة

- استخرجت هذه البيانات من واقع ملف خدمته بناءً على طلبه لتقديمه الى دولة (المملكة العربية السعودية) دون الإرتباط من جانب الهيئة بالموافقة على النقل أو الإعارة أو الأجازة بعد سداد المصاريف الإدارية بالقسيمة رقم (١٣٣٦٢) مجموعة رقم (٨٠) بتاريخ ٢٠٢٥/٢/١٢م

مدير عام الفرع

رجم الديب

مدير أمانة الفرع

ا/سعيد صلاك

رئيس شئون العاملين

gree 11

أ/ عادل جبران

الملفات

NI ا/إبراهيم

تصادق على صحة توقيع السيد الدكتور/ مدير الفرع دون مسنولية عما ورد بها من بيانات .

تعتمد التوقعات بخاتم شعار الجمهوري .

مدير عام

الإدارة العامة للموارد البشرية

الإدارة المركزية للشنون الإدارية والموارد البشرية

(د/ إيناس النحاس

مسنول السجلات ورزة خارحية حمهورية مصراك مكتب التصديقات والعدمات القنصل فالع مسدق على صوة المجموالتوهيوال مهن الاس المولية فيما بالتنصر بمضعون ووجدوبات لوشفة

سويتش: ١١١٢٦/٥٥٠ - سكرتارية مكتب مدير عام الفرع: ٢١٨٥١٣١/٥٥٠ - فاكس: ٥٥/٢٣٤٧/٥٥٠

Email: Elsharqiabranch@yahoo.com

: Elsharqiabranch@hotmail.com

اكحاسب الآلي بقسم شنون العاملين

العنوان : شارع فاروق - أبرج الياسمين - عمارة رقم (٥)- الزقازيق - شرقية



The DataFlow Group Primary Source Verification Report



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www.dataflowgroup.com

S003-2503-2361563



Verification Report

Report Summary			
Applicant Name	ELSAYED ABDELRAHMAN KHALED MAHMOUD ALI		
DataFlow Case Reference	S003-2503-2361563		
Client Reference	SCFHS170320251742219885538		
Application Type	NEW		
Issued To	SAUDI COMMISSION FOR HEALTH SPECIALTIES PO BOX 94656, RIYADH 11614, KINGDOM OF SAUDI ARABIA		
Issued On	24 MARCH 2025		
Date of Receipt	17 MARCH 2025		
Passport Number	A40884946		
SCHS License Number	NA		
Result	POSITIVE		

Report Status Color Reference Table		
Discrepancy	i) The concerned issuing authorities have reported one or more discrepancies in the information provided. ii) Discrepant records found against the concerned Applicant and or an associated Issuing Authority.	
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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S003-2503-2361563



Verification Component:Education			
Detail	Information Provided	Information Verified	
Institute Name	HEALTH TECHNICAL INSTITUTE ZAGAZIG	CORRECT	
Qualification Attained	DIPLOMA OF HEALTH TECHNICAL INSTITUTES IN EMERGENCY AND AND CRITICAL CARE NURSING TECHNICIAN	CORRECT	
Mode of Study	FULLTIME		
Conferred Date/Examination Date/Issue Date	12 SEPTEMBER 2017	JUNE 2017 (EXAMINATION DATE)	
Degree/Course Is Completed	YES	CORRECT	
Remarks	Verified		





Verification Component:Health License			
Detail	Information Provided	Information Verified	
Licensing Authority	MINISTRY OF HEALTH AND POPULATION	CORRECT	
Licensing Attained	NURSING TECHNICIAN	CORRECT	
Licensing Number	59573	CORRECT	
License Valid From	19 DECEMBER 2017	CORRECT	
License Valid Till	NOT SPECIFIED	TILL DATE	
Remarks	Verified		





Verification Component:Cross Check	
Remarks	No Derogatory Records Found





End Of Report

CS CamScanner