

ABDELRAHMAN KHALED MAHMOUD ALI

Phone: 0541535800 | Gmail:abdelrahmank766@gmail.com | date of birth: 12 February 1997

CAREER OBJECTIVE

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.

PERSONAL INFORMATION

Address : Jeddah

marital status :Married

Religion :Muslim

Nationality : Egyptian

EDUCATION

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

Graduation Year: 2017

Grade: Excellent (With Internship)

PROFESSIONAL EXPERIENCE

Surgical Nurse

- Assisted in major operations:
- Neurosurgery
- Orthopedics
- Urology

Emergency and Critical Care Nurse

- Monitoring and stabilizing critical cases
- Providing first aid and trauma care
- Administering medications and following doctor's instructions
- Accurate documentation of patient vitals and conditions

TRAINING COURSES

- BLS – Basic Life Support
- ACLS – Advanced Cardiovascular Life Support

Issue Date: 16/05/2025

Expiry Date: 16/05/2027



Profile Number: 23592166

Membership Status:

Abdelrahman Khaled Mahmoud Ali Elsayed

Health Assistant-Nursing

Nursing and Midwifery

Nationality Egypt

National/Iqama ID

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	

This certificate is printed electronically ,for verification visit <https://www.scfhs.org.sa>

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/ إيناس النحاس)



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

Email : Elsharqiabbranch@yahoo.com

: Elsharqiabbranch@hotmail.com

الحاسب الآلي بقسم شئون العاملين

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

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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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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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	



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