



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

April 11, 2018

DEPARTMENT CIRCULAR

No. 2018 - 0143

TO: ALL HEADS OF HOSPITALS AND OTHER HEALTH FACILITIES, REGIONAL DIRECTORS, CHIEFS OF THE REGULATORY LICENSING AND ENFORCEMENT DIVISION (RLED), OTHER STAKEHOLDERS CONCERNED

SUBJECT: Registration of Patient Transport Vehicles

Section V.16 of Administrative Order (A.O.) No. 2018-0001 titled Revised Rules and Regulations Governing the Licensure of Land Ambulances and Ambulance Service Providers dated January 26, 2018 stipulates that Patient Transport Vehicles (PTVs) shall not be licensed by the Health Facilities and Services Regulatory Bureau (HFSRB) of the Department of Health but shall be registered with the Bureau using a prescribed form. Registration is required for the building of the registry of PTVs in the country.

In line with the abovementioned provision, the HFSRB has developed the form for the registration of PTVs attached herein as Annex A (also downloadable at hfsrb.doh.gov.ph). The form shall be accomplished by all concerned stakeholders who currently or plan to use patient transport vehicles for their facilities or institutions with reference to the following procedural guidelines in the registration of PTVs:

1. Completely filled up and notarized forms shall be submitted to HFSRB through the following channels:
 - a. walk-in submission at HFSRB
 - b. via mail or courier
 - c. via e-mail at hfsrb@doh.gov.ph
 - d. through the DOH Regional Office- Regulatory Licensing and Enforcement Division who shall then transmit the registration form to HFSRB accordingly
2. Facilities or institutions shall register all their operational PTVs.
3. Registration of a vehicle as a PTV shall only be done once. In cases when a vehicle shall no longer be used as a PTV, the concerned facility or institution should inform HFSRB/RO-RLED through a letter indicating the plate or conduction sticker number of the said vehicle for delisting. The delisted vehicle should then no longer bear the marking "PATIENT TRANSPORT VEHICLE."

4. The DOH shall not issue any form of certification as proof of registration thus all registrants are advised to keep a copy of their submitted form with HFSRB's or ROLLED's stamp indicating the date of receipt. For submissions via mail or courier, a letter acknowledging receipt shall be sent to the registrants. Likewise, registrants who submitted via email shall receive an acknowledgement email.

For your information and reference.

By Authority of the Secretary of Health:


ROLANDO ENRIQUE D. DOMINGO, M.D., DPBO
Undersecretary of Health
Health Regulations Cluster



Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

ANNEX A

REGISTRATION OF PATIENT TRANSPORT VEHICLE (PTV)

Owner of Vehicle: _____
(as reflected in the Land Transportation Office (LTO) Registration)

Complete Address: _____
No. & Street Barangay

City/ Municipality Province Region

Tel. /Fax. No.: _____ Mobile No.: _____

E-mail Address: _____

I. Classification:

A. According to Institutional Character:

Institution-Based:

PTVs owned by Health Facilities regulated by the Department of Health (DOH), tick (✓) appropriate box:

- Hospital
 General : Level 1 Level 2 Level 3
 Specialty, please specify _____
 Infirmary
 Birthing Home
 Others, please specify _____

Non-Institution-Based/ Free-Standing:

PTVs not owned by Health Facilities regulated by the DOH , tick (✓) appropriate box:

- Provincial Health Office Rural Health Unit
 Municipal Health Office Barangay Health Station
 City Health Office Health Center
 Others, please specify _____

B. According to Ownership:

- Government Private

II. No. of Vehicles for Registration: _____

List down the LTO Certificate of Registration and Plate Number or Conduction Sticker Number per vehicle applied for registration:

Vehicle	LTO Certificate of Registration	Plate Number or Conduction Sticker Number
1		
2		
3		

Acknowledgement

REPUBLIC OF THE PHILIPPINES)
CITY/ MUNICIPALITY OF _____) S.S.

I, _____, _____, of legal age, _____, a resident
Name Civil Status Age
of _____, after having been sworn in accordance with
Address
law hereby depose and say that I am executing this affidavit to attest to the
completeness and truth of the foregoing information for the Registration of Patient
Transport Vehicles in the Philippines pursuant to Administrative Order No. 2018-0001
"Revised Rules and Regulations Governing the Licensure of Land Ambulances and
Ambulance Service Providers."

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.

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, _____