
 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-TQD-LIC-SOP010
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**REFERENCE:**

Guidelines from Local Government Unit of Bacolod City.

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### **PURPOSE:**

To provide guidelines on how to obtain accreditation for Wellness Clinic.

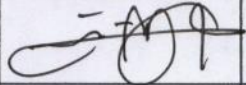

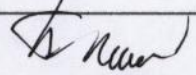
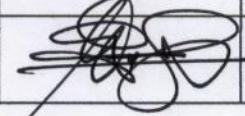
### **OBJECTIVE:**

This is to require all professional/registered individuals in the hospital to comply with the city ordinance for the purpose of augmenting the income of the local Government which shall fund local projects.


### **RESPONSIBLE PERSON:**

Medical Director, Licensing Section, Wellness Clinic, Laboratory Department, Department of Imaging Sciences, Inventory Section, Accounting Section, Personnel Section, Accredited Examining Physicians, Pathologists, Radiologists

### **APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	JESUS MIGUEL Z. GARGANTIEL Licensing Specialist		02-21-2020
Reviewed:	DENNIS C. ESCALONA, MN, FPSQua Quality Assurance Supervisor		02-21-2020
Recommending Approval:	HENRY F. ALAVAREN, MD, FPSMID Total Quality Division Officer		2/21/20
Final approved:	GENESIS GOLDI D. GOLINGAN President and CEO		20 FEB 2020




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### **PROCEDURE:**

1. Fills up completely the application form.
2. Has the acknowledgment page of the application form notarized.
3. Requests list of Accredited Examining Physicians from the Wellness Clinic.
4. Have the Medical Director and accredited Examining Physicians affix their signatures on the annex forms provided by the Bureau of Health Facilities and Services.
5. Requests the Personnel Section to submit a list of personnel of the concerned departments like; Laboratory, X-ray, OPD/ER, Credit and Collection and Cashiers which are involved in conducting the medical examinations of the Overseas Workers and Seafarers.
6. Attaches photocopies of all required documents listed on the checklist of application form like:
  1. Proof of qualification (PRC ID, BOARD CERTIFICATES, PTR, CERTIFICATES OF TRAINING AND RECORD OF WORK EXPERIENCES).
  2. Proof of Employment
7. Requests list of equipment/instruments of the Wellness Clinic using the Bureau of Health Facilities and Services Forms provided from the Inventory Section.
8. Photocopies the current licenses to operate or certificates of Accreditation of the following Section:
  1. HIV Testing Laboratory
  2. Secondary Clinical Laboratory
  3. Medical X-ray Facility
  4. Certification for Quality Standard System by a DOH recognized Certifying Body.
9. Submits photocopy of the DOH schedule of fees to the Accounting Department and requests payment with 10% discount if filed three (3) months before the due date.
  1. Accounting office will issue check as payment for the accreditation fee in the amount based on the scheduled fees of the Department of Health (DOH).



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2. Check shall be issued to Philippine Postal Corporation in lieu of Postal Money Order to be issued to the Department of Health Region 6.
3. The Licensing Clerk calls the Cashier's Section if check is ready for release and he/she will sign in their Logbook.
10. Sends the application form with Postal Money Order to Manila addressed to Mr. Galo Sandi, requesting him to bring the application and the payment to Bureau of Health Facilities and Services Office.

Address to: GALO SANDI  
C/O JESUSA NAGALO  
# 33 GOLDLAND MANSION  
5<sup>TH</sup> AVENUE, CUBAO  
QUEZON CITY

11. Have the representative of DOH Licensing Division stamp "RECEIVED" the file copy and attaches the Official Receipt of the payment made.
12. Then, after a month the DOH Manila Inspection Team together with DOH Region 6 representative will conduct an inspection. The issuance of the certificate will depend on the evaluation of the inspection team.
13. If there are no deficiencies, the recommendation will be issuance of the certificate for hospital accreditation that will be valid for two (2) years. Otherwise, compliance shall be made within thirty (30) calendar days from issuance of the evaluation sheet.
14. Failure to comply within the given period will lead to the revocation or non-issuance of accreditation/license.
15. Photocopies the certificate together with the official receipt for payment. Gives the original copy to the Accounting Office and the photocopy on file.
16. Have the Accounting Office representative receive the certificate and official receipts.

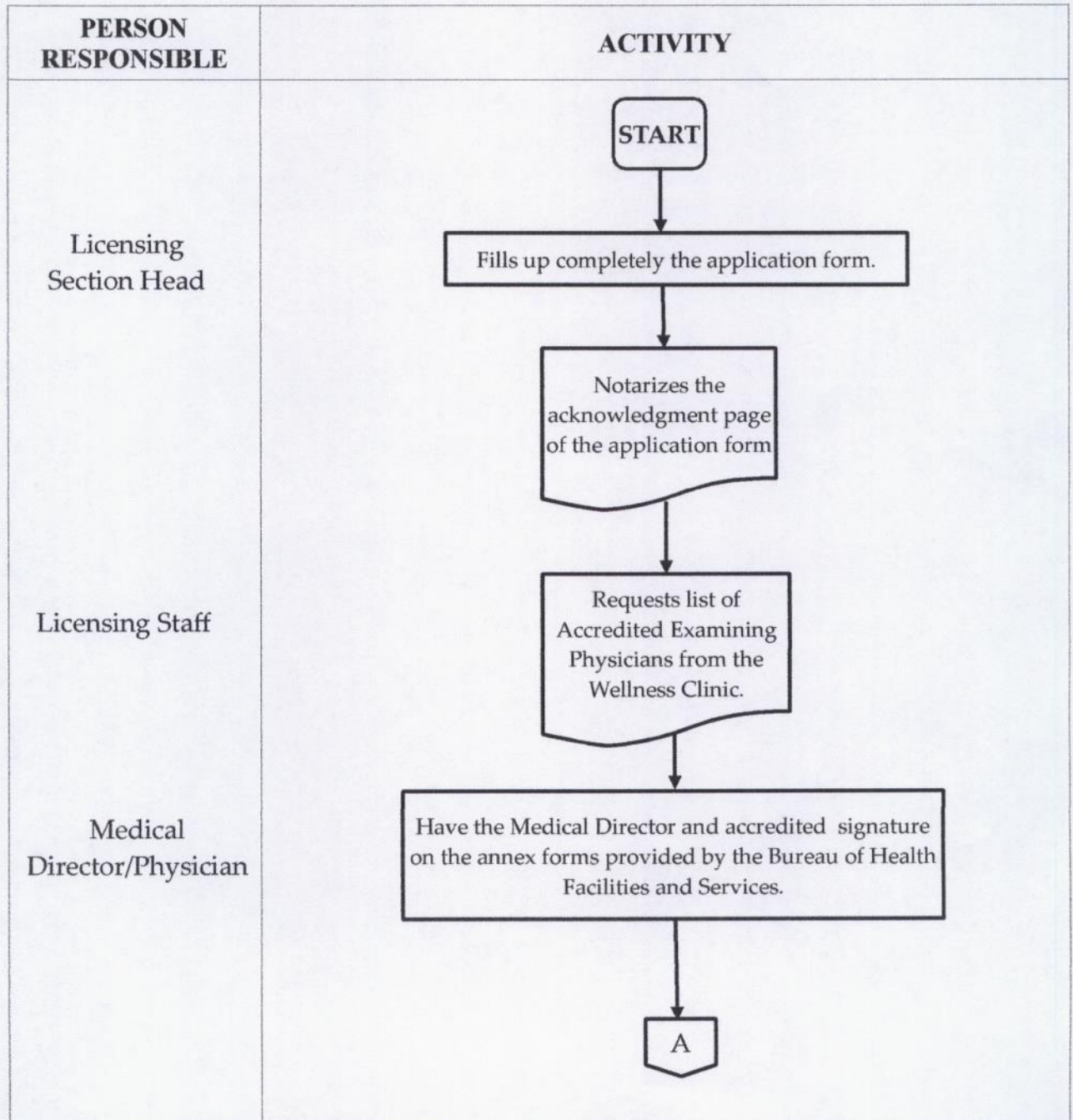


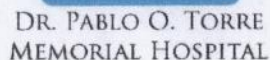


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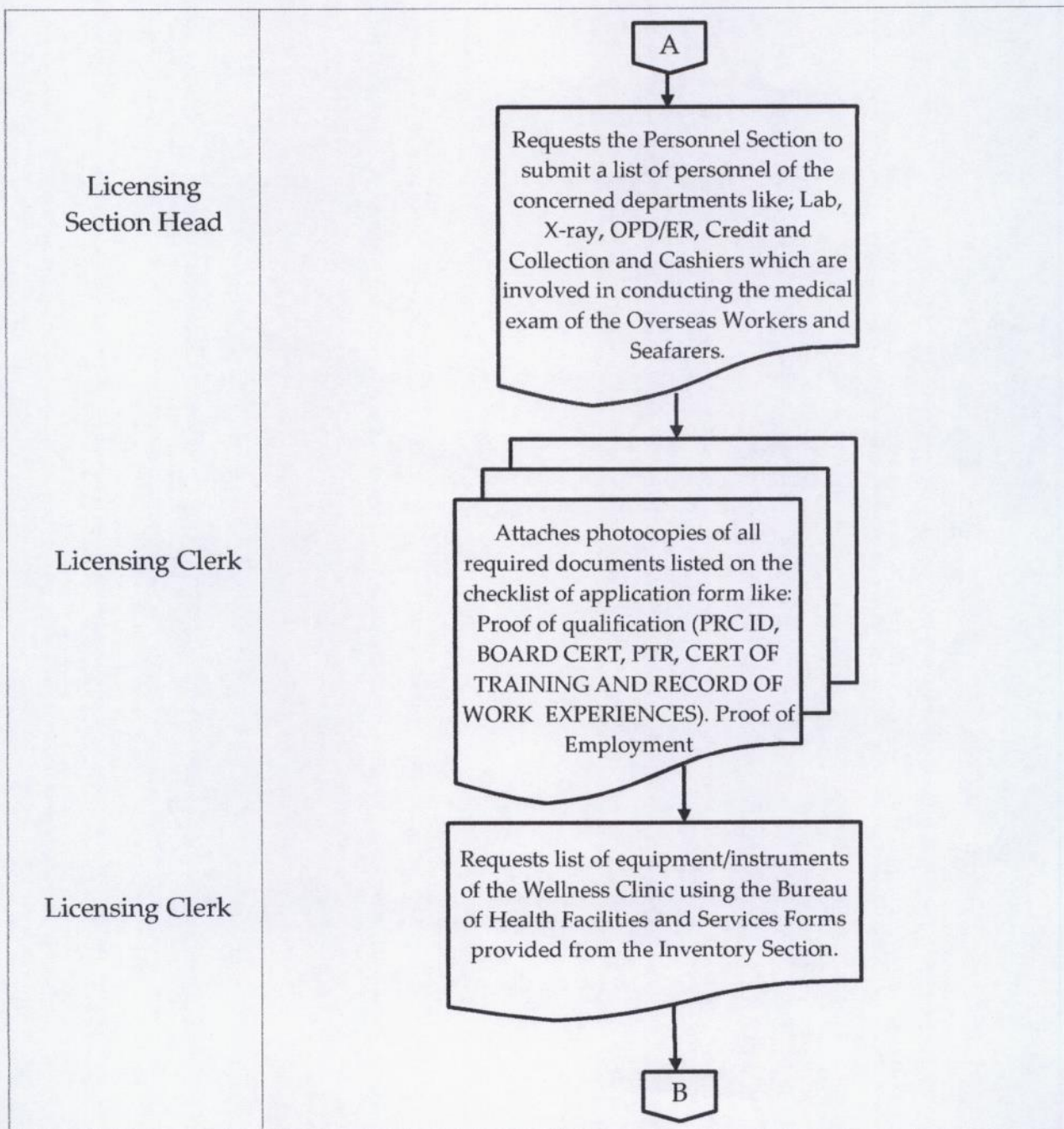
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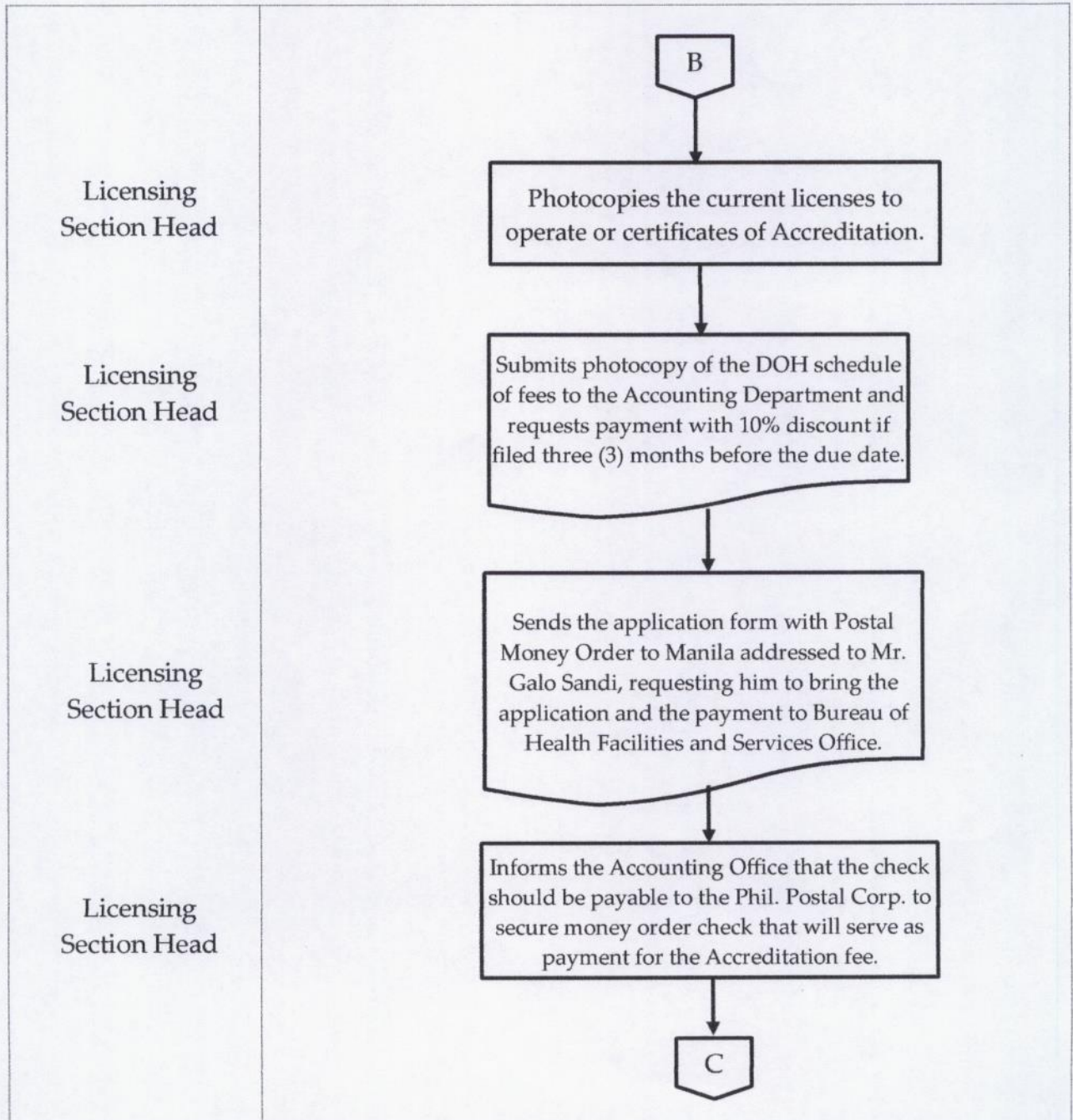




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