



ABDELRAHMAN KHALED MAHMOUD ALI

CONTACT

- 0565807661
- abdelrahmank766@gmail.com
- Zagazig, Sharqia, Egypt

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



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



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

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 الطوارئ والرعاية الحرجة | Egypt | 12/09/2017 | Health Assistant | Nursing | |

الإسم : عبد الرحمن خالد محمود علي السيد

تاريخ الميلاد : ١٩٩٧/٢/١٢

المؤهل الدراسي : معهد فني صحي ٢٠١٧

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

الوظيفة الحالية : فني تمريض بمستشفى المبرة بالزقازيق

الدرجة الحالية : الثالثة

مدة الخدمة : ٢٠١٧/١١/٢٥ حتي تاريخ مازال علي رأس العمل بمستشفى المبرة بالزقازيق

- استخرجت هذه البيانات من واقع ملف خدمته بناءً على طلبه لتقديمه الى دولة (المملكة العربية السعودية) دون الارتباط من جانب الهيئة بالموافقة على النقل أو الإعارة أو الأجازة بعد سداد المصاريف الإدارية بالقسيمة رقم (٠٨٣٣٦٢) مجموعة رقم (٨٠) بتاريخ ٢٠٢٥/٢/١٢ م

الملفات

رئيس شئون العاملين

مدير أمانة الفرع

مدير عام الفرع

أ/ إبراهيم

أ/ عادل جبران

أ/ سعيد صلاح

د/ رضا الديب

تصادق علي صحة توقيع السيد الدكتور/ مدير الفرع دون مسئولية عما ورد بها من بيانات .

تعتمد التوقعات بخاتم شعار الجمهوري .

مسئول السجلات

أ/ أمين

مدير عام

الإدارة العامة للموارد البشرية

(أ/ ياسر نبيه ذكي راشد)

رئيس

الإدارة المركزية للشئون الإدارية والموارد البشرية

د/ ياسر نبيه ذكي راشد

(د/ إيفاس النحاس)



سويتش : ٠٥٥/٢٢٢١١٢٦ - سكرتارية مكتب مدير عام الفرع : ٠٥٥/٢٣٤٥٨٤٦ - فاكس : ٠٥٥/٢٣٤٣٠٥٨

Email : Elsharqiabranh@yahoo.com

: Elsharqiabranh@hotmail.com

الحاسب الآلي بقسم شئون العاملين

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

BASIC LIFE SUPPORT

**BLS
Provider**



American
Heart
Association.

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



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to <https://ecards.heart.org/international>.

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ADVANCED CARDIOVASCULAR LIFE SUPPORT

**ACLS
Provider**



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



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to <https://ecards.heart.org/international>.

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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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| 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 | FULL TIME | |
| Conferred Date/Examination Date/Issue Date | 12 SEPTEMBER 2017 | JUNE 2017 (EXAMINATION DATE) |
| Degree/Course Is Completed | YES | CORRECT |
| Remarks | Verified | |



DATAFLOW



| 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