DOH-HFSRB-QOP-01-Form1

Form 1- Rev 2

Name of Health Facility (HF) or Service Provider : _____

HF Complete Address : _____
No. & Street Barangay District

_____
City/Municipality Province Region

Telephone Number: _____ E-mail Address : _____ Official Mobile No. _____

Head of the Facility/Medical Director : _____

Owner : _____

Classification According to:

Ownership: [ ] Government ☐ Province ☐ City ☐ Mun. ☐ DOH-Retained ☐ School Others Specify _____
[ ] Private ☐ Corporation ☐ Partnership ☐ Single Proprietorship ☐ Cooperative Others Specify _____

Institutional Character: [ ] Institution-based [ ] Non Institution-based [ ] Free-Standing

Status of Application: [ ] New [ ] Renewal
License No. _____ Validity _____

Permit to Construct No. (If applicable)._____ Date Issued_____ Authorized Bed Capacity (ABC): _____ *No. Dialysis Station:* _____

Instruction: Please tick (✓) the appropriate boxes below and provide necessary documents.

LICENSE TO OPERATE:

[ ] Ambulatory Surgical Clinic
Service/s: ☐ colorectal surgery ☐ orthopedic surgery ☐ reproductive health surgery
☐ general surgery ☐ otolaryngologic surgery ☐ thoracic surgery
☐ ophthalmologic surgery ☐ pediatric surgery ☐ urologic surgery
☐ oral and maxillo-facial surgery ☐ plastic and reconstructive surgery

[ ] Birthing Home

[ ] Blood Service Facility: ☐ Blood Station (Hosp-based) ☐ Blood Bank ☐ Blood Bank w/ Addt'l. Function ☐ *Blood Center*

[ ] *Cancer Treatment Facility (CTF)*
a. *Hospital-based CTF:* ☐ *Cancer Specialty Hosp.* ☐ *Cancer Specialty Center in a General Hosp.* ☐ *Cancer Treatment Unit in a General Hosp.*
b. *Non-Hospital-based CTF:* ☐ *Cancer Treatment Satellite* ☐ *Cancer Treatment Clinic*

[ ] Clinical Laboratory

[ ] Dental Laboratory

[ ] Dialysis Clinic

[ ] HIV Testing Laboratory

[ ] Hospital
Function: [ ] General ☐ Level 1 ☐ Level 2 ☐ Level 3
[ ] Specialty, Specify _____

[ ] Infirmary

[ ] Primary Care Facility

[ ] Psychiatric Care Facility ☐ Acute Chronic ☐ Custodial

[ ] Ambulance Service Provider No. of Ambulance Unit: Type I _____ Type II _____

CERTIFICATE OF ACCREDITATION

[ ] Drug Abuse Treatment and Rehabilitation Center ☐ Residential ☐ Residential w/OutPt ☐ Non-Residential

[ ] Human Stem Cell and Cell-Based or Cellular Therapy Facility

[ ] Kidney Transplant Facility

[ ] Laboratory for Drinking Water Analysis ☐ *Microbiological* ☐ Physical ☐ Chemical

[ ] *Laboratory for Chemical Water Analysis for Dialysis Water*

[ ] Medical Facility for Overseas Work Applicants ☐ Regular Medical Facility
☐ Special Seafarer's Med. Fac. ☐ Special Land-based Med. Fac.

[ ] Newborn Screening Center

CERTIFICATE OF REGISTRATION:

[ ] *Research and Training Clinical Laboratory*

AUTHORITY TO OPERATE (For Free Standing)

[ ] Blood Collection Unit [ ] Blood Station

Documents	New	Renewal
1. Acknowledgement (notarized)		
2. Proof of Ownership and Name of Health Facility: 2.1 DTI/SEC/CDA Registration including Articles of Incorporation/Cooperation and By-Laws		XXXXXXX
2.2 Enabling Act/ LGU Resolution (for government health facility)		XXXXXXX
3. Application Form for Medical X-ray Facility (if applicable)		
4. Application Form for Pharmacy (if applicable)		
5. Accomplished Health Facility Self-Assessment Tool		
6. Health Facility Geographic Form (Geographic Coordinates)		XXXXXXX

Note: Please refer to www.*hfsrb*.doh.gov.ph. for other details of the requirements.

_____ _____
Name and Signature of Applicant **Date of Application**
(Owner/President of the Company/ Head of the Facility)

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
Address

hereby depose and 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 establishment/operation of health facility pursuant to existing rules and regulations. That the undersigned is aware and informed that any misrepresentation, falsification/deception herein can cause the denial of my application, suspension or revocation of my license/ accreditation.

_____
Signature

Before me, this _____ day of _____20 ____ in the City/Municipality of _____, Philippines, personally appeared the above affiant with Community Tax Certificate No. _____ issued on _____ at _____,
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.

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 _____, 20___

Doc No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC
My Commission Expires
Dec. 31, 20 ____