



DEPARTMENT OF HEALTH

CITIZEN'S CHARTER

2020 (2nd Edition)



HEALTH FACILITIES AND SERVICES REGULATORY BUREAU (HFSRB)

CITIZEN'S CHARTER

2020 (2nd Edition)



1. Mandate

By virtue of Executive Order 119 s. 1986 “Reorganizing the Ministry of Health, Its Attached Agencies and for Other Purposes”, the Bureau of Medical Services (BMS) was abolished and its regulatory functions were performed by the Bureau of Licensing and Regulation (BLR). The implementation of E.O. 102 s. 1999 “Redirecting the Functions and Operations of the DOH”, created structural and organization shift to improve efficiency and effectiveness in the regulation of health facilities and services. The functions of the BLR scaled up to include other regulatory functions, such as regulation of clinical laboratories and medical x-ray facilities. The BLR became known as the Bureau of Health Facilities and Services (BHFS). Thru the approval of the DOH Rationalization Plan in 2014, the name Bureau of Health Facilities and Services has been changed to Health Facilities and Services Regulatory Bureau (HFSRB)

Cluster : *Health Regulations Cluster*

Target Population/Clients : *Health Facilities*

Area of Coverage : *National*



I. Vision:

A World-Class Regulatory Body for Excellent Health Care

II. Mission:

To set regulatory policies and standards as mandated for the licensing, accreditation, and monitoring of health facilities to ensure quality health care.

III. Service Pledge:

We, the Bureau of Health Facilities and Services, a world-class regulatory body, commits to ensure safe health facilities and services which provides quality health care through:

B-boundless efforts for continuous quality improvement

H-harmonized and streamlined regulatory process

F-fair enforcement of policies and standards

S- service oriented and competent staff

We guarantee that this is fully understood by all staff, clients and stakeholders.

Serving our nation is our pride.



IV. LIST OF SERVICES

Central/Head Office

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Issuance of Department of Health Permit to Construct (DOH-PTC)

Issuance of Initial License to Operate/Certificate of Accreditation/ Authority to Operate/Certificate of Registration of a Regulated Health Facility

Issuance of Renewal License to Operate/ Authority to Operate/ Certificate of Accreditation/Certificate of Registration of a Regulated Health Facility

Issuance of Accreditation of Drug Rehabilitation Practitioners

Authentication of Pre-Employment Medical Examination Certificate (PEME)

Issuance of Certificate that the health facility is duly licensed/accredited by the DOH

Issuance of Endorsement Letter to Securities and Exchange Commission (SEC)

Issuance of Permit for Remote Collection of a Regulated Health Facility



Issuance of Certificate of Recognition for Laboratory Drinking
Water Analysis for Dialysis Water

Handling of Complaints against Department of Health
Regulated Hospitals and other Health Facilities



19. Issuance of Permit to Construct (PTC)

The Permit to Construct (PTC) is a permit issued by Department of Health through Health Facilities and Services Regulatory Bureau to an applicant who will establish and operate a hospital or other health facility, upon compliance with required documents set forth in Administrative Order No. 2016-0042-A prior to the actual construction of the said facility.

A DOH-PTC is also required for hospital and other health facilities with substantial alteration, expansion, renovation, increase in the number of beds, transfer of site or add services beyond their service capability. It is pre-requisite for License to Operate.

Office or Division:	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)	
Classification:	Highly Technical	
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
A. Letter of intent for new and existing health facility (background and scope of the project)		Requesting party
B. For new health facility: 1. Certificate of Need from the DOH-Regional Office For new Private Hospital - below 100 Authorized Bed Capacity For new Government Hospital - regardless of number of Authorized Bed Capacity applied		hfsrb.doh.gov.ph (downloadable)
2. Proof of Registration of Name of Health Facility		Requesting party
2.1 DTI/SEC Registration including Articles of Incorporation and By- Laws (for private health facility)		Department of Trade and Industry/Securities and Exchange Commission Office
2.2 Enabling Act/ Board Resolution (for government health facility)		National/Local Government Unit
2.3 Cooperative Development Authority Registration including Articles of Cooperation and By-Laws		Cooperative Development Authority
3. Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print 20 x 30) signed and sealed by an Architect/Engineer showing all areas with appropriate scale, dimension and labels demonstrating proper spatial and functional relationships of areas		Requesting party



(refer to Checklist for Review of Floor Plan)				
C. For expansion/renovation of existing health facility:				
1. Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA		Requesting party		
2. Floor Plan indicating proposed change/s (refer to B.3)		Requesting party		
D. Feasibility Study (for non-hospital based dialysis clinic only)		Requesting party		
E. A photocopy of receipt (proof of payment)		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/PACD. Wait to be called at the lobby	1. Give number to the applicant.	None	5 minutes	<i>Guard on Duty/PACD</i> RCED
2. Submit duly accomplished application form and documentary requirements	2.1 Check the documentary requirements/application submitted	None	30 minutes	<i>Licensing Officer</i> RCED
	2.1.1 If complete, prepare appropriate Order of Payment If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office at Building 2 (ground floor)	3.1 Receive the payment	Refer to the Health Facility Schedule of Fees	15 minutes	<i>Cashier</i> Cashier
	3.2 Issue official receipt			
4. Submit copy of OR, application documentary requirements at	4. Receive and logbook/D-Tracking System the	None	15 minutes	<i>Administrative Assistant IV</i> RCED



Bldg. 15,G/F HFSRB Window 4	application/docu mentary requirements and forward to the assigned staff.			
5. Await the approval of application submitted and receive the notification (approval/disap proval). 5.1. if approved, await for the release of Permit to Construct	5.1 Review and Evaluate the submitted floor plan	None	14 days	<i>Division Chief RCED</i>
	5.1.1. If approved, prepare the permit and inform the facility through letter	None	1 day	<i>Administrative Assistant IV RCED</i>
	If disapproved, inform facility through letter stating the reason of disapproval.	None	1 hour	<i>Administrative Assistant IV RCED</i>
	5.2. Approve and sign the permit to construct	None	4 days	<i>Director</i>
6. Receive the approved Permit to Construct	6. Record and release the approved Permit to Construct.	None	30 minutes	<i>Licensing Officer RCED</i>
TOTAL		Refer to the Health Facility Schedule of Fees	19 days, 2 hours, and 35 minutes	



Application for permit to Construct a Health Facility	Permit to Construct Application Fee
1.Ambulatory Surgical Clinic	PHP1,400.00
2.Birthing Home	PHP1,400.00
3.Dialysis Clinic	PHP1,400.00
4.Drug Testing Laboratory (free-standing)	PHP1,000.00
5.Drug Abuse Treatment and Rehabilitation Center (DATRC):	
5.1 DATRC (Residential)	PHP1,000.00
5.2 DATRC (Non-Residential)	PHP1,000.00
5.3 DATRC (Residential with Out-patient)	PHP1,000.00
6.Hospital (Note: If there's an application for additional service like DC in level 1 hospital the cost will be applied to the level of hospital) e.g. DC=1,400.00 but DC is an additional service to the hospital then the cost is equal to PHP2,000.00	
6.1 Hospital Level 1	PHP2,000.00
6.2 Hospital Level 2	PHP2,500.00
6.3 Hospital Level 3	PHP3,000.00
7.Medical Facility for Overseas Workers and Seafarers (MFOWS)	PHP1,500.00
8.Infirmary	PHP1,500.00
9.Psychiatric Care Facility:	
9.1 Psychiatric Care Facility (Custodial)	PHP1,500.00
9.2 Psychiatric Care Facility (Acute Chronic)	PHP1,500.00

Note: Filing of applications and fees for the following facilities will be at the CHD under its jurisdiction.

1. Level 1 hospital
2. Birthing Home
3. Infirmary
4. Psychiatric Care facility
5. PTC under HFEP



20. Issuance of Initial License to Operate/Certificate of Accreditation/ Authority to Operate/Certificate of Registration of a Regulated Health Facility

This procedure starts with the receipt of application to the issuance of LTO/COA/ATO/COR by the HFSRB.

License to Operate (LTO) – a formal authority issued by the DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility. It is a prerequisite for accreditation of a health facility (regulated by BHFS) by any accrediting body recognized by DOH.

Validity of LTO:

Ambulance Service Provider (ASP) – 3 years

Ambulatory Surgical Clinic (ASC) – 3 years

Birthing Home (BH) – 1 year

Blood Center (BC) – 3 years

Clinical Laboratory (CL) – 1 year

COVID-19 Testing Laboratory – 1 year

Dental Laboratories (DL) – 1 year

Dialysis Clinic (DC) – 3 years

Hospital - 1 year

Psychiatric Care Facility (PCF) – 1 year

Certificate of Accreditation (COA) – a formal authorization issued by the HFSRB to an individual, partnership, corporation or association to operate a medical facility for overseas workers and seafarers.

Drug Testing Laboratory (DTL) – 1 year

Drug Treatment Rehabilitation Center (DATRC) – 3 years

Human Stem Cell & Cell-Based or Cellular Therapy – 1 year

Kidney Transplant Facility (KTP) – 3 years

Laboratory for Drinking Water and Analysis (LDWA) – 3 years

Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

Newborn Screening Center NSC) – 3 years

Authority to Operate (ATO) – a formal permit issued to an individual, partnership, corporation or association to a Blood Collection Unit or Blood Station

Blood Collection Unit (BCU) – 3 years

Blood Station (BS) – 3 years

Certificate of Registration – refers to the formal authorization issued by DOH to a special clinical laboratory that are not subject to the provisions of other administrative orders, such as but not limited to, Assisted Reproduction Technology Laboratories, Molecular and Cellular Technology, Molecular Biology, Molecular Pathology, Forensic Pathology, Anatomic Pathology Laboratories operating independently from a clinical laboratory. One-time registration of a clinical laboratory.

For Level 1, Infirmary, BH, BCU, BS, CL, DL (filed at CHD Regional Office)



For Level 2, Level 3 Hospitals, ASP, BC, ASC, Dialysis, DATRC, DTL, LDWA, MFOWS, COR of Special Clinical Laboratory, PCF (filed at DOH, HFSRB, Bldg. 15)

Type of Application	Application Period	Annual Cut-Off Date
Department of Health Permit to Construct (DOH-PTC)	1 st working day of the year to November 15 of the same year	November 15
Certificate of Need (CON)		November 15
Initial: <ul style="list-style-type: none"> • Department of Health-License to Operate (DOH-LTO) • Department of Health-Certificate of Accreditation (DOH-COA) • Authority to Operate (ATO) • Certificate of Registration (COR) 		November 15

Office or Division:	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED))
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Application form1 (for initial & renewal) Application form for COVID-19 Testing Laboratory Application form 2 (for facility with changes, renovation, expansion and alteration)	hfsrb.doh.gov.ph (downloadable)
2. Acknowledgement (notarized)	hfsrb.doh.gov.ph (downloadable)
3. Proof of ownership and Name of Facility: 3.1DTI/SEC/CDA Registration including Articles of Incorporation/Corporation and By-Laws 3.2. Enabling Act/LGU Resolution (for government health facility) <i>(Required for Initial/New Application)</i>	From Department of Trade and Industry (DTI)/ SEC/ CDA National/Local Government Unit where the facility is located
3. Notarized list of personnel, including photocopies of valid	



<p>PRC identification card. (ANNEX A)</p> <p>List of equipment with specifications, reagents, and supplies (ANNEX B)</p> <p>Copy of Certificate of product Registration (CPR) from Food and Drug Administration of all equipment and reagents</p> <p>Technical Procedure Manual or Manual of Operations for COVID-19 Testing</p> <p>(for COVID-19 Testing Lab.)</p>	
<p>4. Additional Requirements for COVID-a9 Testing Lab</p> <p>HFSRB's Assessment Tool for Licensing a COVID-19 testing laboratory (Annex A1)</p> <p>RITM's Laboratory Assessment Tool (Annex B1)</p> <p>RITM's Laboratory Biosafety Assessment Tool (Annex B2)</p> <p>WHO risk Assessment form (Annex C)</p>	
<p>5. Certification that the laboratory passed the Proficiency Testing or the Competency Assessment –issued by RITM (for renewal)</p>	<p>Research Institute of Tropical Medicine (RITM)</p>
<p>6. Application Form for Medical X-ray Facility</p>	<p>www.fda.gov.ph</p>
<p>7. Application Form for Pharmacy</p>	<p>www.fda.gov.ph</p>
<p>8. Accomplished Health Facility Self-Assessment Tool</p>	<p>hfsrb.doh.gov.ph (downloadable)</p>
<p>9. Health Facility Geographic Form (Geographic Coordinates) Required for Initial/New application</p>	<p>hfsrb.doh.gov.ph (downloadable)</p>
<p>10. Approved Permit to Construct (PTC) For Initial/New application Facility with changes, expansion, renovation and alteration (If applicable)</p>	<p>Requesting party</p>



(PTC for COVID-19 Lab) waived cy 2020				
Additional requirements: 11. BSF- Recommendation Letter(RL) signed by the Regional Director		lead Blood Center where the facility is located		
12. Online application thru IDTOMIS (DTL) for Renewal		DOH IDTOMIS website		
13. Proof of payment (COVID-19 Lab. Fee) – waived cy 2020		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/PACD. Wait to be called at the lobby	1. Give number to applicant.	None	5 minutes	<i>Guard on Duty/PACD</i> HFSRB
2. Submit duly accomplished application form and documentary requirements	2.1 Check the documentary requirements/application submitted	None	1 day	<i>Licensing Officer</i> RCED
	2.2. If complete, prepare appropriate Order of Payment If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office at Building 2 (ground floor)	3.1 Receive payment	Refer to Health Facility schedule of fees	15 minutes	<i>Cashier</i> Cashier's Office
	3.2 Issue official receipt			
4. Submit copy of OR, application documentary requirements at	4. Receive application and documentary requirements together with	None	5 minutes	<i>Admin. Asst. IV</i> RCED



the HFSRB Window 4	the copy of the OR			
5. Await the schedule for inspection of health facility	5.1 Receive and logbook/D-Tracking System the application/documentary requirements and forwards to assigned staff.	None	1 day	<i>Admin. Asst. IV</i> RCED
	5.2 Schedule the inspection/evaluation and prepare travel documents (DPO/RPO, Vehicle Request, TEV) and inform the health facility through letter/e-mail	None	5 days	<i>Licensing Officer</i> RCED
	5.3 Travel to the official destination	None	2 days	<i>Licensing Officer</i> RCED
	5.4 Conduct inspection visit.	None	2 days	<i>Licensing Officer</i> RCED
	5.4.1 Provide one (1) photocopy of the assessment tool to the facility			
	6.Wait for the NEQAS Certificate issued by the Research Institute of Tropical Medicine (RITM) that the laboratory has passed the Proficiency Testing or the Competency Assessment			



<p>7. Wait for the issuance of LTO/ATO/COA/COR</p> <p>7.1 If compliant, wait for the issuance of LTO/ATO/COA/COR</p> <p><i>for facility with non-compliance findings:</i></p> <p>7.1.1 submit proof of compliance within 30 calendar days</p>	<p>7.1. Recommend issuance of LTO/ATO/COA/COR</p> <p><i>for facility with non-compliance findings:</i></p> <p>7.2 Notify the facility of the non-compliance and evaluate the submitted compliance documents (if failed to comply within 30 calendar days, denial of application and forfeiture of payment)</p>	None	3 days	<i>Division Chief</i> RCED
	<p>7.3 If compliant, prepare the LTO/ATO/COA/COR</p> <p>If non-compliant, inform the facility the reason of denial of application through letter/e-mail</p>	None	1 day	<i>Division Chief</i> RCED
	7.4. Approve and sign the LTO/ATO/COA/COR	None	4 days	<i>Director</i> HFSRB
	7.5. Forwards to Records Section	None	1 hour	<i>Computer Operator III</i>
8. Receive the approved LTO/ATO/COA/COR	8.1 Record and release the approved LTO/ATO/COA/COR	None	30 minutes	<i>Licensing Officer</i> RCED



TOTAL	Refer to the Health Facility Schedule of Fees	19 days, 1 hour, and 55 minutes	
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Application for LTO	Fees to be Paid	Validity
1.Hospital (Note: no payment of license, registration fee, ancillary services if government, DOH retained owned, but with payment in ancillary service if non-DOH retained owned)		
1.1 Level 1 Hospital	PHP6,500.00	1 year
1.1.1 Registration Fee (for new hospital)	PHP200.00	One-time
1.1.1 Blood Station-required	PHP1,400.00	1 year
1.1.2 Blood Collection Unit (If offered as additional service)	PHP1,500.00	1 year
1.1.3 Blood Collection Unit and Blood Station	PHP1,500.00	1 year
1.1.4 Clinical Laboratory (secondary category)- required	PHP2,500.00	1 year
1.1.5 X-ray (c/o FDA)		
1.1.6 Pharmacy (c/o FDA)		
1.2. Level 2 Hospital	PHP8,500.00	
1.2.1 Registration Fee (for new hospital)	PHP200.00	One-time
1.2.1 Blood Station-required	PHP1,400.00	1 year
1.2.2 Blood Collection Unit (if offered as additional service)	PHP1,500.00	1 year
1.2.3 Blood Collection Unit and Blood Station	PHP1,500.00	1 year
1.2.4 Clinical Laboratory (tertiary category)- required	PHP3,000.00	1 year
1.2.5 X-ray (c/o FDA)		
1.2.6 Pharmacy (c/o FDA)		
1.3 Level 3 Hospital	PHP10,500.00	
1.3.1 Registration Fee (for new hospital)	PHP200.00	One-time
1.3.1 Blood Bank - required	PHP5,000.00	1 year
1.3.2 Blood Bank with additional function (if offered as additional service)	Php5,000.00	1 year
1.3.3 Clinical Laboratory (tertiary category)-required	PHP3,000.00	1 year
1.3.4 Dialysis Clinic (Note: no renewal fee if owned by the hospital)-required	PHP3,000.00	1 year
1.3.5 X-ray (c/o FDA)		
1.3.6 Pharmacy (c/o FDA)		
2. Ambulatory Surgical Clinic (ASC) [Note: no renewal fee if owned by the hospital]		
2.1 One-Stop Shop Non-hospital based ASC	PHP14,000.00	3 years
2.2 Hospital-based ASC	PHP4,000.00	1 year
2.3 Free-Standing ASC	PHP14,000.00	3 years
3. Dialysis Clinic (DC)		
3.1 One-Stop Shop Non-Hospital based DC	PHP9,500.00	3 years
3.2 Hospital-based DC	PHP3,000.00	1 year
3.3 Free-Standing DC	PHP9,500.00	3 years
4. Ambulance Service Provider		
4.1 Ambulance Service Provider- Hospital Based	PHP5,000.00	1 year
4.2 Ambulance Unit-hospital based per vehicle	PHP1,000.00	1 year
4.3 Ambulance Service Provider – free standing	PHP15,000.00	3 years
4.4 Ambulance Unit- free standing	PHP3,000.00	3 years
Application for LTO	Fees to be Paid	



5. Blood Center	PHP5,000.00	3 years
6.a. General Clinical Laboratory-non-hospital based		
6.a.1 Primary	PHP2,500.00	1 year
6.a.2 Secondary	PHP3,000.00	1 year
6.a.3 Tertiary	PHP3,500.00	1 year
6.a.4 Limited	PHP2,500.00	1 year
6.b. General Clinical Laboratory one-stop shop non-hospital based		1 year
6.b.1 Primary	PHP7,500.00	3 years
6.b.2 Secondary	PHP9,000.00	3 years
6.b.3 Tertiary	PHP10,500.00	3 years
6.b.4 Limited	PHP7,500.00	3 years
7. HIV Testing Laboratory (included in the clinical laboratory)		
7.1 Add-on service G6PD confirmatory lab.		
7.2 Add-on service RHIVDA		
Registration (if new)	PHP200.00	One-time
Note: BCU,BS,BB- no renewal fee if with Clinical Laboratory		
8. Dental Laboratory		
8.1 Registration Fee	PHP200.00	One-time
8.2 Removable Prosthesis Services:		
8.3 Removable partial dentures with metal framework (without casting)	PHP1,500.00	1 year
8.4 Special removable appliances (without casting)	PHP1,500.00	
8.5 Removable partial dentures with metal framework	PHP2,000.00	1 year
Special removable appliances	PHP2,000.00	1 year
Fixed Prosthesis Services:		
8.6 Crown and Bridge without metal alloy substructure – metal free	PHP1,000.00	
Crowns and bridges with ceramics, composites or resins	PHP1,500.00	
8.7 Crown and Bridge with metal alloy substructure fabrication –	PHP1,500.00	
Ceramics or resins fused to metal, or purely metal alloy (without casting)	PHP2,000.00	
-Special Fixed Prosthesis (without casting)		
-Crown and Bridge with metal alloy structure fabrication		
Ceramics or resins fused to metal, or purely metal alloy		
-Special Fixed Prosthesis		
Removable and Fixed Prosthesis Services		
Limited Services	PHP1,000.00	3 years
Removable and Fixed Prosthesis Services		
Limited Services	PHP1,000.00	3 years
Application for LTO		Fees to be Paid
9. Birthing Home	PHP4,500.00	1 year
9.1 Registration Fee (for new)	PHP200.00	One-time
10. Infirmary	PHP6,000.00	1 year



10.1Registration Fee (for New)	PHP200.00	One-time
11.Psychiatric Care Facility		
11.1Registration Fee	PHP200.00	One-time
11.2Psychiatric Care Facility (Custodial)	PHP6,000.00	1 year
11.3Psychiatric Care Facility (Acute Chronic)	PHP7,500.00	1 year
Application for Certificate of Accreditation		
12.Drug Testing Laboratory-Screening	PHP5,000	1 year
12.1Drug Testing Laboratory-Confirmatory	PHP10,000.00	2 years
12.2Cash Bond	PHP20,000.00	One-time
13.Drug Abuse Treatment and Rehabilitation Center (Note: No fee if government DOH retained owned)		
13.1Drug Abuse Treatment and Rehabilitation Center (Residential)	PHP14,000.00	3 years
13.2Drug Abuse Treatment and Rehabilitation Center (Non-Residential)	PHP6,000.00	3 years
13.3Drug Abuse Treatment and Rehabilitation Center (Residential with Out-patient)	PHP15,000.00	3 years
13.4Cash Bond	PHP30,000.00	One-time
14.Human Stem Cell and Cell Based or Cellular Therapy Facility	PHP38,000.00	3 years
15.Kidney Transplant Facility (hospital-based only)	PHP38,000.00	3 years
16.Laboratory for Drinking Water Analysis (no renewal payment if with Clinical Laboratory)	PHP5,000.00	3 years
17.Medical Facility for Overseas Workers and Seafarers	PHP13,500.00	3 years
17.1Cash Bond	PHP100,000.00	One-time
18.Newborn Screening Center	PHP8,500.00	3 years
Application for Certificate of Registration:		
19.Special Clinical Laboratory	PHP200.00	One-time
Application for Certificate of Recognition as Laboratory for Dialysis Water	PHP5,000.00	3 years
Note :10% discount for renewal of application received from the first day of October to the last day of November of the last year of validity of the LTO/COA		



22. Issuance of Renewal License to Operate/ Authority to Operate/ Certificate of Accreditation/Certificate of Registration of a Regulated Health Facility

This procedure starts with the receipt of application for renewal to the issuance of LTO/ ATO/COA /COR by the HFSRB.

License to Operate (LTO) – a formal authority issued by the DOH to an individual, agency, partnership or corporation to operate a hospital or other health facility. It is a prerequisite for accreditation of a health facility (regulated by BHFS) by any accrediting body recognized by DOH.

Validity of LTO:

Ambulance Service Provider (ASP) – 3 years

Ambulatory Surgical Clinic (ASC) – 3 years

Birthing Home (BH) – 1 year

Blood Center (BC) – 3 years

Clinical Laboratory (CL) – 1 year

COVID-19 Testing Laboratory – 1 year

Dental Laboratories (DL) – 1 year

Dialysis Clinic (DC) – 3 years

Hospital- 1 year

Infirmery – 1 year

Psychiatric Care Facility (PCF) – 1 year

Certificate of Accreditation (COA) – a formal authorization issued by the HFSRB to an individual, partnership, corporation or association to operate a medical facility for overseas workers and seafarers.

Drug Testing Laboratory (DTL) – 1 year

Drug Treatment Rehabilitation Center (DATRC) – 3 years

Human StemCell & Cell-Based or Cellular Therapy – 1 year

Kidney Transplant Facility (KTP) – 3 years

Laboratory for Drinking Water and Analysis (LDWA) – 3 years

Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

Newborn Screening Center NSC) – 3 years

Authority to Operate (ATO) – It is a formal permit issued by the DOH-CHD to an individual, partnership, corporation or association to a BCU/BS.

Blood Collection Unit (BCU) – 3 years

Blood Station (BS) – 3 years

Certificate of Registration – refers to the formal authorization issued by DOH to a special clinical laboratory that are not subject to the provisions of other administrative orders, such as but not limited to, Assisted Reproduction Technology Laboratories, Molecular and Cellular Technology, Molecular Biology, Molecular Pathology, Forensic Pathology, Anatomic Pathology Laboratories operating independently from a clinical laboratory. One-time registration of a clinical laboratory.

For Level 1, Infirmery, BH, BCU, BS, BCU/BS, CL, DL (filed at CHD Regional Office)



For Level 2, Level 3 Hospitals, ASP, BC, ASC, Dialysis, DATRC, DTL, LDWA, MFOWS, COR, PCF (filed at DOH, HFSRB, Bldg. 15)

Type of Application	Renewal Period	Annual Cut-Off Date
Renewal: <ul style="list-style-type: none"> • DOH-LTO • DOH-COA • ATO 	October 1- December 15	December 15

For EXPIRED authorizations:

Length of Expiry	Sanction	Remarks
Less than or equal to three months (≤ 3 months) expired	Penalty: 100% surcharge and Gap in the Validity of the authorization	For processing as renewal
More than three months ($>$ months) expired	None	For processing as initial Application for DOH-PTC, DOH LTO/DOH-COA shall be required.

Office or Division:	Health Facilities and Services Regulatory Bureau – RCED
Classification:	Highly Technical
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government
Who may avail:	All

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
1. Application form1 (for initial & renewal) Application form for License to Operate COVID-19 Testing Laboratory Application form 2 (for facility with changes, renovation, expansion and alteration)	hfsrb.doh.gov.ph (downloadable)
2. Acknowledgement (notarized)	hfsrb.doh.gov.ph (downloadable)
3. Proof of ownership and Name of Facility: 3.1. DTI/SEC/CDA Registration including Articles of Incorporation/Corporation and By-Laws 3.2. Enabling Act/LGU Resolution (for government health facility) Required for Initial/New Application	Department of Trade and Industry (DTI), Securities and Exchange Commission (SEC), Cooperative Development Authority (CDA) Local Government Unit where the facility is located



<p>4. Notarized list of personnel, including photocopies of valid PRC identification card. (ANNEX A)</p> <p>List of equipment with specifications, reagents, and supplies (ANNEX B)</p> <p>Copy of Certificate of product Registration (CPR) from Food and Drug Administration of all equipment and reagents</p> <p>Technical Procedure Manual or Manual of Operations for COVID-19 Testing</p>	
<p>5. Additional Requirements for COVID-a9 Testing Lab</p> <p>HFSRB's Assessment Tool for Licensing a COVID-19 testing laboratory (Annex A1)</p> <p>RITM's Laboratory Assessment Tool (Annex B1)</p> <p>RITM's Laboratory Biosafety Assessment Tool (Annex B2)</p> <p>WHO risk Assessment form (Annex C)</p>	
<p>6. Certification that the laboratory passed the Proficiency Testing or the Competency Assessment</p>	<p>Research Institute of Tropical Medicine (RITM)</p>
<p>7. Application Form for Medical X-ray Facility (If applicable)</p>	<p>www.fda.gov.ph</p>
<p>8. Application Form for Pharmacy (if applicable)</p>	<p>www.fda.gov.ph</p>
<p>9. Accomplished Health Facility Self-Assessment Tool</p>	<p>hfsrb.doh.gov.ph (downloadable)</p>
<p>10. Health Facility Geographic Form (Geographic Coordinates) Required for Initial/New application</p>	<p>hfsrb.doh.gov.ph (downloadable)</p>
<p>11. Approved Permit to Construct (PTC) For Initial/New application Facility with changes, expansion, renovation and alteration (If applicable) (PTC for COVID-19 Lab.) –waived cy 2020</p>	<p>From the applicant</p>



<p>12. Additional requirements: External Quality Assessment Program (EQAP)</p> <p>For clinical laboratory- certificate of Participation of the Laboratory administered by the NRLs</p> <p>Primary Clinical Laboratory- Clinical Microscopy, Hematology, Parasitology</p> <p>Secondary Clinical laboratory- Clinical Microscopy, Hematology, Clinical Chemistry, Serology/Immunology</p> <p>Tertiary Clinical Laboratory- Clinical Microscopy, Hematology, Clinical Chemistry, Serology/ Immunology, Parasitology, Microbiology</p> <p>For DTL- Proficiency Test Result (passed)</p> <p>For LDWA- Proficiency Test Result (passed)</p>		From the applicant		
13. One (1) photocopy of official receipt		From the applicant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/PAD Wait to be called at the lobby	1. Give number to applicant.	None	5 minutes	<i>Guard on Duty</i> HFSRB
2. Submit duly accomplished application form and documentary requirements	2.1 Checks the documentary requirements/a pplication submitted 2.2. If complete, prepare appropriate Order of Payment.	None	1 hour	<i>Licensing Officer</i> RCED



	If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1. Receive payment 3.2 Issue official receipt	Health Facility Schedule of Fees	15 minutes	Cashier Cashier's Office
4. Submit copy of OR, application documentary requirements at the Bldg. 15,G/F Window 4	4. Receive application and documentary requirements together with the copy of the OR	None	5 minutes	Administrative Assistant IV RCED
5. Await the schedule for	5.1 Receive and logbook/D-Tracking System the application/documentary requirements and forwards to assigned staff.	None	1 day	Administrative Assistant IV RCED
	5.2 Schedule the inspection (announced) monitoring (unannounced) evaluation and prepares travel documents (DPO/RPO, Vehicle Request, TEV) (facility owner is not informed)	None	5 days	Licensing Officer RCED



	5.3 Travel to the facility	None	2 days	Licensing Officer RCED
	5.4. Conducts inspection 5.5 Provide one (1) photocopy of the assessment tool to the facility	None	2 days	Licensing Officer RCED
6. Wait for the issuance of LTO/ATO/COA/COR 6.1. If compliant, wait for the issuance of LTO/ATO/COA/COR <i>for facility with non-compliance findings:</i> 6.1.1 submit proof of compliance within 30 calendar days	6.1. Recommend issuance of LTO/ATO/COA/COR <i>for facility with non-compliance findings:</i> 6.1.1 Notify the facility of the non-compliance and evaluate the submitted compliance documents (if failed to comply within 30 calendar days, denial of application and forfeiture of payment)	None	3 days	Division Chief RCED
	6.2. If compliant, prepare the LTO/ATO/COA/COR If non-compliant, inform the facility the reason of denial of application through letter/e-mail	None	1 day	Division Chief RCED



	6.3. Approve and sign the LTO/ATO/COA/COR	None	3 days	<i>Director HFSRB</i>
	6.4. Forwards to Records Section	None	1 hour	<i>Computer Operator III HFSRB</i>
7. Receive the approved LTO/ATO/COA/COR	7. Record and release the approved LTO/ATO/COA/COR	None	30 minutes	<i>Licensing Officer RCED</i>
TOTAL		Refer to the Health Facility Schedule of Fees	19 days, 1 hour, and 55 minutes	



Schedule of Fees

Application for LTO	Fees to be Paid	10% Discount	Validity
1.Hospital (Note: no payment of license, registration fee, ancillary services if government, DOH retained owned, but with payment in ancillary service if non-DOH retained owned)			
1.1 Level 1 Hospital	PHP6,000.00	PHP5,400.00	1 year
1.1.1 Registration Fee (for new hospital)	PHP200.00		One-time
1.1.1 Blood Station-required	None		1 year
1.1.2 Blood Collection Unit (If offered as additional service)	None		1 year
1.1.3 Blood Collection Unit and Blood Station	None		1 year
1.1.4 Clinical Laboratory (secondary category)- required	PHP2,000.00	PHP1,800.00	1 year
1.1.5 X-ray (c/o FDA)			
1.1.6 Pharmacy (c/o FDA)			
1.2. Level 2 Hospital			
1.2.1 Registration Fee (for new hospital)	PHP200.00		One-time
1.2.1 Blood Station-required	None		1 year
1.2.2 Blood Collection Unit (if offered as additional service)	None		1 year
1.2.3 Blood Collection Unit and Blood Station	None		1 year
1.2.4 Clinical Laboratory (tertiary category)- required	PHP2,500.00	PHP2,250.00	1 year
1.2.5 X-ray (c/o FDA)			
1.2.6 Pharmacy (c/o FDA)			
1.3 Level 3 Hospital			
1.3.1 Registration Fee (for new hospital)	PHP200.00		One-time
1.3.1 Blood Bank - required	None		1 year
1.3.2 Blood Bank with additional function (if offered as additional service)	None		1 year
1.3.3 Clinical Laboratory (tertiary category)-required	PHP2,500.00	PHP2,250.00	1 year
1.3.4 Dialysis Clinic (Note: no renewal fee if owned by the hospital)-required	PHP3,000.00	PHP2,700.00	1 year
1.3.5 X-ray (c/o FDA)			
1.3.6 Pharmacy (c/o FDA)			



2.Ambulatory Surgical Clinic (ASC) [Note: no renewal fee if owned by the hospital]			
2.1One-Stop Shop Non-hospital based ASC	PHP14,000.00	PHP12,600.00	3 years
2.2Hospital-based ASC	PHP4,000.00	PHP3,600.00	1 year
2.3Free-Standing ASC	PHP14,000.00	PHP12,600	3 years
3.Dialysis Clinic (DC)			
3.1One-Stop Shop Non-Hospital based DC	PHP9,500.00	PHP8,550.00	3 years
3.2Hospital-based DC	PHP3,000.00	PHP2,700.00	1 year
3.3Free-Standing DC	PHP9,500.00	PHP8,550.00	3 years
4.Ambulance Service Provider			
4.1Ambulance Service Provider	PHP5,000.00	None	1 year
4.2Ambulance Unit-hospital based per vehicle	PHP1,000.00	None	1 year
4.3Ambulance Service Provider – free standing	PHP15,000.00	None	3 years
Application for LTO	Fees to be Paid		
5.Blood Center	PHP5,000.00	PHP4,500.00	3 years
6.a.General Clinical Laboratory-non-hospital based			
6.a.1Primary	PHP2,000.00	PHP1,800.00	1 year
6.a.2Secondary	PHP2,500.00	PHP2,250.00	1 year
6.a.3Tertiary	PHP3,000.00	PHP2,700.00	1 year
6.a.4Limited	PHP2,500	PHP2,250.00	1 year
6.b.General Clinical Laboratory one-stop shop non-hospital based			1 year
6.b.1Primary	PHP6,000.00	PHP5,400.00	3 years
6.b.2Secondary	PHP7,500.00	PHP6,750.00	3 years
6.b.3Tertiary	PHP9,000.00	PHP8,100.00	3 years
6.b.4Limited	PHP6,000.00	PHP5,400.00	3 years
7.HIV Testing Laboratory (included in the clinical laboratory)			
7.1Add-on service G6PD confirmatory lab.			
7.2Add-on service RHIVDA			
Registration (if new)	PHP200.00		One-time
Note: BCU,BS,BB- no renewal fee if with Clinical Laboratory			
8.Dental Laboratory			
8.1Registration Fee	PHP200.00		One-time



8.2 Removable Prosthesis Services:	PHP1,000.00		
8.3 Removable partial dentures with metal framework (without casting)	PHP1,500.00		1 year
8.4 Special removable appliances (without casting)	PHP1,500.00		
8.5 Removable partial dentures with metal framework	PHP2,000.00		1 year
Special removable appliances	PHP2,000.00		1 year
Fixed Prosthesis Services:			
8.6 Crown and Bridge without metal alloy substructure – metal free Crowns and bridges with ceramics, composites or resins	PHP1,000.00 PHP1,500.00		
8.7 Crown and Bridge with metal alloy substructure fabrication – Ceramics or resins fused to metal, or purely metal alloy (without casting) -Special Fixed Prosthesis (without casting) -Crown and Bridge with metal alloy structure fabrication Ceramics or resins fused to metal, or purely metal alloy -Special Fixed Prosthesis	PHP1,500.00 PHP2,000.00		
Removable and Fixed Prosthesis Services	PHP2,500.00		
Limited Services	PHP1,000.00		3 years
Application for LTO	Fees to be Paid		
9. Birthing Home	PHP3,000.00	PHP2,700.00	1 year
9.1 Registration Fee (for new)	PHP200.00		One-time
10. Infirmery	PHP5,500.00	PHP4,950.00	1 year
10.1 Registration Fee (for New)	PHP200.00		One-time
11. Psychiatric Care Facility			
11.1 Registration Fee	PHP200.00		One-time
11.2 Psychiatric Care Facility (Custodial)	PHP4,000.00	PHP3,600.00	1 year
11.3 Psychiatric Care Facility (Acute Chronic)	PHP5,500.00	PHP4,950.00	1 year
Application for Certificate of Accreditation			



12. Drug Testing Laboratory-Screening	PHP5,000	No Discount	1 year
12.1 Drug Testing Laboratory-Confirmatory	PHP10,000.00	No Discount	2 years
12.2 Cash Bond	PHP20,000.00	None	One-time
13. Drug Abuse Treatment and Rehabilitation Center (Note: No fee if government DOH retained owned)			
13.1 Drug Abuse Treatment and Rehabilitation Center (Residential)	PHP14,000.00	PHP12,600.00	3 years
13.2 Drug Abuse Treatment and Rehabilitation Center (Non-Residential)	PHP6,000.00	PHP5,400.00	3 years
13.3 Drug Abuse Treatment and Rehabilitation Center (Residential with Out-patient)	PHP15,000.00	PHP13,500.00	3 years
13.4 Cash Bond	PHP30,000.00	None	One-time
14. Human Stem Cell and Cell Based or Cellular Therapy Facility	PHP38,000.00	PHP34,200.00	3 years
15. Kidney Transplant Facility (hospital-based only)	PHP38,000.00	PHP34,200.00	3 years
16. Laboratory for Drinking Water Analysis (no renewal payment if with Clinical Laboratory)	PHP5,000.00	PHP4,500.00	3 years
17. Medical Facility for Overseas Workers and Seafarers	PHP13,500.00	PHP12,150.00	3 years
17.1 Cash Bond	PHP100,000.00	One-time	One-time
18. Newborn Screening Center	PHP8,500.00	PHP7,650.00	3 years
Application for Certificate of Registration:			
19. Special Clinical Laboratory	PHP200.00	None	One-time
Application for Certificate of Recognition as Laboratory for Dialysis Water	PHP5,000.00	None	3 years
<p>Note :10% discount for renewal of application received from the first day of October to the last day of November of the last year of validity of the LTO/COA</p>			



21. Issuance of Permit for Remote Collection of a Regulated Health Facility

Permit for Remote Collection – is a permit issued by the HFSRB to a DOH-accredited drug testing laboratory to collect urine specimen at a temporary/remote facility with 20 or more clients/donor. Permit is valid for two (2) weeks.

Collection site should be located within a 100 km radius from the address of the applicant laboratory

Permit shall be posted in a conspicuous area within the laboratory and temporary facility located at a remote site.

Office or Division:	Health Facilities and Services Regulatory Bureau - Regulatory Compliance and Enforcement Division (RCED)	
Classification:	Complex	
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All DOH-Accredited Drug Testing Laboratories	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
1. Letter of request to conduct remote collection containing the following information: (date, time, venue of collection and estimated numbers of donors/clients/subjects) Additional requirements: For Clinical Lab. – to include the ff.: 1.1 Letter request, signed by the Head of Clinical Laboratory 1.2. Name of the facility with DOH-LTO number 1.3. Address of Facility, Specimen to be collected	Requesting party	
2. Notarized MOA/contract between the contracting parties.	Company where the drug testing laboratory will conduct remote collection	
3. List of authorized personnel employed at the laboratory designated for remote collection.(for Drug Testing Laboratory)	Template of list of personnel for DTL posted in the hfsrb.doh.gov.ph (downloadable)	
4. Operational procedures for remote collection and transport (collection, transport, handling)	Requesting party	



<p>in accordance with DOH MANOPS for drug testing.</p> <p>Technical or operational procedures for remote collection including specimen handling and transportation. (for Clinical Laboratory)</p>				
<p>5. List of supplies, transport, materials e.g. ice chest</p> <p>List of laboratory supplies /equipment to be used during remote collection including the transport materials. (for Clinical Laboratory)</p>		Requesting party		
<p>6. One photocopy of official receipt</p>		Requesting party		
<p>7. Online application through the IDTOMIS</p>		Requesting party		
<p>Specific Condition for RCO of DTL:</p> <p>Permit Not Required</p> <p>For vehicular accident</p>		Not applicable		
<p>Cases of crime scene, post-accident, and critically ill/disabled patients.</p>		Not applicable		
<p>In cases of reasonable/suspicious cause involving less than 20 clients/subject/donor, a PRC-DTS is NOT required PROVIDED that the drug testing laboratory shall submit to BHFS/CHD documents from the requesting party justifying the reason for collection within 48 hours after the procedure.</p>		Not applicable		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Get a number at the guard on duty/PACD. Wait to be called at the lobby</p>	<p>1. Give number to applicant.</p>	None	5 minutes	<i>Guard on Duty/PAD</i> HSRB
<p>2. Submit hard copy of documents</p>	<p>2.1 Check and evaluate the documentary</p>	None	1 day	<i>Licensing Officer</i> RCED



together with the printed order of payment. (Online application is required prior to submission of hard copy). Applicant may apply 7 days prior to scheduled date or earlier.	requirements/application submitted 2.2. If complete, prepare appropriate Order of Payment If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building No. 2 (Ground Floor)	3.1. Receive Payment 3.2. Issue Official Receipt	PHP500/ application	15 minutes	Cashier Cashier's Office
4. Submit copy of OR, application documentary requirements at the Bldg. 15, G/F HFSRB Window 4	4. Receive and logbook/D-Tracking System the application/documentary requirements and forwards to assigned staff.	None	30 minutes	Administrative Assistant IV HFSRB
5. Wait the issuance of the approved permit	5.1. Recommend processing of (RCP)	None	1 hour	Licensing Officer RCED
	5.2. Prepare permit for RCP	None	1 day	Administrative Assistant III HFSRB
	5.3. Approve and sign the permit	None	4 days	Division Chief RCED
	5.4. Forward to Records Section	None	1 hour	Administrative Assistant RCED



6.Receive the approved RCP	6. Record and release the approved permit	None	15 minutes	<i>Licensing Officer RCED</i>
TOTAL		PHP500/ applicati on	6 days, 3 hours and 5 minutes	



Authentication of Pre-Employment Medical Examination Certificate (PEME)

This Office evaluate the authenticity of PEME Certificate issued by the Medical Facility for Overseas Workers and Seafarers.

Office or Division:	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)			
Classification:	Simple			
Type of Transaction:	G2B – Government to Business; and G2G – Government to Government			
Who may avail:	OFW applicants			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Pre-employment medical examination- completely filled-out (1 original copy and 1 photocopy) (PEME Certificate shall be submitted by the liaison officer of the clinic)		MFOWS who conducted the medical examination		
B. HIV certificate (1 original copy and 1 photocopy)		MFOWS who conducted the medical examination		
C. Letter request for authentication from the accredited MFOWS that conducted the PEME		MFOWS who conducted the medical examination		
D. One photo copy of Official Receipt		MFOWS liaison officer		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/Wait to be called at the lobby (If walk-in applicant) (Bldg. 15,G/F)	1. Give number to applicant.	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
2. Submit PEME Certificate and other documentary requirements	2.1 Check the completeness and authenticity of the documents 2.2. If complete, prepare appropriate Order of Payment.	None	1 hour	<i>Licensing Officer</i> RCED



	If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1. Receive payment	PHP50.00/ PEME Cert.	15 minutes	<i>Cashier</i> Cashier's Office
	3.2 Issue official receipt	PHP50.00/ HIV Cert		
	3.3. Receive the payment and enter/logs relevant information in the log sheet for authentication.	None	30 minutes	<i>Cashier</i> Cashier's Office
4. Await release of authenticated documents	4.1. Stamp at the back of the documents "authenticated".	None	15 minutes	<i>Licensing Officer</i> RCED
	4.2. Approve and sign the "stamped" PEME Certificate	None	2 days	<i>Division Chief</i> RCED
5. Receive the authenticated documents	5. Release the authenticated PEME Certificate	None	1 hour	<i>Licensing Officer</i> RCED
TOTAL		PHP50.00 / PEME Cert. PHP50.00 / HIV Cert	2 days, 3 hours and 5 minutes	



Issuance of Certification as Registered Health Facility

This certification shows that the health facility is duly licensed or accredited by the DOH.

Office or Division:	Health Facilities and Services Regulatory Bureau – Office of the Director (Administrative Service – Records Unit)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Duly accomplished Request Form		HFSRB receiving/releasing Window		
B. Copy of issued medical certificate indicating the name of requesting client using the letterhead of the health facility is accepted (when the certification is submitted to other government agencies). (if applicable)		Requesting party/authorized representative		
C. Issued Order of Payment		HFSRB		
D. Duly signed authorization letter from the requesting client		Requesting party/authorized representative		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/Wait to be called at the lobby (If walk-in applicant) (Bldg. 15,G/F) Applicant may send request letter through e- mail at hfsrb@doh.gov.ph	1. Give number to the requesting party	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
2. Submit duly accomplished Request Form and documentary requirements	2.1 Check the documentary requirements and request form submitted. 2.2. If complete, prepare appropriate	None	1 hour	<i>Administrative Assistant</i>



	Order of Payment. If incomplete, return the documents to applicant for completion			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1. Receive payment 3.2 Issue official receipt	PHP50.00/request	15 minutes	<i>Cashier</i> Cashier's Office
4. Submit copy of OR, accomplished request form and documentary requirements	4. Receive and logbook the accomplished Request Form and prepare certification.	None	2 hours	<i>Administrative Assistant</i>
5. Await release of certification.	5. Approve and sign the Certification	None	1 day	Licensing Officer
6. Receive the Certification	6. Record release the Certification	None	1 day	Licensing Officer
TOTAL		PHP50.00/request	2 days, 4 hours and 20 minutes	



Issuance of Endorsement Letter to Securities and Exchange Commission (SEC)

Favorable DOH endorsement letter based on SEC requirement.

Office or Division:	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Letter of intent from the corporate President/Chairman of the Board address to the HFSRB Director signed by one of the board member		Requesting party		
B. Signed and Notarized Articles of Incorporation and By-Laws		Requesting party		
C. Authorization Letter signed by one of the board member (if applicant is a representative)		Board Member of the requesting company		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/Wait to be called at the lobby	1. Give number to the requesting party	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
2. Submit documentary requirements for endorsement to SEC	2.1 Check the documentary requirements and request form submitted. If incomplete/incorrect, return the documents to applicant for completion	None	15 minutes	<i>Administrative Assistant VI</i> RCED
	2.2. If complete, receive and record in the	None	1 day	<i>Administrative Assistant VI</i> RCED



	logbook and forward to assigned staff/process owner.			
3. Await release of Endorsement Letter	3.1. Receive the document, record in the log book.	None	1 hour	<i>Administrative Assistant VI</i> RCED
	3.2. Forward documents to the Division Chief review.			
	3.3. Prepare letter of endorsement If disapproved, notify applicant through letter/email			
	3.4. Approve/sign the letter of endorsement to SEC	None	1 day	<i>Division Chief</i> RCED
	3.5. Forward to Records Section	None	1 hour	<i>Administrative Assistant VI</i> RCED
4. Receive the endorsement letter to SEC	4. Record and release the endorsement letter	None	15 Minutes	<i>Licensing Officer</i> RCED
TOTAL		None	2 days, 2 hours and 35 minutes	



Issuance of Certificate of Recognition of Laboratory Dialysis Water Analysis

Certificate of Recognition – refers to a document that the health facility is duly recognized by the DOH as a laboratory for Chemical Analysis for Dialysis Water.

Validity – 3 years

Office or Division:	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
A. Application Form 1 (initial)		HFSRB window 4		
B. Copy of valid Certificate of Accreditation for Laboratory Drinking Water Analysis for Physical and Chemical		Requesting party/authorized representative		
C. Print out of test results of chemicals for dialysis water for method validations		Requesting party		
D. Annex A and Annex B of Assessment tool		HFSRB		
E. Issued Order of Payment		HFSRB		
F. One (1) photocopy of Official Receipt		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/Wait to be called at the lobby (If walk-in client) (Bldg. 15, G/F)	1. Give number to the requesting party	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
2. Submit duly accomplished Application Form and documentary requirements	2.1 Check the documentary requirements and request form submitted. If incomplete/incorrect, return the documents to applicant for completion 2.2. If complete, prepare appropriate	None	1 hour	<i>Licensing Officer</i> RCED



	Order of Payment			
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office located at Building 2, Ground Floor	3.1. Receive payment 3.2 Issue official receipt	PHP5,000.00/application	15 minutes	Cashier Cashier's Office
4. Submit copy of OR, accomplished request form and documentary requirements	4. Receive and logbook the accomplished Request Form and print out of method validation	None	2 hours	Licensing Officer RCED
5. Await release of certification.	5. Forward copy of application and the print out of results of chemicals for dialysis water for method validation to National Reference Laboratory (NRL), East Ave, Quezon City for evaluation.	None	1 day Paused-clock	Licensing Officer RCED
6. If method validation is not acceptable, applicant submits required documents to NRL	6.1 If method validation is acceptable NRL will endorse to HSFSRB the application for issuance of Certificate of Recognition (COR)			Chemist
	6.2 If not acceptable, submit compliance as required by the NRL			
	6.3 Prepare certificate of Recognition	None	1 hour	Division Chief RCED
	6.4. Approve	None	3 days	Director IV



	and sign COR			Office of the Director IV
	6.5. Forward to Records Section	None	1 hour	<i>Computer Operator III</i> RCED
7. Receive the Certificate of Recognition	7. Record release the COR letter	None	1 day	<i>Licensing Officer</i> RCED
TOTAL		PHP5,000.00/application	5 days, 5 hours and 20 minutes (30 days paused clock)	



Handling of Complaints against Department of Health Regulated Hospitals and other Health Facilities

Handling of Complaints – to act on a document containing an allegation or a statement of dissatisfaction against a person, natural or juridical which may be hospital or any other health facility, for the latter’s violation which could serve as future references for decision making, policy formulation and system improvement.

Delegation of Authority to Handle Specific Complaints to the Regional Office – Regulation, Licensing and Enforcement Division (RLED):

The following are delegated to the RLED of the DOH Regional Offices, regardless of the level of hospital:

1. Non-release of death certificates
2. Non-release of cadaver
3. Non-release of treatment records
4. Poor hospital services
5. Overcharging of Fees
6. Hospital deposit
7. Drug-test related complaints

Office or Division:	Health Facilities and Services Regulatory Bureau – Complaint and Action Unit (CAU)	
Classification:	Highly Technical	
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All	
	CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
	1. Accomplished complaint form	HFSRB website hfsrb.doh.gov.ph (downloadable)
	2. Proof / evidences if applicable (e.g. proof of receipt – for OFW and Blood Service)	Complainant
	3. Repatriated OFW the following should be submitted: 3.1 Passport (exit visa); 3.2 Boarding Pass; 3.2 Medical certificate (with English translation) detailing the cause of repatriation; 3.3 Pertinent documents the repatriated worker may have in his/her possession	Complainant



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/PACD. Wait to be called at the lobby	1. Receive the complaint	None	5 minutes	<i>Guard on Duty/PAD HFSRB</i>
2. Submit duly accomplished complaint form to Bldg. 15, G/F HFSRB Window 4 Client may also email their complaint through hfsrb@doh.gov.ph	2. Check the documentary requirements and complaint submitted.	None	15 minutes	<i>Administrative Assistant III CAU</i>
3. Await the copy of the response letter from the respondent	3.1. Evaluate the complaint as to jurisdiction	None	2 days	<i>Licensing Officer</i>
3.1. Submit comments/position relative to the response of the respondent within three (3) days upon receipt thereon. Note: If the complainant failed to respond three (3) days upon receipt of the letter, the complaint shall be deemed dismissed and resolved.	<i>If within the HFSRB Jurisdiction:</i>	None	2 days	<i>Administrative Assistant</i>
	3.2. Prepare letter to the respondent requiring him/her to submit letter of explanation regarding the complaint within 3 days upon receipt			
	3.2.1 Provide copy to the complainant and other concern agencies	None	1 day	<i>Administrative Assistant</i>
	<i>If not within the HFSRB Jurisdiction:</i> 3.2. Refer the complaint letter to appropriate agency/office			
	3.3. Sign of the letter	None	3 days	<i>Medical Specialist III</i>
	3.4. Forward to	None	1 hour	<i>Licensing Officer</i>



	Records Section for mailing			
	3.5. Release the document through mail by the Records Section Wait for the respondent's reply	None	1 day (paused-clock)	<i>Licensing Officer</i>
	3.6. Receive response letter from the respondent	None	15 minutes	<i>Administrative Assistant III</i>
	3.7. Send a letter to the complainant to submit a written comment on the reply/response letter of the respondent to be submitted within 3 days upon receipt. Wait for the complainant's reply	None	1 day (paused-clock)	<i>Administrative Assistant III</i>
	3.8. Determine whether or not the respondent has violated a particular law or statute based on the facts and issues of the case 3.8.1. Imposition of applicable penalties for a violation committed	None	2 days	<i>Licensing Officer</i>
4. Await for the decision	4.1. Prepare resolution of the case. Provide copy to the complainant, respondent and other concerned agencies.	None	3 days	<i>Licensing Officer</i>
	4.2. Sign the	None	2 days	<i>Director</i>



	Resolution			Office of the Director IV
	4.3. Forward the signed Resolution to CAU for recording	None	15 minutes	<i>Computer Operator</i>
	4.4. Forward signed Resolution to Records Section	None	1 day	<i>Licensing Officer</i>
5. Receive case decision	5.1. Mail/e-mail the copy of the Resolution on the case	None	1 day	<i>Licensing Officer</i>
TOTAL		None	19 days, 1 hour, and 50 minutes (with paused clock)	



Issuance of Certificate of Accreditation to Drug Rehabilitation Practitioners

Accreditation of Drug Rehabilitation Practitioner is a formal authorization issued by the DOH to an individual meeting the accreditation requirements as prescribed under Dangerous Drugs Board (DDB) Regulation No. 1, Series of 2019, "Implementing Rules and Regulations Governing the Accreditation of Drug Rehabilitation Practitioners"

The accreditation of physician is categorized into two:

- a. Provisional Accreditation – refers to the temporary authorization issued by the Center for Health Development (CHD) through the Regulation, Licensing and Enforcement Division (RLED) to a physician for the conduct of DDE. The Certificate is valid for a period of two (2) years. It is non-renewable and the physician must obtain a Certificate of Full Accreditation before it expires for him/her to be able to continue conducting DDE. He/she can only apply for provisional accreditation once.
- b. Full Accreditation –refers to the authorization issued by the Health Facilities and Services Regulatory Bureau (HFSRB)/CHD to a physician who will conduct DDE and management of PWUDs.

The Certificate of Accreditation for both Physicians and Non-physicians is valid for a period of five (5) years.

Where to file:

Type of Application		Office	Application Period
Full Accreditation for Physician	Initial	HFSRB	January 1 – November 15
	Renewal	Respective CHD where the permanent official station* of the practitioner is.	October 1 – December 15
Provisional Accreditation for Physician		Respective CHD where the permanent official station of the practitioner is.	January 1 – November 15
Accreditation for Non-physicians	Initial	HFSRB	January 1 – November 15
	Renewal	Respective CHD where the permanent official station of the practitioner is.	October 1 – December 15

The training of drug rehabilitation practitioners may be provided by the Dangerous Drug Abuse Prevention and Treatment Program (DDAPTP) of the DOH, CHD or DOH-recognized training provider.



Office or Division:	Health Facilities and Services Regulatory Bureau – Regulatory Compliance and Enforcement Division (RCED)	
Classification:	Complex	
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All trained Drug Rehabilitation Practitioners	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
A. PHYSICIAN		
1. Duly accomplished application form	HFSRB website: hfsrb.doh.gov.ph	
2. Certified True Copy (CTC) of valid Professional Regulation Commission (PRC) Identification Card (ID)	Professional Regulation Commission	
<i>The following additional requirements during Initial Application:</i>		
3. Certificate of Training on the standard training course on the Screening and Assessment* of Drug Dependents (for Provisional Accreditation) *Synonymous with Assessment and Management of Drug Dependents for Physicians	Training Provider	
4. Certificate of Training on the standard training course on Treatment/Management of Drug Dependents issued by DDAPTP/CHD/DOH- recognized training provider (for Full Accreditation)	Training Provider	
5. For Psychiatrist and Addiction Medicine Specialist: Certificate of Participation on the orientation seminar on laws, procedures and programs related to drug dependency prevention, assessment and management facilitated by DDAPTP	DDAPTP	
6. For Psychiatrist, photocopy of the Board Certificate; for Board Eligible, Certificate of Completion of the Residency Training	For Psychiatrist, Philippine Psychiatric Association; For Board Eligible, hospital where residency training was completed.	
7. For Addiction Medicine Specialist, photocopy of Board Certification	Philippine College of Addiction Medicine	
8. Certificate of employment (if applicable)	Requesting party	
<i>Additional requirement during Renewal of Application:</i>		
Certificate(s) of continuing education/training related to treatment or management of drug dependents provided by DDAPTP/CHD/DOH-recognized training provider (for Full Accreditation)	Training Provider	
B. OTHER DRUG REHABILITATION PRACTITIONER (Non-physician)		
1. Duly accomplished application form	HFSRB website: hfsrb.doh.gov.ph	
2. Certified True Copy (CTC) of valid Professional Regulation Commission (PRC) Identification Card (ID), if applicable	Professional Regulation Commission	
<i>The following additional requirements during Initial Application:</i>		
3. Certificate of the Basic Training Course on	Training Provider	



Rehabilitation Management of Drug Dependents* *Synonymous to Basic Training Course on the Assessment and Management of Drug				
4. Certificate of Employment or its equivalent that the practitioner is actively involved in the program/clinical management of drug dependents for at least one (1) year		Training Provider		
Additional requirement during Renewal of Application:				
Certificate(s) of continuing education/training related to treatment or management of drug dependents provided by DDAPTP/CHD/DOH-recognized training provider		Training Provider		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty. Wait to be called at the lobby (Bldg. 15, G/F)	1. Give number to the requesting party	None	5 minutes	<i>Guard on Duty/PAD</i> HFSRB
2. Submit duly accomplished Application Form and documentary requirements	2.1. Check the correctness and completeness of the application and documentary requirements If incomplete/incorrect, return the documents to applicant for completion 2.2. If complete, prepare appropriate Order of Payment	None	15 minutes	<i>Administrative Assistant</i> RCED
3. Pay the amount due reflected in the Order of Payment at the Cashier's Office located at Building 2, Ground Floor	3.1. Receive payment 3.2 Issue official receipt	Php 2,000 for the Physician; Php 1,000 for Other Drug Rehab.	15 minutes	<i>Cashier</i> Cashier's Office



		Practitioner		
4. Submit copy of OR, together with the application and other documentary requirements at the receiving section.	4.1. Receive documents 4.2 Stamp date and time of receipt. 4.3 Return duplicate copy of the application, if provided by the applicant, with stamped date and time of receipt.	None	15 minutes	<i>Administrative Assistant</i> RCED
	4.4 Log the received documents in the D-Tracking System and forward them to the assigned staff.	None	1 hour	<i>Administrative Assistant</i> RCED
	4.5. Review/ Evaluate the submitted documents to determine compliance with the requirements.	None	1 day	<i>Licensing Officer</i> RCED
5. Await the issuance of COA If non-compliant, submit documents for completion within 30 days from receipt of findings and recommendations. Failure to submit within the specified timeline shall be a ground for denial of application	If compliant: 5.Recommend the issuance of COA If non-compliant: 5.1. Inform the applicant of the deficiency through letter or e-mail. 5.1.1 Receive and evaluate the submitted compliance 5.1.2. Inform the denial of applicant through letter or e-mail if requesting party fail to comply	None	1 day	<i>Division Chief</i> RCED



	within the specified timeline			
	5.2. Prepare COA	None	1 hour	<i>Division Chief</i> RCED
	5.3. Approve and signs COA	None	3 days	<i>Director</i> Office of the Director
	5.4. Log and release COA to Records Unit.			<i>Administrative Assistant</i> Office of the Director
6. Receive the approved COA.	6. Release the COA	None	10 minutes	<i>Licensing Officer</i> RCED
TOTAL		Php 2,000 for the Physician; Php 1,000 for Other Drug Rehab. Practitioner	6 days and 3 hours	

