



### Application for Accreditation of Medical Facility for Overseas Workers and Seafarers

Name of Facility<sup>1</sup> : \_\_\_\_\_

Address of the Facility : \_\_\_\_\_

No. & Street	Barangay
City/ Municipality	Province
	Region

Telephone/ Fax No. : \_\_\_\_\_

Name of Owner : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Classification According to

Service Capability :  Regular Medical Facility  
 Special Medical Facility  
 Seafarer's Medical Facility  
 Land-Based Medical Facility

Status of Application :  Initial  Renewal

New Accreditation No. \_\_\_\_\_  
 Transfer of Site Date Issued \_\_\_\_\_  
 Change of Business Expiry Date \_\_\_\_\_  
 Name/ Ownership

### Checklist of Application Documents

Please tick ( ✓ ) the appropriate boxes under column B or C. Items shaded are not required.

A Documents	B For Initial	C For Renewal
1. Notarized Application for Accreditation of Medical Facility for Overseas Workers and Seafarers (this form)		
2. List of Personnel (use attached form)		
3. Photocopies of the following: 3.1. Proof of qualification <ul style="list-style-type: none"> <li>▪ PRC ID/ PRC Board Certificate, if applicable</li> <li>▪ PTR/ Voluntary PTR of Psychologist, if applicable</li> <li>▪ Certificate of Training/ Record of Work Experience</li> </ul> 3.2. Proof of employment		
4. List of Equipment/ Instrument (use attached form)		
5. Duly accomplished Assessment Tool (use attached form)		
6. Current License to Operate and/or Certificate of Accreditation of the following 6.1. HIV Testing Laboratory 6.2. Secondary Clinical Laboratory 6.3. Medical X-ray Facility		
7. Location Map for the medical facility		
8. Photocopy of DOH Permit to Construct		
9. DTI/ SEC Registration		
10. Photocopy of Quality Standard System Manual		
11. Certification for Quality Standard System by a DOH recognized certifying body		

<sup>1</sup> The name of facility should match both DTI/ SEC Registration and Mayor's/ Business Permit.

### Acknowledgement

REPUBLIC OF THE PHILIPPINES )  
CITY/ MUNICIPALITY OF \_\_\_\_\_ ) S.S.

I, \_\_\_\_\_, \_\_\_\_\_, of legal age, \_\_\_\_\_, a resident of  
*Name Civil Status Age*  
\_\_\_\_\_, after having been sworn in accordance with law hereby depose and  
*Address*  
say that I am executing this affidavit to attest to the completeness and truth of the foregoing information and the attached documents required for the Registration and Accreditation of Medical Facility for Overseas Workers and Seafarers pursuant to Administrative Order No. 181 s. 2004 "Revised Rules and Regulations Governing Accreditation of Medical Facilities for Overseas Workers and Seafarers".

\_\_\_\_\_  
*Signature*

Before me, this \_\_\_\_\_ day of \_\_\_\_\_ 2007 in the City/ Municipality of \_\_\_\_\_,  
Philippines, personally appeared

*Owner Community Tax Number Issued at/ on*  
\_\_\_\_\_  
\_\_\_\_\_

known to me to be the same person/s who executed the foregoing instrument and they acknowledge to me that the same is their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_ 2007.

Doc. No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

NOTARY PUBLIC  
My Commission Expires  
Dec. 31. 200\_\_



