



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF HEALTH  
METRO MANILA CENTER FOR HEALTH DEVELOPMENT

# CITIZEN'S CHARTER HANDBOOK

2020

FIRST EDITION



## FOREWORD



The Department of Health-Metro Manila Center for Health Development (DOH-MMCHD) continuously strives to deliver excellent health services to its clients. Every year, the agency reviews its processes to ensure that our clients are provided with clean, just, highly efficient, technology-enabled and people-centered services.

To show our commitment to the government's efforts to eliminate bureaucratic red tape and to promote transparency in every transaction, we have simplified and streamlined our regulatory, licensing, financial, and other administrative processes. The COVID-19 pandemic has taught us that government services, especially health services, should be strengthened to ensure continuity. We have, thus, digitalized most of our services to allow our clients to transact with us remotely.

The Sub-Committee on Anti-Red Tape Authority of the MMCHD, in coordination with the service providers from the different clusters, units, and sections, worked together to ensure that these re-engineered and digitalized processes will be clearly and orderly presented in this Citizen's Charter Handbook for 2023.

With the issuance of this Citizen's Charter, rest assured that MMCHD shall continue to uphold the values of integrity, accountability, and excellence in the service of the Filipino people.

**ALELI ANNIE GRACE P. SUDIACAL, MD, MPH, CESE**  
*Director IV*

## **ABOUT THE AGENCY**

By virtue of Executive Order 119, the Department of Health-Metro Manila Center for Health Development (DOH-MMCHD) was established on October 16, 1987 to provide the region with efficient and effective health services.

The DOH-MMCHD is the regional arm of the DOH-Central Office and is therefore the primary health agency in Metro Manila. It is mandated to provide technical assistance to partners and stakeholders in health through the efficient use of its resources. It is tasked to lead the local government units in attaining the goals and targets of the Department of Health.

In this regard, the DOH-MMCHD shall ensure the improvement of the health status of the region by providing effective and quality health care delivery system.

In ensuring quality health care, the agency implements its licensing and monitoring functions, utilizes its resources to conduct substantial health-related research, and documents practices it holds for procurement of services.

Aside from providing optimal health care to the Metro Manila populace and prioritizing the poor and the marginalized, the agency is also in charge of delivering health care services during times of emergency and disaster.

## **MANDATE**

The DOH-MMCHD is mandated to:

- A. Oversee the implementation of policies and programs at the regional level and in the retained health facilities within the region; and
- B. Enforce health regulatory policies and directly relate to LGUs, NGOs, POs and the private sector in the development of local health systems, extension of technical and other kind of assistance in the field of health.

## **VISION**

The DOH-MMCHD envisions itself as the global leader in sustainable and equitable urban health.

## **MISSION**

It is DOH-MMCHD's mission to guarantee optimal health of urban populace, especially the poor and marginalized, through the efficient use of resources and inter-sectoral action with partners and other stakeholders.



## CORE VALUES

In pursuit of its vision, the DOH-MMCHD adheres to the following work core values:

<b>Health</b>	of our constituents and employees, especially the poor and marginalized.
<b>Excellence</b>	by continuously striving for the best and fostering efficiency and effectiveness
<b>Accessibility and availability</b>	of quality health services for all are ensured
<b>Leadership</b>	lead the quest for excellence on sustainable and equitable urban health as technical authority on health in NCR
<b>Teamwork</b>	working together with a result-oriented approach
<b>Honesty and Integrity</b>	acts with honor and accountability; upholds the truth
<b>OF</b>	
<b>Nationalism</b>	love of country
<b>Commitment</b>	to the attainment of the vision, mission, goals, and objectives
<b>Respect for human dignity</b>	work with compassion, sympathy, and kindness

## TABLE OF CONTENTS

<b>EXTERNAL SERVICES .....</b>	<b>6</b>
<b>REGULATION, LICENSING AND ENFORCEMENT DIVISION (RLED).....</b>	<b>7</b>
1. ISSUANCE OF CERTIFICATE OF NEED (CON).....	8
2. ISSUANCE OF PERMIT TO CONSTRUCT (PTC).....	12
3. ISSUANCE OF INITIAL LICENSE TO OPERATE/CERTIFICATE OF ACCREDITATION/AUTHORITY TO OPERATE/CERTIFICATE OF REGISTRATION OF A REGULATED HEALTH FACILITY .....	17
4. RENEWAL OF LICENSE TO OPERATE/CERTIFICATE OF ACCREDITATION/AUTHORITY TO OPERATE/CERTIFICATE OF REGISTRATION OF A REGULATED HEALTH FACILITY.....	26
5. RENEWAL OF REGISTRATION OF LICENSED EMBALMERS AND LICENSED MASSAGE THERAPISTS .....	34
6. REMOTE COLLECTION PERMIT FOR CLINICAL LABORATORIES (RCP - CL).....	37
7. VALIDATION OF DRUG TEST KITS.....	41
8. ISSUANCE OF CERTIFICATION AS REGISTERED HEALTH FACILITY .....	43
9. ISSUANCE OF CERTIFICATION FOR HEALTH FACILITIES NOT REGULATED BY THE DOH .....	45
<b>LOCAL HEALTH SUPPORT DIVISION .....</b>	<b>47</b>
10. CERTIFICATE OF ANIMAL BITE TREATMENT CENTER AND ANIMAL BITE CLINIC .....	48
11. CERTIFICATE OF MOTHER BABY FRIENDLY WORKPLACE.....	51
12. ISSUANCE OF ENVIRONMENTAL SANITATION CLEARANCE (ESC).....	55
13. INITIAL AND OPERATIONAL CLEARANCE FOR BURIAL GROUNDS .....	59
14. CERTIFICATE OF ACCREDITATION OF MOTHER-BABY FRIENDLY HEALTH FACILITY INITIATIVE.....	67
15. EDPMS COMPANY REGISTRATION .....	71
16. ISSUANCE OF EDPMS CERTIFICATE OF COMPLIANCE.....	73
17. CERTIFICATE OF TB-DOTS FACILITY .....	76
<b>MANAGEMENT SUPPORT SERVICES DIVISION (MSSD) .....</b>	<b>79</b>
18. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE IN-PATIENTS FROM GOVERNMENT HOSPITALS.....	80
19. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE IN-PATIENTS FROM PRIVATE MEDICAL FACILITIES .....	83
20. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE OUT-PATIENTS FROM GOVERNMENT HOSPITALS.....	87



21. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE OUT-PATIENTS FROM PRIVATE MEDICAL FACILITIES .....	90
22. ISSUANCE OF NOTICE OF AWARD, PURCHASE ORDER/CONTRACT, AND NOTICE TO PROCEED .....	94
23. RELEASE OF PAYMENTS – LDDAP (EXTERNAL) .....	98
24. ISSUANCE OF OFFICIAL RECEIPT .....	100
25. RELEASE OF CHECKS .....	101
26. ISSUANCE OF PERSONNEL-RELATED DOCUMENTS OF HUMAN RESOURCES FOR HEALTH UNDER THE NATIONAL HEALTH WORKFORCE SUPPORT SYSTEM (CERTIFICATE OF EMPLOYMENT, SERVICE RECORD, AND CERTIFICATE OF LEAVE CREDITS).....	103
27. RELEASE OF RECORD TO MMCHD – RETAINED HOSPITALS .....	106
28. ISSUANCE OF PERSONNEL RELATED DOCUMENTS (EXTERNAL).....	107
29. PROVISION OF DORM ACCOMMODATION .....	109
<b>REGIONAL DIRECTOR AND ASSISTANT REGIONAL DIRECTOR’S OFFICE .....</b>	<b>111</b>
30. ISSUANCE OF CERTIFICATE OF QUALITY SERVICE ON TEMPORARY TREATMENT & MONITORING FACILITIES (TTMF) / COMMUNITY ISOLATION UNIT (CIU) .....	112
31. REQUISITION AND PROVISION OF COVID-19 VACCINATION CERTIFICATE.....	115
32. HANDLING OF CONSUMER CASES .....	119
33. HANDLING OF COMPLAINTS/CONCERNS (FROM 8888/CART COMPLAINTS CENTER).....	121
<b>INTERNAL SERVICES.....</b>	<b>123</b>
<b>MANAGEMENT SUPPORT SERVICES DIVISION.....</b>	<b>124</b>
34. RELEASE OF PAYMENTS – LDDAP (INTERNAL).....	125
35. REQUEST FOR CERTIFIED TRUE COPY OF RECORD.....	127
36. REQUEST FOR PERSONNEL RECORD .....	128
<b>REGIONAL DIRECTOR AND ASSISTANT REGIONAL DIRECTOR’S OFFICE .....</b>	<b>130</b>
37. AVAILMENT OF THE ANNUAL PHYSICAL EXAMINATION BENEFIT .....	131
38. PROVISION OF BASIC HEALTHCARE SERVICES AMONG DOH-MMCHD EMPLOYEES .....	132
39. ISSUANCE OF CERTIFICATE OF NO PENDING ADMINISTRATIVE CASE.....	134

# **EXTERNAL SERVICES**



# **REGULATION, LICENSING AND ENFORCEMENT DIVISION (RLED)**



## 1. ISSUANCE OF CERTIFICATE OF NEED (CON)

This is applied for prior to establishing new government general hospitals, private general hospitals with less than one hundred (100) beds, and upgrading or converting a special hospital, birthing home, or infirmary to a general hospital.

All applicants shall adhere to the following timelines:

Application period - 1st working day of the year to November 15 of the same year

Annual cut-off date - November 15 of the same year

<b>Office or Division:</b>	Regulation, Licensing and Enforcement Division (RLED)
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government
<b>Who may avail:</b>	Government and Privately-Owned New Hospitals
<b>CHECKLIST OF REQUIREMENTS</b>	
<b>WHERE TO SECURE</b>	
Private hospitals with less than 100 beds: One (1) original copy of Accomplished Application Form for Certificate of Need a Hospital	Website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a>
Government hospital: Accomplished Application One (1) original copy of Form for Certificate of Need a Hospital	
One (1) photocopy of Certification from Provincial Planning and Development Office that the proposed Hospital is part of the duly approved Provincial Hospital/Health Care Delivery Plan (if available)	Local Government Unit
Two (2) photocopies of System-generated Order of Payment (for cash payment)	Website: <a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a>
Proof of payment (for cash payment)	Requesting party

Note: All health facilities are required to apply online through the Online Licensing and Regulatory System (OLRS) (website: <https://olrs.doh.gov.ph>). During the transition period of the OLRs implementation, applicants are required to submit complete documentary requirements to RLED.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Visit the online website: ( <a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a> ) and register the facility account for new accounts, and sign in for current users  Choose the type of application, fill up all the required	None	None	15 minutes	Applicant



<p>fields, and upload attachments. Proceed to the Selection of Payment Method.</p> <p>For online payment, proceed to Step 4.</p> <p>For cash payment, proceed to Step 2.</p>				
<p>2. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>	<p>Give a queuing number to the applicant</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant (AA) / PACU Desk Officer</p>
<p>3. Submit duly accomplished application form and documentary requirements</p>	<p>3.1 Evaluate application form and documents for completeness</p> <p><b>If incomplete:</b></p> <p>3.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p><b>If complete,</b></p> <p>3.1.2 Issue order of payment</p>	<p>None</p>	<p>15 minutes</p>	<p>Licensing Officer RLED</p>
<p>4. Pay the amount due reflected in the Order of Payment</p>	<p>4.1 Receive payment and issue official receipt</p>	<p>PHP 2,000.00</p>	<p>15 minutes</p>	<p>Administrative Officer MSSD - Cashier Section</p>

<p>For online payment:  a. Accomplish online form through <a href="https://bit.ly/MMCHDRLEDDocsForEpay">https://bit.ly/MMCHDRLEDDocsForEpay</a> and upload required documents.  b. Wait for the email notification bearing the Order of Payment (OP) number.  c. Pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a>  d. Proceed to Step 6.</p>	<p>Refer to Agency Action No. 3.1</p> <p>4.2 If online payment, check payment status and proceed to Step 6</p>			<p>Licensing Officer RLED</p> <p>Administrative Assistant/ Licensing Officer RLED</p>
<p>5. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>5.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>15 minutes</p>	<p>AA/Licensing Officer RLED</p>
<p>6. Wait for the release of Certificate of Need</p>	<p>6.1 Log the application, evaluate submitted documents and prepare the CON Evaluation</p> <p><b>If approved:</b></p> <p>6.1.1 Prepare the CON certificate and proceed to the next step</p> <p><b>If disapproved:</b></p> <p>6.1.2 Inform applicant in writing</p>	<p>None</p>	<p>15 days</p>	<p>CON Committee RLED</p>



	6.2 Approve and sign the CON 6.3 Notify the applicant on the availability of the CON	None	4 days	Regional Director/OIC/ARD  AA RLED
7. Receive the CON	7. Record and release the approved CON	None	30 minutes	AA/Licensing Officer RLED
<b>TOTAL</b>		<b>PHP 2,000.00</b>	<b>Without Waiting Time: 19 days, 1 hour and 40 minutes  With Waiting time: 19 days, 1 hour and 50 minutes</b>	

## 2. ISSUANCE OF PERMIT TO CONSTRUCT (PTC)

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

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

Applications must be filed from the first working day of the year to November 15 of the same year as prescribed in the DOH Administrative Order No. 2019-0004.

<b>Office or Division:</b>	Regulation, Licensing and Enforcement Division (RLED)	
<b>Classification:</b>	Highly-Technical	
<b>Type of Transaction:</b>	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
<b>Who may avail:</b>	All Health Facilities	
	<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
	Accomplished Application Form for Permit to Construct a Health Facility (1 original copy)	Website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a>
	Letter of intent for new and existing health facility (background and scope of the project)L one (1) original copy	Requesting party
	For new health facility: Approved Certificate of Need from the DOH-Regional Office <ul style="list-style-type: none"> <li>• New government general hospitals</li> <li>• Private hospitals below 100 Authorized Bed Capacity</li> </ul>	Requesting party
	Proof of Registration of Name of Health Facility, one (1) photocopy <ul style="list-style-type: none"> <li>• DTI/SEC Registration including Articles of Incorporation and By-Laws (for private health facility)</li> <li>• Enabling Act/ Board Resolution (for government health facility)</li> <li>• Cooperative Development Authority Registration including Articles of Cooperation and By-Laws</li> </ul>	Securities and Exchange Commission/Department of Trade and Industry Local Government Unit Cooperative Development Authority
	Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print, size 20 x 30) <ul style="list-style-type: none"> <li>• Signed and sealed by an Architect/Engineer</li> <li>• Showing all areas with appropriate scale, dimension and labels</li> <li>• Demonstrating proper spatial and functional relationships of areas (refer to Checklist for Review of Floor Plan) (3 sets original copy)</li> </ul>	Private/Government Practitioners



<p>For expansion/renovation of existing health facility</p> <ul style="list-style-type: none"> <li>• Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA one (1) photocopy</li> <li>• Floor Plan indicating proposed change/s (refer to B.3 of the Application Form) (1 photocopy)</li> </ul>	<p>Requesting party</p> <p>Private/Government Practitioners</p>
<p>Feasibility Study (for non-hospital-based dialysis clinic only), one (1) original copy</p>	<p>Requesting party</p>
<p>System-generated Order of Payment (for cash payment) (if applicable), two (2) photocopies</p>	<p>Website: <a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a></p>
<p>Proof of Payment (for cash payment)</p>	<p>Requesting party</p>

Note: All health facilities are required to apply online through the Online Licensing and Regulatory System (OLRS) (website: <https://olrs.doh.gov.ph>). During the transition period of the OLRs implementation, applicants are required to submit complete documentary requirements to RLED.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Visit the online website: (<a href="https://olrs.doh.gov.ph/">https://olrs.doh.gov.ph/</a>) and register the facility account for new accounts, and sign in for current users</p> <p>Choose the type of application, fill up all the required fields, and upload attachments. Proceed to the Selection of Payment Method and visit RLED to submit complete documentary requirements.</p>	<p>None</p>	<p>None</p>	<p>15 minutes</p>	<p>Applicant</p>
<p>2. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and</p>	<p>Give a queuing number to applicant</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant (AA)/ PACU Desk Officer</p>

<p>Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>				
<p>3. Submit duly accomplished application form and documentary requirements</p>	<p>3.1 Evaluate application form and documents for completeness</p> <p><b>If incomplete:</b></p> <p>3.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p><b>If complete,</b></p> <p>3.1.2 Issue order of payment then proceed to the next step</p>	<p>None</p>	<p>30 minutes</p>	<p>Licensing Officer RLED</p>
<p>4. Pay the amount due reflected in the Order of Payment</p> <p>For online payment,                  . Wait for the email notification bearing the Order of Payment (OP) number.                  a. Pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a>                  b. Proceed to Step 6.</p>	<p>4.1 Receive payment and issue official receipt</p> <p>4.2 If online payment, check payment status and proceed to Step 6</p>	<p>Refer to Health Facility Schedule of Fees</p>	<p>15 minutes</p>	<p>Administrative Officer MSSD - Cashier Section</p> <p>AA/Licensing Officer RLED</p>



5. Present proof of payment (Official receipt)	5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant  5.2 Forward the application documents to the assigned staff	None	15 minutes	AA/Licensing Officer RLED
6. Await the approval of application submitted	6.1 Log the application and evaluate the submitted floor plan	None	8 days	Health Facility Evaluation and Review Committee (HFERC) RLED
	6.1.1. If disapproved, inform the applicant in writing through mail	None		
	6.1.2. If approved, prepare the PTC	None		
	6.2 Approve and sign the PTC  6.3 Notify the applicant on the availability of the PTC	None	4 days	Regional Director/ OIC/ARD  AA RLED
7. Receive the PTC	7. Record and release the approved PTC	None	30 minutes	AA/Licensing Officer - RLED
	<b>TOTAL</b>	<b>Refer to Health Facility Schedule of Fees</b>	<b>Without Waiting Time: 12 days, 1 hours and 50 minutes  With Waiting time: 12 days and 2 hours</b>	



**Schedule of Fees:**

<b>Type of Health Facility</b>	<b>Fees (PhP)</b>
Hospital	
Level 1	2,000.00
Level 2	2,500.00
Level 3 (For HFEP Facility Only)	3,000.00
Psychiatric Care Facility	1,500.00
Acute-chronic	1,500.00
Custodial	
Dialysis Clinic – <i>add-on service to Level 1 and 2 Hospital</i>	1,400.00
Ambulatory Surgical Clinic – <i>add-on service to Level 1 and 2 Hospital</i>	1,400.00
Drug Abuse treatment and Rehabilitation Center (For HFEP Facility Only)	1,000.00
Infirmary	1,500.00
Birthing Home	1,400.00
Primary Care Facility	1,000.00
Clinical Laboratory	1,000.00



### 3. ISSUANCE OF INITIAL LICENSE TO OPERATE/CERTIFICATE OF ACCREDITATION/AUTHORITY TO OPERATE/CERTIFICATE OF REGISTRATION OF A REGULATED HEALTH FACILITY

This involves the issuance of the following licenses/certificate by the DOH-MMCHD:

A. **License to Operate (LTO)** is 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 Bureau of Health Facilities and Services [BHFS]) or by any accrediting body recognized by DOH. An approved Certificate of Need (CON) and Permit to Construct (PTC) is a pre-requisite for the application of LTO for regulated health facilities.

Validity of LTO:

- Birthing Home (BH) – 1 year
- Blood Center (BC) – 3 years
- Clinical Laboratory (CL) – 1 year
- Dental Laboratories (DL) – 3 years
- Hospital- 1 year
- Infirmary - 1 year
- Primary Care Facility - 3 years
- Psychiatric Care Facility (PCF) – 1 year
- Add-on services - 1 year

B. **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.

Validity of COA:

- Drug Testing Laboratory (DTL) – 1 year
- Drug Treatment Rehabilitation Center (DATRC) – 3 years
- Laboratory for Drinking Water and Analysis (LDWA) – 3 years
- Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

C. **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.

Validity of ATO:

- Blood Collection Unit (BCU) – 3 years
- Blood Station (BS) – 3 years

D. **Certificate of Registration for a Special Clinical Laboratory**- is a certificate issued to a clinical laboratory that offers highly specialized laboratory services that are usually not provided by a general clinical laboratory. A one-time registration applies to clinical laboratories.

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, *except those stated in DOH Department Memorandum Nos. 2021-0478 and 2021-0545*)

Pursuant to Administrative Order No. 2019-0004 on the Guidelines on Annual Cut-off Dates for the Receipt of Complete Application for Regulatory Authorizations Issued by the Department of Health, all applicants shall adhere to the following timelines:

Type of Application	Application period	Annual cut- off date
<ul style="list-style-type: none"> <li>• DOH - LTO</li> <li>• DOH - COA</li> <li>• DOH - ATO</li> <li>• DOH - COR</li> </ul>	1st working day of the year to November 15 of the same year	November 15 of the same year

<b>Office or Division:</b>	Regulation, Licensing, and Enforcement Division
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B - Government to Business G2G - Government to Government
<b>Who may avail:</b>	All Health Facilities

CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Application Form 1 (for Initial & Renewal) Application form 2 (for facility with changes, renovation, expansion and alteration), if applicable, one (1) original copy	HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>
Acknowledgement (notarized), one (1) original copy	HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>
For initial/new application, Proof of ownership and Name of Facility: <ul style="list-style-type: none"> <li>➤ DTI/SEC/CDA Registration including Articles of Incorporation/Corporation and By-Laws</li> <li>➤ Enabling Act/LGU Resolution (for government health facility) one (1) photocopy</li> </ul>	From Department of Trade and Industry (DTI)/ SEC/ CDA  Local Government Unit where the facility is located
Application Form for Medical X-ray Facility, if applicable  <i>Note: For One-Stop Shop Licensing, application is through the OLRS (<a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a>)</i>	From the FDA website: <a href="https://www.fda.gov.ph/">https://www.fda.gov.ph/</a>
Application Form for Pharmacy, if applicable  <i>Note: For One-Stop Shop Licensing, application is through the OLRS (<a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a>)</i>	From the FDA website: <a href="https://www.fda.gov.ph/">https://www.fda.gov.ph/</a>
Accomplished Health Facility Self-Assessment Tool one (1) original copy	HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>



Health Facility Geographic Form (Geographic Coordinates) (for Initial/New application), one (1) original copy	HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>
System-generated Order of Payment (for cash payment), two (2) photocopies	Website: <a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a>
Proof of payment (for cash payment)	Requesting party

Note: All health facilities are required to apply online through the Online Licensing and Regulatory System (OLRS) (website: <https://olrs.doh.gov.ph>). During the transition period of the OLRS implementation, applicants are required to submit complete documentary requirements to RLED.

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Visit the online website: (<a href="https://olrs.doh.gov.ph/">https://olrs.doh.gov.ph/</a>) and register the facility account for new accounts, and sign in for current users</p> <p>Choose the type of application, fill up all the required fields, and upload attachments. Proceed to the Selection of Payment Method.</p> <p>For online payment, proceed to Step 4.</p> <p>For cash payment, proceed to Step 2.</p>	None	None	15 minutes	Applicant
<p>2. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>	2. Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA)/ PAC Desk Officer MSSD - PACU

<p>3. Submit duly accomplished application form and documentary requirements</p>	<p>3.1 Evaluate application form and documents for completeness</p> <p><b>If incomplete:</b> 3.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p><b>If complete,</b> 3.1.2 Issue order of payment then proceed to the next step</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Assistant (AA)/ Licensing Officer RLED</p>
<p>4. Pay the amount due reflected in the Order of Payment</p> <p>For online payment,</p> <ol style="list-style-type: none"> <li>a. Accomplish online form through <a href="https://bit.ly/MMCHDRLEDDocs">https://bit.ly/MMCHDRLEDDocs</a> ForEpay and upload required documents.</li> <li>b. Wait for the email notification bearing the Order of Payment (OP) number.</li> <li>c. Pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a></li> <li>d. Proceed to Step 6.</li> </ol>	<p>4.1 Receive payment and issue official receipt</p> <p>Refer to Agency Action No. 3.1</p> <p>4.2 If online payment, check payment status and proceed to Step 6</p>	<p>Refer to Health Facility schedule of fees</p>	<p>10 minutes</p>	<p>Administrative Officer/ MSSD - Cashier</p> <p>Licensing Officer RLED</p> <p>Administrative Assistant (AA)/ Licensing Officer RLED</p>



<p>5. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>5.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>5 minutes</p>	<p>AA/ Licensing Officer RLED</p>
<p>6. Wait for the schedule for inspection of health facility</p> <p>6.1 Concur with the schedule for inspection</p>	<p>6.1 Schedule the inspection/evaluation and prepare travel documents (RPO,, Vehicle Request, TEV) and inform the health facility through letter/e-mail</p>	<p>None</p>	<p>7 days</p>	<p>Assigned Licensing Officer/s RLED</p>
	<p>6.2 Travel to the official destination</p>	<p>None</p>	<p>2 days (Hospitals - 2 days, Other health facilities - 1 day)</p>	<p>Assigned Licensing Officer/s RLED</p>
	<p>6.3 Conduct inspection visit</p> <p>6.3.1 Provide one (1) photocopy of the assessment tool to the facility</p>	<p>None</p>		<p>Assigned Licensing Officer/s RLED</p>
<p>7. If compliant, wait for the issuance of LTO/ATO/COA/COR</p> <p><i>for facility with non-compliance findings:</i> Submit proof of compliance within 30 calendar days</p>	<p>7.1. Recommend issuance of LTO/ATO/COA/COR for fully complied health facility</p> <p><i>for facility with non-compliance findings:</i></p>	<p>None</p>	<p>4 days</p>	<p>Assigned Licensing Officer/s RLED</p>

	7.1.1 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)			
	<b>if non-compliant,</b> 7.2.1 Inform the facility the reason of denial of application through letter/e-mail	None	1 day	Assigned Licensing Officer/s RLED
	<b>if compliant:</b> 7.2.2 Prepare the LTO/ATO/COA/ COR			
	7.3. Approve and sign the LTO/ATO/COA/COR	None	4 days	Regional Director/ OIC/ARD
	7.4 Notify the applicant on the availability of the LTO/ATO/COA/COR			Administrative Assistant (AA) RLED
8. Receive the approved LTO/ATO/COA/COR	8.1 Record and release the approved LTO/ATO/COA/COR	None	30 minutes	AA/ Licensing Officer RLED
<b>Total</b>		<b>Refer to Health Facility schedule of fees</b>	<b>Without Waiting Time: 18 days, 1 hour and 35 minutes</b>  <b>With Waiting time:</b>	



		<b>18 days, 1 hour and 45 minutes</b>	
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## Schedule of Fees:

Services	Fee (PhP)
1. Birthing Home	4,500.00
2. Blood Center	5,000.00
3. Blood Collection Unit	1,500.00
4. Blood Station	1,400.00
5. BCU/BS	1,500.00
6. Clinical Laboratory OSS Non-Hospital Based Health Facilities with ancillary Services	
a. Ancillary Services (fees for 3 years)	
Clinical Laboratory (CL) Fee	
Primary –	7,500.00
Secondary –	9,000.00
Tertiary –	10,500.00
9. Limited Service Capability	7,500.00
10. One Stop-Shop Government Hospital	
a. (Non-DOH Retained)	
Clinical Laboratory (CL)	
CL Fee for Level 1 Hospital	
CL Fee for Level 2 Hospital	
Secondary –	2,500.00
CL Fee for Level 3 Hospital	
Tertiary –	3,000.00
b. Non-Hospital-Based Non-OSS Health Facilities and Services (e.g. Ambulatory Surgical Clinic and Dialysis with Clinical Laboratory)	
Clinical Laboratory (CL) Fee	2,500.00
Primary –	3,000.00
Secondary –	3,500.00
Tertiary –	
Infirmery	6,000.00
11. Dental Laboratory	
a. Removable and Fixed Protheses –	2,500.00
b. Limited Services –	1,000.00
12. a. One Stop-Shop (OSS) Non-Hospital Based Dialysis	9,500.00
b. One Stop-Shop Government Hospital (Non- DOH Retained) Dialysis	3,000.00
13. Free standing –	9,500.00
14. Drug Testing Laboratory Cash Bond –PHP20,000.00 (FOR HFSRB)	5,000.00
15. DATRC	
a. Residential:	6,000.00



b. Non-residential: Cash Bond – PHP20,000.00 (FOR HFSRB)	14,000.00
16. LDWA – Psychiatric Care Facility	5,000.00
a. Acute/Chronic –	7,500.00
b. Custodial Care –	6,000.00
17. Primary Care Facility (based on AO 2020-0047)	No Fee (to date)
18. Renewal every 3 years	
a. Private Hospital Basic Fee (initial)	
Level 1 Hospital -	6,500.00
Level 2 Hospital	8,500.00
Level 3 Hospital	10,500.00
b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial)	13,500.00
LWDA Fee PHP5,000.00 (initial), PHP5,000.00 (renewal)	
COA Validity – 3 years Renewal every 3years 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 10% discount PHP4,500.00	
Registration Fee – PHP 200.00 (For new Hospital, Birthing Home, Psychiatric Care Facility and Dental Laboratory per AO 2007- 0001)	

#### 4. RENEWAL OF 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 for the issuance of LTO/COA/ATO/COR by the Health Facilities and Services Regulatory Bureau (HFSRB)/ and the Centers for Health Development (CHDs).

**A. 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 (Free-Standing) ; 1 year (Institution-Based)
- Ambulatory Surgical Clinic (ASC) – 3 years
- Birthing Home (BH) – 1 year
- Blood Center (BC) – 3 years
- Clinical Laboratory (CL) – 1 year
- Dental Laboratories (DL) – 3 years
- Dialysis Clinic (DC) – 3 years (Free-Standing) ; 1 year (Institution-Based)
- Hospital- 1 year
- Infirmary – 1 year
- Psychiatric Care Facility (PCF) – 1 year
- Primary Care Facility - 3 years
- \*\*Add-on Services – 1 year

**B. 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.

Validity of COA:

- Drug Testing Laboratory (DTL) – 1 year
- Drug Treatment Rehabilitation Center (DATRC) – 3 years
- Laboratory for Drinking Water and Analysis (LDWA) – 3 years
- Medical Facility for Overseas Workers and Seafarers (MFOWS) – 3 years

**C. 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.

Validity of ATO:

- Blood Collection Unit (BCU) – 3 years
- Blood Station (BS) – 3 years (Free-Standing) ; 1 year (Institution-Based)

**D. Certificate of Registration for a Special Clinical Laboratory-** is a certificate issued to a clinical laboratory that offers highly specialized laboratory services that are usually not provided by a general 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, *except those stated in DOH Department Memorandum Nos. 2021-0478 and 2021-0545*)

The Renewal period for DOH-LTO/ATO/COA shall be from October 1 to December 15 of the current year. A 10% discount shall be given to those who filed complete renewal applications from October 1 to November 30 of the current year.

**Eligible for Renewal:**

- Facilities with no sanctions, violations or deficiencies;
- Facilities which have corrected/complied to the noted violations at the time of application; and
- Facilities which submitted/participated in the Online Health Facility Statistical Reporting System (OHFSRS)

The DOH-LTO/ATO/COA of those facilities with sanctions, violations or deficiencies shall be renewed only after serving out their deficiencies. If compliance was met after the expiration of the DOH-LTO/ATO/COA, the date of validity of the new DOH-LTO/ATO/COA shall start from the date of full compliance.

1. All applicants shall adhere to the following timelines: Renewal for DOH LTO, DOH COA, DOH ATO from October 1 December 15; Cut off-date is December 15;
2. In the event that the cut-off date falls on a weekend or is declared as a regular/special/non-working holiday, or there is a force majeure, the cut-off date shall automatically be moved to the next working day following the holiday or weekend.
3. The CHD-RLEDs shall not accept applications whether manual or through the Online Licensing and Regulatory System beyond the set cut-off dates of the current year.
4. Applicants who intend to submit via mail or courier shall ensure that their applications shall be received by the CHD-RLEDs on or before the cut-off dates
5. Applications for renewal of expired DOH-LTO/COA/ATO shall still be processed subject to penalties and sanctions.

**SANCTIONS:**

Length of Expiry - Less than or equal to three months expired (Penalty: 100% surcharge and Gap in the Validity of DOH-LTO/COA/ATO)

Remarks: For processing of renewal; More than three months - For processing as initial. Application for DOH-PTC, DOH-LTO/COA/ATO shall be required.

<b>Office or Division:</b>	Regulation, Licensing and Enforcement Division	
<b>Classification:</b>	Complex	
<b>Type of Transaction:</b>	G2B – Government to Business; and G2G – Government to Government	
<b>Who may avail:</b>	All Regulated Licensed Health Facilities	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Application Form 1 (renewal), one (1) original copy		HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or

	MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>
Acknowledgement (notarized), one (1) original copy	HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>
Application Form for Medical X-ray Facility (if applicable)  <i>Note: For One-Stop Shop Licensing, application is through the OLRS (<a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a>)</i>	FFrom the FDA website: <a href="https://www.fda.gov.ph/">https://www.fda.gov.ph/</a>
Application Form for Pharmacy (if applicable)  <i>Note: For One-Stop Shop Licensing, application is through the OLRS (<a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a>)</i>	From the FDA website: <a href="https://www.fda.gov.ph/">https://www.fda.gov.ph/</a>
Accomplished Health Facility Self-Assessment Tool one (1) original copy	HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>
System-generated Order of Payment (for cash payment) (2 photocopy)	Website: <a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a>
Proof of payment (for cash payment)	Requesting party
Note: All health facilities are required to apply online through the Online Licensing and Regulatory System (OLRS) (website: <a href="https://olrs.doh.gov.ph">https://olrs.doh.gov.ph</a> ). During the transition period of the OLRS implementation, applicants are required to submit complete documentary requirements to RLED	

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<p>1. Visit the online website: (<a href="https://olrs.doh.gov.ph/">https://olrs.doh.gov.ph/</a>) and register the facility account for new accounts, and sign in for current users</p> <p>Choose the type of application, fill up all the required fields, and upload attachments. Proceed to the Selection of Payment Method.</p> <p>For online payment, proceed to Step 4.</p>	None	None	15 minutes	Applicant



For cash payment, proceed to Step 2.				
2. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)  Waiting time: 10 minutes	2. Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA) PAC Desk Officer PACU
3. Submit duly accomplished application form and documentary requirements	3.1 Evaluate application form and documents for completeness  <b>If incomplete:</b> 3.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion. <b>If complete,</b> 3.1.2 Issue order of payment then proceed to the next step	None	30 minutes	Licensing Officer RLED

<p>4. Pay the amount due reflected in the Order of Payment</p> <p>For online payment,</p> <p>a. Accomplish online form through <a href="https://bit.ly/MMC_HDRLEDDocsForEpay">https://bit.ly/MMC_HDRLEDDocsForEpay</a> and upload required documents.</p> <p>b. Wait for the email notification bearing the Order of Payment (OP) number.</p> <p>c. Pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a></p> <p>Proceed to Step 6.</p>	<p>4.1 Receive payment and issue official receipt</p> <p>Refer to Agency Action No. 3.1</p> <p>4.2 If online payment, check payment status and proceed to Step 6</p>	<p>Refer to Health Facility schedule of fees</p>	<p>15 minutes</p>	<p>Administrative Officer Cashier Section</p> <p>Licensing Officer RLED</p> <p>Administrative Assistant (AA)/ Licensing Officer RLED</p>
<p>5. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>5.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>15 minutes</p>	<p>AA / Licensing Officer RLED</p>
<p>6. Wait for the issuance of LTO/ATO/COA/COR</p>	<p>6.1 Log the application and process LTO/ATO/COA/COR</p>	<p>None</p>	<p>1 day</p>	<p>Licensing Officer RLED</p>
	<p>6.2 Approve and sign the LTO/ATO/COA/COR</p> <p>6.3 Notify the applicant on the</p>	<p>None</p>	<p>3 days</p>	<p>Regional Director/ OIC/ARD</p> <p>AA RLED</p>



	availability of the LTO/ATO/COA/COR			
7. Receive the approved LTO/ATO/COA/COR	7. Record and release the approved LTO/ATO/COA/COR	None	30 minutes	AA/ Licensing Officer RLED
<b>TOTAL</b>		<b>Refer to Health Facility schedule of fees</b>	<b>Without Waiting Time: 4 days, 1 hour and 50 minutes</b>  <b>With Waiting time: 4 days and 2 hours</b>	



**Schedule of Fees:**

There shall be a 10% discount for renewal of application received from October 1 to November 30 of the current year pursuant to DOH Administrative Order No. 2018-0016.

Services	Fee (PhP)
1. Ambulance Service Provider a. Institution based (Ambulance per unit) b. Non-Institution Based (Ambulance per unit) c. Ambulance Service Provider	1,000.00 3,000.00 5,000.00 (Institution-based) 15,000.00 (Non-Institution based)
2. Ambulatory Surgical Clinic	4,000.00
3. Birthing Home	3,000.00
4. Blood Center	5,000.00
5. Blood Collection Unit	1,500.00
6. Blood Station (Fully-owned by the facility)	No fee
7. BCU/BS (Fully-owned by the facility)	No fee
8. Clinical Laboratory OSS Non-Hospital Based Health Facilities with ancillary Services a. Ancillary Services Clinical Laboratory (CL) Fee Primary – Secondary – Tertiary –	2,500.00 3,000.00 3,500.00
9. Limited Service Capability	7,500.00
10. One Stop-Shop Government Hospital a. (Non-DOH Retained) Clinical Laboratory (CL) CL Fee for Level 1 Hospital Secondary –  CL Fee for Level 2 Hospital Tertiary –  CL Fee for Level 3 Hospital Tertiary –  b. Non-Hospital-Based Non-OSS Health Facilities and Services (e.g. Ambulatory Surgical Clinic and Dialysis with Clinical Laboratory)  Clinical Laboratory (CL) Fee: Primary – Secondary – Tertiary –	2,500.00  3,000.00  3,000.00  14,000.00 every 3 years  2,500.00 3,000.00 3,000.00
11. Dental Laboratory	



a. Removable -	1,000.00
b. Fixed Prostheses –	1,000.00
c. Removable and Fixed Prostheses	2,500.00
d. Limited Services –	1,000.00
12. a. One Stop-Shop (OSS) Non-Hospital Based Dialysis	9,500.00 (HFSRB only)
b. One Stop-Shop Government Hospital (Non-DOH Retained) Dialysis	3,000.00
c. One Stop-Shop Private/Government Hospital (Non-DOH Retained)	No fee
d. Dialysis (Hospital owned)	
13. Free standing Dialysis –	9,500.00 (HFSRB only)
14. Drug Testing Laboratory Cash Bond –PHP 20,000.00 (FOR HFSRB)	5,000.00
15. DATRC	
a. Residential:	6,000.00
b. Non-residential:	14,000.00
Cash Bond – PHP 20,000.00 (FOR HFSRB)	
16. Infirmary	5,500.00
17. LDWA –	5,000.00
Psychiatric Care Facility	
a. Acute/Chronic –	5,500.00
b. Custodial Care –	4,000.00
18. a. Private Hospital Basic Fee (initial)	
Level 1 Hospital -	6,000.00
Level 2 Hospital	8,500.00
Level 3 Hospital	10,500.00
b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial)	13,500.00
Cash Bond – PHP 100,000.00 (for central) PHP 5,000.00	
19. Primary Care Facility (based on AO 2020-0047)	No Fee (to date)

## 5. RENEWAL OF REGISTRATION OF LICENSED EMBALMERS AND LICENSED MASSAGE THERAPISTS

This is usually undertaken every three (3) years by licensed embalmers and massage therapists.

<b>Office or Division:</b>	Regulation and Licensing Enforcement Division (RLED)			
<b>Classification:</b>	Complex Transaction			
<b>Type of Transaction:</b>	G2C - Government-to-Citizen			
<b>Who may avail:</b>	Licensed Embalmers and Massage Therapists			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Renewal Application Form (1 original copy)		MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>		
Presentation of the following: Professional Tax Receipt (1 original) Resident Certificate (1 original) Medical Certificate (Chest X-ray) (1 photocopy) Professional Identification Card (1 original)		Local Government Unit Local Government Unit From any government physician SSS, DFA, LGUs issued ID, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH, COMELEC, LTO		
CEE/CEUE Certification of Credit Units Earned (30 units), one (1) original		Accredited Training Institution		
Certificate of Registration (1 photocopy)		Committee on Embalmers/Undertaker		
Recent ID Picture: 1 pc 1x1, 2 pcs. 2x2		Any photo studio		
<b>for Category I</b> Practicing Professional: Employer's Certificate/ Business Permit, one (1) photocopy		Applicant's Employer		
<b>for Category II</b> Non Practicing Professional: Authorized letter re: professional not practicing but still want to be included in the Master List/ Registry		Requesting party		
Proof of Payment (for cash payment)		Requesting party		
Authorization letter (if applicable)		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and	1. Give a queuing number to the applicant	None	5 minutes	Administrative Assistant (AA)/ PAC Desk Officer MSSD - PACU



<p>Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>				
<p>2. Submit duly accomplished application form and documentary requirements</p>	<p>2.1 Evaluate application form and documents for completeness/ authenticity</p> <p><b>If incomplete:</b></p> <p>2.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p><b>If complete,</b></p> <p>2.1.2 Issue order of payment then proceed to the next step</p>	<p>None</p>	<p>15 minutes per application</p>	<p>Licensing Officer/ Administrative Assistant (AA) RLED</p>
<p>3. Pay the amount due reflected in the Order of Payment</p> <p>For online payment,</p> <p>a. Wait for the email notification bearing the Order of Payment (OP) number.</p> <p>b. Pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a></p> <p>c. Proceed to Step 5.</p>	<p>3.1 Receive payment and issue official receipt</p> <p>3.2 If online payment, check payment status and proceed to Step 5</p>	<p>PHP 250.00</p> <p>Penalty (if applicable) : PHP 83.33/year</p>	<p>15 minutes</p>	<p>Administrative Officer MSSD - Cashier</p> <p>Administrative Assistant (AA)/ Licensing Officer RLED</p>

<p>4. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>5.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant 5.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>15 minutes</p>	<p>AA/ Licensing Officer RLED</p>
<p>5. Wait for the signed ID and Certificate of Registration</p>	<p>5.1 Log the application and process the ID and Certificate of Registration</p>	<p>None</p>	<p>1 hour</p>	<p>AA/ Licensing Officer RLED</p>
	<p>5.2 Approve the ID and Certificate of Registration</p>	<p>None</p>	<p>4 days</p>	<p>Regional Director/ OIC/ARD</p>
<p>6. Receive the approved ID and Certificate of Registration</p>	<p>6. Record and release of the approved ID and Certificate of Registration</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Assistant Records Section</p>
<p><b>TOTAL</b></p>		<p><b>PHP 250.00</b>  <b>Penalty (if applicable): PHP 83.33/year</b></p>	<p><b>Without Waiting Time:</b> <b>4 days, 2 hours and 20 minutes</b>  <b>With Waiting time: 4 days, 2 hours and 30 minutes</b></p>	



## 6. REMOTE COLLECTION PERMIT FOR CLINICAL LABORATORIES (RCP - CL)

A permit issued by the Health Facilities and Services Regulatory Bureau (HFSRB)/ Centers for Health Development (CHDs) to DOH-licensed clinical laboratories conducting mobile collection. The permit allows clinical laboratories to operate only within one hundred (100) km radius from the main laboratory. Applicants may apply at least seven (7) working days prior to the scheduled remote collection activity. The RCP-CL shall be valid only up to the date of collection.

<b>Office or Division:</b>	Regulation, Licensing, and Enforcement Division (RLED)	
<b>Classification:</b>	Complex	
<b>Type of Transaction:</b>	G2B - Government to Business G2G - Government to Government	
<b>Who may avail:</b>	All DOH-Licensed Clinical Laboratories	
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>	
Accomplished Application Form with notarized Acknowledgement, one (1) original copy	HFSRB website: <a href="http://www.hfsrb.doh.gov.ph">www.hfsrb.doh.gov.ph</a> or MMCHD website: <a href="https://ncroffice.doh.gov.ph/">https://ncroffice.doh.gov.ph/</a>	
Letter of Request signed by the Head of the Clinical Laboratory with the following information: <ul style="list-style-type: none"> <li>• Date of Collection</li> <li>• Time of Collection</li> <li>• Venue</li> <li>• Estimated number of clients</li> <li>• Specimen to be collected</li> </ul> one (1) original copy	Requesting Party	
List of Personnel who will conduct the activity, one (1) original copy		
List of Laboratory Supplies/Materials to be used during the remote collection including transportation materials, one (1) original copy		
Notarized Memorandum of Agreement or Contract between the contracting parties one (1) photocopy		
Technical or operational procedures for remote collection including specimen handling and transportation, one (1) photocopy		
Proof of payment		

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit an application  For online submission, visit	None	None	5 minutes	Applicant

<p><a href="https://bit.ly/MMC_HDRLEDRCPLApplication">https://bit.ly/MMC_HDRLEDRCPLApplication</a> , fill up all the required fields and upload requirements.</p>				
<p>For walk-in, proceed to DOH MMCHD. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)</p> <p>Waiting time: 10 minutes</p>	<p>Give a queuing number to applicant</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant (AA)/ PAC Desk Officer MSSD - PACU</p>
<p>2. Submit duly accomplished application form and documentary requirements</p>	<p>2.1 Evaluate application form and documents for completeness</p> <p><b>If incomplete:</b> 2.1.1 Notify the applicant of the lacking documents in writing and return the documents for completion.</p> <p><b>If complete,</b> 2.1.2 Issue order of payment</p>	<p>None</p>	<p>1 hour</p>	<p>Licensing Officer RLED</p>



<p>3. Pay the amount due reflected in the Order of Payment</p> <p>For online payment, 3.1 Wait for the email notification bearing the Order of Payment (OP) number. 3.2 Pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a> 3.3 Proceed to Step 5.</p>	<p>3.1 Receive payment and issue official receipt</p> <p>3.2 If online payment, check payment status and proceed to Step 5</p>	<p>PHP 500.00 per site</p>	<p>15 minutes</p>	<p>Administrative Officer MSSD - Cashier</p> <p>Licensing Officer RLED</p>
<p>4. Present the Official Receipt, order of payment and complete application form/documents</p>	<p>4.1 Receive the application documents, scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>4.2 Forward the application documents to the assigned staff</p>	<p>None</p>	<p>15 minutes</p>	<p>AA/ Licensing Officer - RLED</p>
<p>5. Wait for the signed RCP-CL</p>	<p>5.1 Log the application and process RCP- CL</p>	<p>None</p>	<p>1 hour</p>	<p>Licensing Officer - RLED</p>
	<p>5.2 Approve and sign the RCP-CL</p>	<p>None</p>	<p>4 days</p>	<p>Regional Director/ OIC/ARD</p>
<p>6. Receive the approved RCP-CL</p>	<p>6.2 Record and release the approved RCP-CL</p>	<p>None</p>	<p>30 minutes</p>	<p>AA/ Licensing Officer RLED</p>
<p><b>TOTAL</b></p>		<p>PHP</p>	<p><b>Without Waiting Time: 4 days, 3</b></p>	



	500.00 per site	<b>hours and 10 minutes With Waiting time: 4 days, 3 hours and 20 minutes</b>	
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## 7. VALIDATION OF DRUG TEST KITS

Drug Testing Kits (DTKs) validation curbs proliferation or use of fake Drug Test Kits or those which are not approved by the Food and Drugs Administration. Centers for Health Development (CHDs) inspect or validate the DTKs of Drug Testing Laboratories (DTLs). DTLs shall register online newly procured DTKs and request for a schedule of DTK validation from their respective CHD. The DTLs will log on to the Integrated Drug Test Operations Management Information System (IDTOMIS) website using user ID and password. Authorized DTL personnel shall be requested to provide a login ID and password via email through IDTOMIS.

<b>Office or Division:</b>	Regulation, Licensing, and Enforcement Division (RLED)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	All DOH-Licensed Drug Testing Laboratories			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Drug Testing Kit Validation Form		IDTOMIS Website: <a href="http://idtomis.doh.gov.ph/idtomis/login.jsp">http://idtomis.doh.gov.ph/idtomis/login.jsp</a>		
2. Used Drug Testing Kits with drug test results Note: Facility to return at least 50% of used kits from the previous DTK Balance		Requesting party		
3. Newly procured Drug Testing Kits		FDA-Approved Drug Testing Kit Supplier		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)  <i>Waiting time: 10 minutes</i>	1. Give a queuing number to applicant	None	5 minutes	Administrative Assistant (AA) PAC Desk Officer MSSD - PACU
2. Submit the Drug Test Kits validation form with the used drug test kits with drug test result and new drug test kits	2. Receive validation form, count and check newly procured and used DTKs	None	1 hour per 500 drug test kits	Licensing Officers/IDTOMIS Personnel RLED

<p>3. Wait for the DTKs to be validated</p>	<p>3.1 Validate the newly procured DTKs thru IDTOMIS Website                  3.2 Marking of the newly procured DTKs for notation and affix signature on the boxes                  3.3 Encoding of new and used DTKs</p>	<p>None</p>		
<p>4. Receive the validated DTKs</p>	<p>4. Return/release the validated DTKS</p>	<p>None</p>	<p>20 minutes</p>	
<p><b>TOTAL</b></p>		<p><b>None</b></p>	<p><b>Without Waiting Time: 1 hour and 25 minutes</b>   <b>With Waiting time: 1 hour and 35 minutes</b></p>	



## 8. ISSUANCE OF CERTIFICATION AS REGISTERED HEALTH FACILITY

The certification is issued to health facilities duly licensed or accredited by the Department of Health.

<b>Office or Division:</b>	Regulation, Licensing, and Enforcement Division (RLED)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>			<b>WHERE TO SECURE</b>	
Letter request (1 original copy)			Requesting party/authorized representative	
Authorization letter from requesting client (if applicable), one (1) original copy				
Proof of payment (for cash payment)				
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit a letter request.  For online submission, send the request through email, <a href="mailto:rled@ncro.doh.gov.ph">rled@ncro.doh.gov.ph</a>	1.1 Acknowledge the receipt of the letter request	None	5 minutes	Administrative Assistant (AA)/ Licensing Officer RLED
For walk-in, proceed to DOH MMCHD. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU) Waiting time: 10 minutes	1.2 Give a queuing number to applicant	None	5 minutes	AA/ PAC Desk Officer MSSD - PACU
2. Submit the letter request	2.1 Receive the letter  2.2 Issue Order of Payment	None	10 minutes	AA/ Licensing Officer RLED
3. Pay the amount due reflected in the Order of Payment For online payment,	3.1 Receive payment and issue official receipt	PHP 50.00/ request	15 minutes	Administrative Officer MSSD - Cashier AA/ Licensing

<p>3.1 Wait for the email notification bearing the Order of Payment (OP) number.</p> <p>3.2 Pay through the link provided in the email or at <a href="https://myeq.ph/services/doh-mmchd">https://myeq.ph/services/doh-mmchd</a></p> <p>3.3 Proceed to Step 5.</p>	<p>3.2 If online payment, check payment status and proceed to Step 4.3</p>			<p>Officer RLED</p>
<p>4. Present the Official Receipt and order of payment</p>	<p>4.1 Scan the Official Receipt and Order of Payment, and return to the applicant</p> <p>4.2 Forward the letter request to the assigned staff</p> <p>4.3 Log the request and prepare the certification</p> <p>4.4 Approve and sign the Certification</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Assistant -RLED</p> <p>Administrative Assistant - RLED</p> <p>Licensing Officer - RLED</p> <p>Division Chief/ Medical Officer RLED</p>
<p>5. Receive the Certification</p>	<p>5. Record and release the Certification</p>	<p>None</p>	<p>30 minutes</p>	<p>AA/ Licensing Officer - RLED</p>
<p><b>TOTAL</b></p>		<p><b>PHP 50.00/ request</b></p>	<p><b>Without Waiting Time: 1 hour and 35 minutes With Waiting time: 1 hour and 45 minutes</b></p>	



## 9. ISSUANCE OF CERTIFICATION FOR HEALTH FACILITIES NOT REGULATED BY THE DOH

The certification is issued upon the request of individuals/representatives operating a health facility which are not yet regulated by the DOH, as a pre-requisite in securing necessary permits from the Local Government Units and other agencies.

<b>Office or Division:</b>	Regulation, Licensing, and Enforcement Division (RLED)	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government	
<b>Who may avail:</b>	All	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
Letter request, one (1) original copy		Requesting party
DTI/SEC Registration, one (1) photocopy		Securities and Exchange Commission Office/Department of Trade and Industry
Notarized Affidavit to include: Complete list of services to be offered Facility will not offer services that are regulated by the DOH one (1) original		Requesting party

CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit a letter request.  For online submission, send the request through email <a href="mailto:rled@ncro.doh.gov.ph">rled@ncro.doh.gov.ph</a>	1.1 Acknowledge the receipt of the letter request	None	5 minutes	Administrative Assistant (AA)/ Licensing Officer RLED
For walk-in, proceed to DOH MMCHD. Accomplish the Visitor's Log, and secure a queuing number at the Public Assistance and Complaints Unit (PACU)  Waiting time: 10 minutes	1.2 Give a queuing number to applicant	None	5 minutes	AA/ PAC Desk Officer MSSD - PACU

<p>2. Submit the letter request and documentary requirements</p>	<p>2.1 Receive the letter and attachments</p> <p>2.2 Log the request and prepare the certification</p> <p>2.3 Approve and sign the Certification</p>	<p>None</p>	<p>30 minutes</p>	<p>AA/ Licensing Officer RLED</p> <p>Division Chief / Medical Officer RLED</p>
<p>3. Receive the Certification</p>	<p>5. Record and release the Certification</p>	<p>None</p>	<p>30 minutes</p>	<p>AA/ Licensing Officer RLED</p>
<p><b>TOTAL</b></p>		<p><b>None</b></p>	<p><b>Without Waiting Time: 1 hour and 10 minutes</b></p> <p><b>With Waiting time: 1 hour and 20 minutes</b></p>	



# LOCAL HEALTH SUPPORT DIVISION



## 10. CERTIFICATE OF ANIMAL BITE TREATMENT CENTER AND ANIMAL BITE CLINIC

This ensures that a facility can provide quality services to presumptive Animal Bite patients for Animal Bite Treatment Center (ABTC) and Animal Bite Clinic (ABC), met the minimum criteria in the promotion, protection and support. It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provide platform for PhilHealth accreditation.

<b>Office or Division:</b>	Infectious Diseases Prevention and Control Cluster (IDPCC) (under Local Health Support Division [LHSD])			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government G2B – Government to Business			
<b>Who may avail:</b>	Rural Health Units, Government and Private Hospital and Private Clinics			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
A. One (1) Original copy of Letter of Intent from the facility		Requesting Party		
B. One (1) Original/Photocopy of Endorsement Letter from the LGU for the established facility		City Coordinators of National Rabies Prevention and Control Program (NRPCP)		
C. One (1) Original/Photocopy of Accomplished and Complete Self-Assessment Form		2019 NRPCP MOP 2019 Appendix 6: ABTC/ABC Assessment Tool		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents above (Nos. 1 to 5)  <b>For walk-in clients:</b> 1.1 Log in to visitor's logbook at the business center	<b>For walk-in clients:</b> 1.1. 1. Give queuing number to applicant  1.1.2. Call Program Manager of IDPCC	None	15 minutes	Administrative Aide IV Business Center
	1.1.3 Evaluate the documentary requirements for authenticity and completeness	None	20 minutes	ABTC/ABC Officer IDPCC
	<b>For incomplete documents:</b> 1.1.4 Deny the application and return the documents to the			5 minutes



	<p>applicant for completion</p> <p><b>For complete documents:</b></p> <p>1.1.5 Acknowledge receipt of complete application</p> <p>1.1.6 Route the application to the Regional Director's Office</p> <p>1.1.7 Received the application and forward to IDPCC</p> <p>1.1.8 Draft and send a letter/email to Requesting Party for schedule of visit, signed by IDPCC Cluster Head</p>		<p>5 minutes</p> <p>10 minutes</p> <p>1 day</p> <p>30 minutes</p>	<p>Administrative Aide IV Business Center</p> <p>Administrative Aide IV Business Center</p> <p>Administrative Assistant from the Regional Director's Office</p> <p>ABTC/ABC Officer IDPCC</p>
<p>2. Check mail/email for advice of IDPCC on the schedule of inspection</p> <p><b>If the facility is non-compliant or has findings:</b> Submit the documents indicated in the assessment form within ten (10) working days</p> <p><b>If application is disapproved:</b> Receive Notice of Disapproval</p>	<p>2.1. Inspect the site of Requesting Party</p> <p>2.2. Report the findings, rating and overall decision to the facility</p> <p><b>If non-compliant:</b> 2.3.1. Provide assessment form with comments for compliance</p> <p><b>If able to submit:</b> 2.3.2. Validate compliance from the findings</p> <p><b>If disapproved:</b> 2.4.1. Send a Notice of Disapproval signed by IDPCC Head to the Requesting Party and</p>	<p>None</p>	<p>1 day</p> <p>30 minutes</p> <p>30 minutes</p>	<p>ABTC/ABC Assessors IDPCC</p> <p>ABTC/ABC Assessors IDPCC</p> <p>ABTC/ABC Assessors IDPCC</p>

<p><b>If application is approved:</b> Monitor release of Certificate</p>	<p>Technical Assistance (TA) team of the Local Government Unit where the facility is situated</p> <p><b>If compliant:</b> 2.5.1 Inform the facility of the approval of Certificate</p> <p>2.5.2. Prepare the Certificate and endorsement letter</p> <p>2.5.3. Sign the ABTC/ABC Certificate</p>		<p>1 hour</p> <p>2 days</p>	<p>ABTC/ABC Officer IDPCC</p> <p>Director IV</p>
<p>3. Log in the visitor's logbook at the business center and receive the Certificate</p>	<p>3.1.1. Give queuing number to applicant</p> <p>3.1.2. Call Program Manager of IDPCC</p> <p>3.1.3. Record and release the Certificate</p>	<p>None</p>	<p>15 minutes</p> <p>5 minutes</p> <p>5 minutes</p>	<p>Administrative Aide V of Business Center</p> <p>ABTC/ABC Officer IDPCC</p>
	<p><b>Total</b></p>	<p><b>None</b></p>	<p><b>5 working days, 3 hours and 20 minutes</b></p>	



## 11. CERTIFICATE OF MOTHER BABY FRIENDLY WORKPLACE

This service is based on the Department Memorandum No. 2022-0111 which describes the process of application, assessment, re-assessment and recognition of Mother-Baby Friendly Workplace (MBFW). The MBFW ensures the creation of breastfeeding friendly workplaces in all health facilities, may it be public or private, through the establishment of supportive breastfeeding policies, spaces, and work environments.

<b>Office or Division:</b>	Family Health Cluster (FHC) (under Local Health Support Division [LHSD])			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Public and Private Health Facilities & Establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Duly Accomplished Self-Assessment Tool (SAT) for Mother Baby Friendly Workplace (MBFW)		Download from the website: <a href="https://bit.ly/41E6Q2g">bit.ly/41E6Q2g</a>		
2. One (1) original/ photocopy of letter of Intent (LOI) addressed to the Regional Director		Requesting Party		
3. One (1) copy company profile, Vision and Mission		Requesting Party		
4. One (1) copy list of Name of Human Resource Manager/Lead Person, list number of women workers in the workplace, list of Person in Charge of Workplace		Requesting Party		
5. One (1) copy workplace Lactation Policy		Requesting Party		
6. List and specification of Lactation Space/s and equipment within the space/s, guided by DOH DC 2011-03656		Requesting Party		
7. Documentation of Lactation Space/s and IEC Materials promoting lactation and women's health and nutrition in the workplace		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents above (Nos. 1 to 7)	<b>For walk-in clients:</b> 1.1. 1. Give queuing number to applicant	None	15 minutes	Administrative Aide V of Business Center

<p><b>For walk-in clients:</b> 1.1 Log in to visitor's logbook at the business center</p>	<p>1.1.2. Call Program Manager of FHC</p> <p><b>For email applications:</b> 1.2. Acknowledge receipt of email from applicant</p>	<p>None</p>		<p>MBHFI Officer FHC</p>
<p><b>For email applications:</b> 1.2. Email the required documents above (Nos. 1 to 5) to <a href="mailto:mbfhi.dohmmchd@gmail.com">mbfhi.dohmmchd@gmail.com</a></p>	<p>1.3. Evaluate the documentary requirements for authenticity and completeness</p>	<p>None</p>	<p>20 minutes</p>	<p>MBHFI Officer FHC</p>
	<p><b>For incomplete documents:</b> 1.3.1. Deny the application and return the documents to the applicant for completion</p>		<p>5 minutes</p>	<p>MBHFI Officer FHC</p>
	<p><b>For complete documents:</b> 1.3.2. Acknowledge receipt of complete application</p>		<p>5 minutes</p>	<p>Administrative Aide V of Business Center</p>
	<p>1.3.3. Route the application to the Regional Director's Office</p>		<p>10 minutes</p>	<p>Administrative Aide V of Business Center</p>
	<p>1.3.4. Receive the application and forward to FHC</p>		<p>1 day</p>	<p>Administrative Assistant from the Regional Director's Office</p>
	<p>1.3.5. Draft and send a</p>		<p>1 day</p>	<p>MBHFI Officer FHC</p>



	letter/email to Requesting Party for schedule of visit, signed by FHC Cluster Head			
2. Check mail/email for advice of FHC on the schedule of inspection	<p>2.1. Assess the health facility of Requesting Party</p> <p>2.2. Provide assessment form for the findings, rating and overall decision to the facility and its lactation station point person</p>	None	1 day	MBFHFI Assessors FHC
<p><b>If the facility is non-compliant or has findings:</b> Submit the documents indicated in the assessment form within ten (10) working days</p> <p><b>If application is disapproved:</b> Receive Notice of Disapproval</p> <p><b>If application is approved:</b> Monitor release of MBFW Certificate</p>	<p><b>If non-compliant:</b> 2.3.1. Provide the list of deficiencies</p> <p><b>If able to submit:</b> 2.3.2 Validate completeness of submitted documents</p> <p><b>If disapproved:</b> 2.4.1. Send a Notice of Disapproval signed by FHC Head to the Requesting Party and Technical Assistance (TA) team of the Local Government Unit where the facility is situated</p> <p><b>If compliant:</b> 2.5.1 Inform the facility of the approval of application</p>		30 minutes	MBFHFI Assessors FHC
			30 minutes	MBFHFI Assessors FHC
			1 hour	MBFHFI Assessors FHC
				Program Officer of FHC

	2.5.2. Prepare the MBFW Certificate		2 days	Director IV
	2.5.3. Sign the MBFW Certificate			
3. Log in the visitor's logbook at the business center and receive the MBFW Certificate	3.1.1. Give queuing number to applicant	None	15 minutes	Administrative Aide V of Business Center
	3.1.2. Call Program Manager of FHC		10 minutes	MBFHFI Officer FHC
	3.1.3. Record and release the MBFW Certificate			
	<b>TOTAL</b>	<b>None</b>	<b>5 working days, 3 hours and 20 minutes</b>	



## 12. ISSUANCE OF ENVIRONMENTAL SANITATION CLEARANCE (ESC)

Environmental Sanitation Clearance (ESC) is issued by the DOH Regional Office allowing the collection, handling, transport, treatment and disposal of domestic sludge or septage for mobile and/or stationary.

<b>Office or Division:</b>	Local Health Support Division – Environmental and Occupational Health Cluster (EOHC)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	All entities / Owners/Operators/Developers who wanted to establish collection, handling, transport, treatment and disposal of domestic sludge or septage (mobile and/or stationary).			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
A. For both Mobile Service and Stationary Service				
1. One (1) original, Three (3) photocopy of Notarized application		Requesting Party		
2. One (1) original, Three (3) photocopy of Report of Inspections, recommendations and findings from the LGU concerned (through local health office)		Requesting Party		
3. One (1) copy of documents / engineering report / project description		Requesting Party		
4. One (1) original, Three (3) photocopy of Report of validation and site evaluation conducted by the CHD Regional Office in coordination with the concerned Provincial Health Office		DOH Regional Office and Provincial Health Office		
5. One (1) photocopy of Official Receipt		Requesting Party		
6. One (1) original/valid government ID		Requesting Party		
Representative				
One (1) of original copy of Authorization Letter		Owners / Operators/ Developers		
One (1) original, One (1) photocopy of Any government valid ID both from the owner and the representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Log in the Visitor's Logbook	1.1 Call designated EOHC	None	5 minutes	Business Center Frontliner



	Administrative Assistant III to receive the Application Form including documentary requirements			
2. Submit Notarized Application Form including documentary requirements (c/o Local Health Office)	2.1 Receives and logs	None	5 minutes	Administrative Assistant III of LHSD - EOHC
	2.2 Evaluates the application for its correctness and completeness of the necessary documents forwarded by the local health office  <b>If incomplete</b> 2.2.1 Return the documents for completion	None	40 minutes  20 minutes	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
	2.3.1 Tabletop evaluation of the application  <b>If incomplete</b> 2.3.2. Disapproved the engineering report and inform the client	None	4 days  1 day	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
	2.4 Inform the facility of the schedule date of inspection	None	3 days	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
	2.5 Conducts inspection/ evaluation visit	None	1 day	
	2.6 Prepares the inspection/ evaluation report	None	1 day	



	2.7 Sign the inspection report	None	1 day	Medical Officer IV of LHSD-EOHC
	2.7 Issues Order of Payment	None	10 minutes	Engineer III / Engineer II of LHSD - EOHC
<p>3. Pay the amount due reflected in the Order of Payment (OP) to the Cashier's Office</p> <p>For online payment system, . Wait for the email notification bearing the OP number. . Register and pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a></p>	<p>3.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment</p> <p>3.2 If online payment, check if payment status is successful.</p>	<p>Clearance Fee– For:</p> <p>1. Private Sludge Collection PHP: 2,600.00</p> <p>2. Private Sludge Treatment and Disposal PHP: 2,800.00</p> <p>3. Private Sludge Collection, Treatment and Disposal PHP: 3,000.00</p> <p>(Note: Fee is for both Initial and Operational Permit)</p>	20 minutes	Administrative Assistant III / Collection Officer of Cashier Section
4. Submit the photocopy of Official Receipt of payment at the EOH office	4.1 Receives and logs	None	5 minutes	Engineer III / Engineer II of LHSD - EOHC
	4.2 Prepares Environmental Sanitation Clearance (ESC)	None	1 day	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
	4.3 Recommends the Approval of ESC	None	1 day	Medical Officer V / LHSD Chief

	4.4 Signs the ESC	None	1 day	DOH MMCHD Regional Director
5.Receives Approved ESC	5.1 Releases the Approved ESC	None	15 minutes	Administrative Aide VI of Records Section
<b>TOTAL</b>		<b>Clearance Fee–</b>  <b>For: 1. Private Sludge Collection PHP: 2,600.00</b>  <b>2. Private Sludge Treatment and Disposal PHP: 2,800.00</b>  <b>3. Private Sludge Collection Treatment and Disposal PHP: 3,000.00</b>  <b>(Note: Fee is for both Initial and Operationa I Permit)</b>	<b>13 days, 1 hour, 40 minutes</b>	



### 13. INITIAL AND OPERATIONAL CLEARANCE FOR BURIAL GROUNDS

Initial or Operational Clearance is issued only by the DOH Regional Office for the establishment of burial grounds (cemetery, memorial park, private burial ground or any place duly designated for permanent disposal of the dead).

<b>Office or Division:</b>	Local Health Support Division – Environmental and Occupational Health Cluster (EOHC)
<b>Classification:</b>	Highly Technical
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government
<b>Who may avail:</b>	For all entities/Owners/Operators/ Developers who wanted to establish burial grounds
<b>CHECKLIST OF REQUIREMENTS</b>	<b>WHERE TO SECURE</b>
<b>A. Initial Clearance for Public Cemetery or Memorial Park (for public use)</b>	
1. One (1) original, Three (3) photocopy of duly accomplished application form	Requesting Party
A.2. One (1) original, three (3) photocopy of Resolution of the city/municipal council for the site embodying therein the strict compliance to Chapter XXI – “Disposal of Dead Persons” (PD 856) *with barangay resolution as pre-requisite	Requesting Party
A.3. One (1) original, Three (3) photocopy of Map of the proposed cemetery in triplicate copies indicating the dimensions of the cemetery in length and width and the 25-50 meter zones, the dwelling places and sources of water supply within said zones	Requesting Party
A.4. One (1) original, three (3) photocopy of Title of ownership of the land proposed to be utilized as a cemetery, duly registered with the office of the register of deeds of the province/city	
<b>A.4.1 In case the land involved is a public land</b> , the site shall be set aside by the President of the Philippines for cemetery purposes. The application shall be coursed through the Lands Management Bureau, Department of Environment	

<p>and Natural Resources in the form of a resolution by the city or municipal council or provincial board whichever body is concerned</p> <p><b>A.4.2 When the site is owned by the municipality or component city</b>, the provincial board may set aside the said land for cemetery purposes upon recommendation of the city, the city council concerned shall set aside such land</p> <p><b>A.4.3 In case the land involved is a private property</b>, the title of ownership shall be duly registered with the register of deeds. If a donation, the deed of donation shall be likewise registered (1 original, 3-photocopy)</p>	
<p>A.5. One (1) original, Three (3) photocopy of Plan for the construction of a reinforced concrete wall or steel grille or combination thereof with a minimum height of two (2) meters around the cemetery with a steel grille main door provided with a lock</p>	
<p>A.6 One (1) original, three (3) photocopy of Plan for the construction of a chapel or a structure/building for public assembly within the cemetery. It shall have a minimum area of 50 square meter, (5mx 10m) where funeral ceremonies may be held and serves as a haven for protection against the sun or rain</p>	
<p>A.7 One (1) original, Three (3) photocopy of Plan for the construction of a 4-meter wide main road from the gate to the rear and the 1-meter minimum cross roads which divide the cemetery in lots and sections</p>	
<p>A.8 One (1) original, Three (3) photocopy of Topographic map of the cemetery zone</p>	
<p>A.9. One (1) original, Three (3) photocopy of Technical description of the proposed cemetery showing complete details (refer to Section</p>	



3.1.10 – Chapter XXI “Disposal of Dead Persons” <i>P.D.856</i>	
*All plans for submission must signed and sealed by corresponding licensed engineer	
A.10. One (1) original, Three (3) photocopy of Certification from the sanitary engineer of the Department of Health with regards to the suitability of the land proposed to be utilized as a cemetery, as to depth of water table during the dry and rainy seasons, highest flood level, direction of run-off, drainage disposal, the distance of any dwelling house within 25meter zone and drilling of a well or any source of potable water supply within 50 meter zone	Requesting Party
<b>B. Initial Clearance for Private Burial Ground or Place of Enshrinement (including Sectarian Burial Areas, Catacomb, Mausoleum):</b>	
B.1 One (1) original, Three (3) photocopy of Compliance to previous items: <b>A.1, A.3-A.4, A.5, and A.8-A.9</b> and Section 3.5.8 – Chapter XXI “Disposal of Dead Persons”, <i>P.D.856</i>	Requesting Party
B.2 One (1) original, three (3) photocopy of Resolution by the city/municipal council permitting the establishments of the private burial ground; *with barangay resolution as pre-requisite	Requesting Party
B.3 One (1) original, Three (3) photocopy of Certification by the city/municipal planning and development office with regards to the proposed site location	Requesting Party
B.4 Certification by the city/municipal engineer that the design of the proposed structures conforms to the National Building Code of the Philippines;	Requesting Party
B.5 Size of the burial private ground shall be at least 1.2 hectares which includes a buffer zone of 50meters around the niche or space for interment	Requesting Party

B.6 Burial shall be limited to 10 niches occupying an area not more than 30 square meters to be located at the center of the proposed site;				
B.7 Additional burials shall not exceed or go beyond the 30 square meters designated site and shall be constructed only over and above the existing niches, but in no case more than 4 niches or 3.0 meter high whichever is lower;				
*All plans for submission must signed and sealed by a corresponding licensed engineer				
B.8 One (1) original, Three (3) photocopy of Certification from the sanitary engineer of the Department of Health *see item A.10 for details		Engineer III		
<b>Operational Clearance</b>				
1. One (1) original, Three (3) photocopy of Application Letter *include: Photo documentation of work completed		Requesting Party		
2. One (1) original, Three (3) photocopy of Validation report of the DOH sanitary engineer as to conformity and compliance of the development		Engineer III		
3. One (1) photocopy of Official Receipt		Requesting Party		
4. One (1) original/valid government ID		Requesting Party		
<b>Representative</b>				
One (1) of Authorization Letter		Owners / Operators/ Developers		
One (1) original, One (1) photocopy of Any government valid ID both from the owner and the representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>ISSUANCE OF INITIAL PERMIT</b>				
1. Log in the Visitor's Logbook	1.1 Call designated EOHC Administrative Assistant III to receive the Application Form including documentary requirements	None	5 minutes	Business Center Frontliner



2. Submits documentary requirements at the EOH Office	2.1 Receives and logs	None	5 minutes	Administrative Assistant III of LHSD - EOHC
	2.2 Evaluates the application for its correctness and completeness of the necessary documents forwarded by the local health office  <b>If incomplete</b> 2.2.1 Return the documents for completion	None	40 minutes  20 minutes	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
	2.3.1 Tabletop evaluation of the application  <b>If incomplete</b> 2.3.2. Disapproved the engineering report and inform the client	None	4 days  1 day	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
	2.4 Inform the facility of the schedule date of inspection	None	3 days	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
	2.5 Conducts inspection/ evaluation visit	None	1 day	
	2.6 Prepares the inspection/ evaluation report	None	1 day	
	2.7 Sign the inspection report	None	1 day	Medical Officer IV of LHSD-EOHC
	2.8 Issues Order of Payment (OP)	None	10 minutes	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC



<p>3. Pays the amount due reflected in the Order of Payment to the Cashier's Office</p> <p>For online payment system,  a. Wait for the email notification bearing the OP number.  b. Register and pay through the link provided in the email or at <a href="https://myeg.ph/services/doh-mmchd">https://myeg.ph/services/doh-mmchd</a></p>	<p>3.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment</p> <p>3.2 If online payment, check if payment status is successful.</p>	<p>Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)</p>	<p>20 minutes</p>	<p>Administrative Assistant III / Collection Officer of Cashier Section</p>
<p>4. Submits copy of Official Receipt of payment at the EOH office</p>	<p>4.1 Receives and logs</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant III of LHSD - EOHC</p>
	<p>4.2 Prepares Initial Permit</p>	<p>None</p>	<p>1 day</p>	<p>Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC</p>
	<p>4.3 Recommends the Approval of Initial Permit</p>	<p>None</p>	<p>1 day</p>	<p>Medical Officer V/ LHSD Chief</p>
	<p>4.4 Signs the Initial Permit</p>	<p>None</p>	<p>1 day</p>	<p>DOH MMCHD Regional Director</p>
<p>5. Receives the Approved Initial Permit</p>	<p>5.1 Releases the Approved Initial Permit</p>	<p>None</p>	<p>15 minutes</p>	<p>Administrative Aide VI of Records Section</p>
<p><b>TOTAL</b></p>		<p>Clearance Fee - Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)</p>	<p><b>13 days, 1 hour, 40 minutes</b></p>	
<p><b>ISSUANCE OF OPERATIONAL PERMIT</b></p>				
<p>6. Log in the Visitor's Logbook</p>	<p>6.1 Call designated EOHC Administrative Assistant III to receive the Application Form</p>	<p>None</p>	<p>5 minutes</p>	<p>Business Center Frontliner</p>



	including documentary requirements				
7. Submits documentary requirements at the EOH Office	7.1 Receives and logs	None	5 minutes	Administrative Assistant III of LHSD - EOHC	
	7.2 Evaluates the application for its correctness and completeness of the necessary documents forwarded by the local health office	None	40 minutes	Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC	
	<b>If incomplete</b> 7.2.1 Return the documents for completion		20 minutes		
	7.3.1 Tabletop evaluation of the application	None	2 days		
	<b>If incomplete</b> 7.3.2. Disapproved the engineering report and inform the client		1 day		
	7.4 Inform the facility of the schedule date of inspection	None	3 days		
	7.5 Conducts inspection/ evaluation visit	None	1 day		
	7.6 Prepares the inspection/ evaluation report	None	1 day		
	7.7 Sign the inspection report	None	1 day		Medical Officer IV of LHSD-EOHC
	7.8 Prepares Operational Permit	None	1 day		Engineer III / Engineer II / Medical Officer IV of LHSD-EOHC
7.9 Recommend the Approval of Operational Permit	None	1 day	Medical Officer V / LHSD Chief		

	7.8 Signs the Operational Permit	None	1 day	DOH MMCHD Regional Director
8. Receives the Approved Operational Permit	8.1 Releases the Approved Operational Permit	None	15 minutes	Administrative Aide VI of Records Section
<b>TOTAL</b>		<b>Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance )</b>	<b>11 days, 1 hour, 5 mins</b>	



## 14. CERTIFICATE OF ACCREDITATION OF MOTHER-BABY FRIENDLY HEALTH FACILITY INITIATIVE

This service is based on the Department Memorandum No. 2022-0111 which describes the process of application, assessment, re-assessment and recognition of Mother-Baby Friendly Health Facility Initiative (MBFHFI). The MBFHFI ensures the creation of breastfeeding friendly workplaces in all health facilities, may it be public or private, through the establishment of supportive breastfeeding policies, spaces, and work environments.

<b>Office or Division:</b>	Family Health Cluster (FHC) under Local Health Support Division [LHSD]			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Public and Private Health Facilities & Establishments			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) original/photocopy of duly accomplished Self-Assessment Tool (SAT) for MBFHFI COA		Download from the website: <a href="http://www.ncbi.nlm.nih.gov/books/NBK153499/">www.ncbi.nlm.nih.gov/books/NBK153499/</a>		
2. One (1) original/photocopy of letter of Intent (LOI) addressed to the Regional Director		Requesting Party		
3. One (1) copy of Health Facility Policies on Breastfeeding, Essential Intrapartum Newborn Care (EINC), Care for Small Babies (CSB) and Rooming-in, Infection Prevention and Control Measures, signed by the Health Facility Chief/Head		Requesting Party		
4. One (1) copy of list of in-house or outsourced Staff Competency Trainings on EINC, Lactation Management Training (LMT) and CSB		Requesting Party		
5. One (1) copy of list of names of committees present in the health facility		Requesting Party		
6. One (1) original (for presentation) and photocopy of any valid government ID		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>

<p>1. Submit required documents above (Nos. 1 to 5)</p> <p><b>For walk-in clients:</b> 1.1 Log in to visitor's logbook at the business center</p> <p><b>For email applications:</b> 1.2. Email the required documents above (Nos. 1 to 5) to <a href="mailto:mbfhi.dohmmchd@gmail.com">mbfhi.dohmmchd@gmail.com</a></p>	<p><b>For walk-in clients:</b> 1.1. 1. Give queuing number to applicant</p> <p>1.1.2. Call Program Manager of FHC</p>	None	15 minutes	Administrative Aide V of Business Center
	<p><b>For email applications:</b> 1.2. Acknowledge receipt of email from applicant</p>	None		MBFHFI Officer FHC
	<p>1.3. Evaluate the documentary requirements for authenticity and completeness</p>	None	20 minutes	MBFHFI Officer FHC
	<p><b>For incomplete documents:</b> 1.3.1. Deny the application and return the documents to the applicant for completion</p> <p><b>For complete documents:</b> 1.3.2. Acknowledge receipt of complete application</p> <p>1.3.3. Route the application to the Regional Director's Office</p>		5 minutes	MBFHFI Officer FHC
			5 minutes	Administrative Aide V of Business Center
			10 minutes	Administrative Aide V of Business Center



	<p>1.3.4. Received the application and forward to FHC</p> <p>1.3.5. Draft and send a letter/email to Requesting Party for schedule of visit, signed by FHC Cluster Head</p>		<p>1 day</p> <p>1 day</p>	<p>Administrative Assistant from Office of the Regional Director</p> <p>MBFHFI Officer FHC</p>
<p>2. Check mail/email for advice of FHC on the schedule of inspection</p> <p><b>If the facility is non-compliant or has findings:</b> Submit the documents indicated in the assessment form within ten (10) working days</p> <p><b>If application is disapproved:</b> Receive Notice of Disapproval</p> <p><b>If application is approved:</b> Monitor release of COA</p>	<p>2.1. Assess the health facility of Requesting Party</p> <p>2.2. Provide assessment form for the findings, rating and overall decision to the facility and its Breastfeeding Committee</p> <p><b>If non-compliant:</b> 2.3.1. Provide assessment form with comments for compliance</p> <p><b>If able to submit:</b> 2.3.2. Provide the list of deficiencies</p> <p><b>If disapproved:</b> 2.4.1. Send a Notice of Disapproval signed by FHC Head to the Requesting Party and Technical Assistance (TA) team of the Local</p>	<p>None</p>	<p>3 days</p> <p>30 minutes</p> <p>30 minutes</p> <p>30 minutes</p>	<p>MBFHFI Assessors FHC</p> <p>MBFHFI Assessors FHC</p> <p>MBFHFI Assessors FHC</p>

	<p>Government Unit where the facility is situated</p> <p><b>If compliant:</b>                  2.5.1 Inform the facility of the approval of Certificate</p> <p>2.5.2. Prepare the COA</p> <p>2.5.3. Sign the COA</p>		<p>1 hour</p> <p>2 days</p>	<p>MBFHFI Officer FHC</p> <p>Director IV</p>
3. Log in the visitor's logbook at the business center and receive the COA	<p>3.1.1. Give queuing number to applicant</p> <p>3.1.2. Call Program Manager of FHC</p> <p>3.1.3. Record and release the COA</p>	None	<p>15 minutes</p> <p>10 minutes</p>	<p>Administrative Aide V of Business Center</p> <p>MBFHFI Officer FHC</p>
	<b>TOTAL</b>	None	<b>7 working days, 3 hours, 20 minutes</b>	



## 15. EDPMS COMPANY REGISTRATION

For issuances of the EDPMS User Account to drug establishments and health facilities in the region.:

<b>Office or Division:</b>	Local Health Support Division- Regional Pharmaceutical Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Please indicate type of transaction: G2G – Government to Government G2B – Government to Business			
<b>Who may avail:</b>	All Drug Outlets, Establishments and Health Facilities			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) scanned copy of FDA-issued License to Operate (LTO)		Requesting Party		
One (1) scanned copy of Accomplished EDPMS Service Request Form (SRF)		EDPMS Website <a href="https://edpms.doh.gov.ph">https://edpms.doh.gov.ph</a>		
One (1) scanned copy of Accomplished EDPMS Company Registration Form (CRF)		EDPMS Website <a href="https://edpms.doh.gov.ph">https://edpms.doh.gov.ph</a>		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Visit EDPMS Website at ( <a href="https://edpms.doh.gov.ph">https://edpms.doh.gov.ph</a> ) and submit filled up Online Request with attachments	1. Generate Online Service Request Number	None	15 minutes	Regional Drug Price Monitoring Office (RDPMO)



2. Waiting for the Approval and Creation of EDPMS Username and Password	2.1. Validate Company Name if there is an existing account at the EDPMS Website	None	10 minutes	RDPMO
	2.2. If None: Assess the documents for authenticity and completeness * EDPMS CRF * EDPMS SRF * FDA-issued LTO	None	1 hour	
	<b>For incomplete documents:</b> 2.2.1 Disapproved and inform/ Notify the clients or requesting party to resubmit complete required documents through email or phone call	None	1 hour	
	<b>For complete documents:</b> 2.2.2 Proceed to Step 2.3			
	2.3. Review and counter-check completeness of attached documents	None	5 days	DOH – Pharmaceutical Division
	2.4. Approve client request			
3. Issuance of EDPMS User Account	3. Issuance of EDPMS Account to the requesting party * through email or personal pick up	None	30 minutes	RDPMO
	<b>TOTAL</b>	<b>None</b>	<b>5 days, 2 hours and 55 minutes</b>	



## 16. ISSUANCE OF EDPMS CERTIFICATE OF COMPLIANCE

For issuances of the EDPMS Certificate of Compliance (COC) to the compliant drug establishments and health facilities in the region

<b>Office or Division:</b>	Local Health Support Division- Regional Pharmaceutical Division			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	Please indicate type of transaction: G2G – Government to Government G2B – Government to Business			
<b>Who may avail:</b>	Compliant Drug Establishments and Health Facilities			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) scanned copy of FDA-issued License to Operate (LTO)		Requesting Party		
One (1) scanned copy of accomplished EDPMS Service Request Form (SRF)		EDPMS Website <a href="https://edpms.doh.gov.ph">https://edpms.doh.gov.ph</a>		
One (1) scanned copy of List of Medicines under Bidding (*For drug establishments with government bidding purpose)		Requesting Party		
One (1) Letter of Intent		Requesting Party		
One (1) Original or Photocopy of Valid Identification Card (ID)		Requesting Party		
One (1) Authorization Letter		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Visit EDPMS Website at ( <a href="https://edpms.doh.gov.ph">https://edpms.doh.gov.ph</a> ) and submit filled up Online Request with attachments	1. Generate Online Service Request Number (SRN)	None	15 minutes	Regional Drug Price Monitoring Officer (RDPMO)
2. Wait for the confirmation email on the status of request	2.1. Validate uploaded data of the requesting party.	None	1 hour	RDPMO
	2.2. Check the completeness of the documents submitted * LOI address to RD * EDPMS SRF * FDA-issued LTO	None	1 hour	

	<p>* List of Medicines under Bidding</p> <p><b>For incomplete documents:</b> Disapproved and inform/ Notify the clients or requesting party to resubmit complete required documents *through email or phone call</p> <p><b>For complete and submitted documents:</b> Inform/ Notify the facility of the approval to Certification *through email or phone call</p>		5 minutes	
3. Wait for the processing of COC (Client may download advance copy at the EDPMS Portal)	<p>3.1. Prepare the response letter to the requesting party.</p> <p>3.2. Generate the Certificate of Compliance (COC)</p> <p>3.3. Forward the generated COC and response letter to Unit Head for review and initial</p> <p>3.4. Inform/ Notify the requesting party that the COC is on process</p> <p>3.5. Recommend to the Regional Director for approval to compliant drug establishments or health facilities</p>	<p>None</p> <p>None</p> <p>None</p> <p>None</p> <p>None</p>	<p>1 day</p> <p>2 Days</p>	<p>RDPMO</p> <p>Director IV</p>
4. Receive certificate	<p>4.1. Inform/ Notify the requesting party that the COC is now signed and ready for pick-up * through email or phone call</p>	None	10 minutes	RDPMO



	4.2. Release of Certificate upon presentation of valid ID			
	<b>Total</b>	<b>None</b>	<b>3 days, 2 hours and 30 minutes</b>	

### 17. CERTIFICATE OF TB-DOTS FACILITY

This ensures that a facility can provide quality services to presumptive TB patients for TB DOTS, met the minimum criteria in the promotion, protection and support. It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provide platform for PhilHealth accreditation.

<b>Office or Division:</b>	Infectious Diseases Prevention and Control Cluster (IDPCC) (under Local Health Support Division [LHSD])			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G – Government to Government G2B – Government to Business			
<b>Who may avail:</b>	Rural Health Units, Government and Private Hospital and Private Clinics			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
A. One (1) Original copy of Letter of Intent from the facility		Requesting Party		
B. One (1) Original/Photocopy of Endorsement Letter from the LGU for the established facility		Requesting Party		
C. One (1) Original/Photocopy of Accomplished and Complete Self-Assessment Form		Download from the website: <a href="http://bit.ly/3SGpltq">bit.ly/3SGpltq</a> (IDPCC)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit required documents above (Nos. 1 to 5)  <b>For walk-in clients:</b> 1.1 Log in to visitor's logbook at the business center	<b>For walk-in clients:</b> 1.1. 1. Give queuing number to applicant  1.1.2. Call Program Manager of IDPCC	None	10 minutes	Administrative Aide V of Business Center



	<p>1.1.3 Evaluate the documentary requirements for authenticity and completeness</p> <p><b>For incomplete documents:</b></p> <p>1.1.4 Deny the application and return the documents to the applicant for completion</p> <p><b>For complete documents:</b></p> <p>1.1.5 Acknowledge receipt of complete application</p> <p>1.1.6 Route the application to the Regional Director's Office</p> <p>1.1.7 Forward the application to IDPCC</p> <p>1.1.8 Set the date for the inspection</p> <p>1.1.9 Draft and send a letter/email to Requesting Party for schedule of visit, signed by IDPCC Cluster Head</p>	None	<p>20 minutes</p> <p>5 minutes</p> <p>5 minutes</p> <p>1 day</p> <p>1 day</p> <p>30 minutes</p>	<p>Program Officer of LHSD - IDPCC</p> <p>Program Officer of LHSD - IDPCC</p> <p>Program Officer of LHSD - IDPCC</p> <p>Director IV</p> <p>Administrative Assistant from the Regional Director's Office</p> <p>Program Officer of LHSD - IDPCC</p> <p>Program Officer and Cluster Head of IDPCC</p>
<p>2. Check mail/email for advice of IDPCC on the schedule of inspection</p>	<p>2.1. Inspect the site of Requesting Party</p> <p>2.2. Report the findings, rating and overall decision to the facility</p> <p><b>If non-compliant:</b></p>	None	1 day	Program Officer of LHSD - IDPCC

<p><b>If the facility is non-compliant or has findings:</b> Submit the documents indicated in the assessment form within ten (10) working days</p> <p><b>If application is disapproved:</b> Receive Notice of Disapproval</p> <p><b>If application is approved:</b> Monitor release of Certificate</p>	<p>2.3.1. Provide assessment form with comments for compliance</p> <p>2.3.2. Validate compliance from the findings</p> <p><b>If disapproved:</b> 2.4.1. Send a Notice of Disapproval signed by IDPCC Head to the Requesting Party and Technical Assistance (TA) team of the Local Government Unit where the facility is situated</p> <p><b>If compliant:</b> 2.5.1 Inform the facility of the approval of Certificate</p> <p>2.5.2. Prepare the Certificate and endorsement letter</p> <p>2.5.3. Sign the TB-DOTS Certificate</p>		<p>30 minutes</p> <p>30 minutes</p> <p>1 hour</p> <p>2 days</p>	<p>Program Officer of LHSD - IDPCC</p> <p>Program Officer of LHSD - IDPCC</p> <p>Director IV</p>
<p>3. Log in the visitor's logbook at the business center and receive the Certificate</p>	<p>1.1. Give queuing number to applicant</p> <p>1.2. Call Program Manager of IDPCC</p> <p>1.3. Record and release the Certificate</p>	<p>None</p>	<p>10 minutes</p> <p>5 minutes</p>	<p>Administrative Aide V of Business Center</p> <p>Administrative Assistant or Program Officer of LHSD - IDPCC</p>
	<p><b>Total</b></p>	<p><b>None</b></p>	<p><b>5 working days, 3 hours and 25 minutes</b></p>	



# **MANAGEMENT SUPPORT SERVICES DIVISION (MSSD)**



### 18. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE IN-PATIENTS FROM GOVERNMENT HOSPITALS

This process covers the submission of requirements, assessment and evaluation of patients, and preparation of referral/guarantee letters for eligible beneficiaries.

<b>Office or Division:</b>	Management Support Services Division (MSSD) - Medical Assistance to Indigent Patients Program (MAIPP)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Indigent and Financially Incapacitated Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Original or One (1) Certified True Copy (CTC) of Social Case Study		Department of Social Welfare and Development (DSWD) or City Social Welfare Department (CSWD)		
One (1) Original or One (1) CTC of Statement of Account		Government Hospital		
One (1) Original or One (1) CTC of Medical Abstract		Government Hospital		
One (1) Original or One (1) CTC of Laboratory Results		Government Hospital		
One (1) photocopy of patient's government issued identification card (ID)		Requesting Party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p>1. Submit all the documentary requirements above.</p> <p><b>For walk-in clients:</b> Log in to the visitor's logbook. Proceed to the front desk of the Public Assistance and Complaint Unit (PACU) and submit the complete requirements</p> <p><b>For clients applying through e-mail:</b> Submit all scanned copies of all the required documents in <a href="mailto:ncro.dohmap@yahoo.com">ncro.dohmap@yahoo.com</a></p>	<p>1.1 Receive the complete documents from the client.</p> <p><b>For walk-in clients:</b> Forward the received documents to the assigned Administrative Assistant II (ADAS II) of MAIPP</p> <p><b>For clients received through e-mail:</b> Acknowledge receipt of the e-mail and forward the</p>	None	5 minutes	<p>PACU Front Desk/MAIPP Personnel</p> <p>MAIPP Personnel</p>



	<p>received e-mail to the MAIPP Coordinator</p> <p><b>1.2.1 If incomplete:</b> Notify the applicant of the lacking documents and attach the complete list of requirements to client</p> <p><b>1.2.2. If complete:</b> Proceed to Step 2.1</p>			
2. Awaits status of request.	<p>2.1 Assess the medical assistance request of the client.</p> <p><b>2.1.1. If the client is not eligible to the program,</b> 2.1.1 Endorse the client to the Medical Social Service Department of the hospital.</p> <p><b>2.1.2. If the client is eligible to the program</b></p> <p>2.1.2 Proceed to Step 2.2</p>	None	15 minutes	Malasakit Center (MC) Coordinator
	<p>2.2. Prepare the referral letter.</p> <p>2.2.1 Forward the referral letter to the</p>	None	2 days and 35 minutes	MAIPP Personnel  MAIP Personnel

	<p>Chief Administrative Officer (CAO) for signature.</p> <p>2.2.2 Sign the referral letter</p> <p>2.2.3 Forward the referral letter to the Regional Director (RD) Office for signature.</p> <p>2.2.4 Sign the referral letter</p>			<p>CAO</p> <p>MAIP Personnel</p> <p>Regional Director</p>
3. Receive the referral letter from the MAIPP.	3.1 Send the referral letter to the e-mail address given.	None	5 Minutes	MAIPP Personnel
	<b>TOTAL</b>	<b>None</b>	<b>2 days and 1 hour</b>	



## 19. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE IN-PATIENTS FROM PRIVATE MEDICAL FACILITIES

This process covers the submission of requirements, assessment and evaluation of patients, and preparation of guarantee letters for eligible beneficiaries.

<b>Office or Division:</b>	Management Support Services Division (MSSD) - Medical Assistance to Indigent Patients Program (MAIPP)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	Government to Citizen (G2C); Government to Business (G2B)			
<b>Who may avail:</b>	Indigent and Financially Incapacitated Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Original or One (1) Certified True Copy (CTC) of Social Case Study		Department of Social Welfare and Development (DSWD) or City Social Welfare Department (CSWD)		
One (1) Original or One (1) CTC of Statement of Account		Private Medical Facility		
One (1) Original or One (1) CTC of Medical Abstract		Private Medical Facility		
One (1) Original or One (1) CTC of Laboratory Results		Private Medical Facility		
One (1) Original or One (1) CTC of Certificate of unavailability of procedure or accommodation		Government Hospital or Department of Health - Central Office National Patient Navigation And Referral Center (NPNRC)		
One (1) photocopy of patient's government issued identification card (ID)		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the documentary requirements above	1.1 Receive the complete documents from the client	None	5 minutes	PACU Front Desk/MAIPP Personnel
<b>For walk-in clients:</b> Log in to the visitor's logbook then Proceed to the front desk of the Public Assistance and Complaint Unit (PACU) and pass the complete requirements	<b>For walk-in clients:</b> Forward the received documents to the assigned Administrative Assistant II (ADAS II) of MAIPP			
<b>For clients applying through e-mail:</b> Submit all scanned copies of all the	<b>For clients received through e-</b>			MAIPP Personnel

<p>required documents in <a href="mailto:ncro.dohmap@yahoo.com">ncro.dohmap@yahoo.com</a></p>	<p><b>mail:</b> Acknowledge receipt of the e-mail and forward the received e-mail to the MAIPP Coordinator</p> <p><b>1.2.1 If incomplete:</b> Notify the applicant of the lacking documents and attach the complete list of requirements to client</p> <p><b>1.2.2. If complete:</b> Proceed to Step 2.1</p>			
<p>2. Awaits status of request</p>	<p>2.1 Assess the medical assistance request of the client</p> <p><b>If the client is not eligible to the program,</b> 2.1.1. Endorse the client to DSWD through email</p> <p><b>If the client is eligible to the program,</b> 2.1.2. Proceed to the next step 2.2</p>	<p>None</p>	<p>15 minutes</p>	<p>MAIPP Coordinator</p>
	<p>2.2. Prepare the guarantee letter</p> <p>2.2.1 Prepare the Obligation Request Status</p>	<p>None</p>	<p>13 days</p>	<p>MAIPP Personnel</p> <p>MAIPP Personnel</p>



	<p>(ORS) and the Disbursement Voucher (DV) and for payment</p> <p>2.2.2 Forward the ORS/DV to the Chief Administrative Officer (CAO) for signing</p> <p>2.2.3 Sign the ORS/DV</p> <p>2.2.4 Forward the ORS/DV to the Budget Section for the processing of ORS</p> <p>2.2.5 Process the ORS of the ORS/DV</p> <p>2.2.6 Forward the ORS/DV to the Accounting Section for the processing of DV</p> <p>2.2.7 Process the DV of the ORS/DV</p> <p>2.2.8 Forward the ORS/DV to the Regional Director (RD) Office for the approval of payment</p> <p>2.2.9 Sign the ORS/DV</p> <p>2.2.10 Forward the ORS/DV to the Cashier Section for the</p>			<p>MAIPP Personnel</p> <p>CAO</p> <p>MAIPP Personnel</p> <p>Budget Personnel</p> <p>Budget Personnel</p> <p>Accounting Personnel</p> <p>Accounting Personnel</p> <p>Regional Director</p> <p>Administrative Assistant of Office of the Regional Director</p> <p>Cashier Personnel</p>
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	issuance of the cheque  2.2.11 Issue a check to a private medical facility.			
3. Receive the cheque from the cashier section	3.1 Release the cheque to the authorized personnel of the hospital	None	1 hour and 15 minutes	Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>13 days and 1 hour and 35 minutes</b>	



## 20. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE OUT-PATIENTS FROM GOVERNMENT HOSPITALS

This process covers the submission of requirements, assessment and evaluation of patients, and preparation of referral/guarantee letters for eligible beneficiaries.

<b>Office or Division:</b>	Management Support Services Division (MSSD) - Medical Assistance to Indigent Patients Program (MAIPP)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	Government to Citizen (G2C)			
<b>Who may avail:</b>	Indigent and Financially Incapacitated Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Original or One (1) Certified True Copy (CTC) of Social Case Study		Department of Social Welfare and Development (DSWD) or City Social Welfare Department (CSWD)		
One (1) Original or One (1) CTC of Statement of Account		Government Hospital		
One (1) Original or One (1) CTC of Physician's Request/Prescription		Government Hospital		
One (1) Original or One (1) CTC of Medical Certificate		Government Hospital		
One (1) photocopy of patient's government issued identification card (ID)		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p>1. Submit all the documentary requirements above</p> <p><b>For walk-in clients:</b> Log in to the visitor's logbook. Proceed to the front desk of the Public Assistance and Complaint Unit (PACU) and pass the complete requirements</p> <p><b>For clients applying through e-mail:</b> Submit all scanned copies of all the required documents in <a href="mailto:ncro.dohmap@yahoo.com">ncro.dohmap@yahoo.com</a></p>	<p>1.1 Receive the complete documents from the client</p> <p><b>For walk-in clients:</b> Forward the received documents to the assigned Administrative Assistant II (ADAS II) of MAIPP</p> <p><b>For clients received through e-mail:</b> Acknowledge receipt of the e-mail and forward the</p>	None	5 minutes	<p>PACU Front Desk/MAIPP Personnel</p> <p>MAIPP Personnel</p>



	<p>received e-mail to the MAIPP Coordinator</p> <p><b>1.2.1 If incomplete:</b> Notify the applicant of the lacking documents and attach the complete list of requirements to client</p> <p><b>1.2.2. If complete:</b> Proceed to Step 2.1</p>			
2. Awaits status of request	<p>2.1 Assess the medical assistance request of the client</p> <p><b>If the client is not eligible to the program,</b> 2.1.1 Endorse the client to the Medical Social Service Department of the hospital</p> <p><b>If the client is eligible to the program,</b> 2.1.2 Proceed to Step 2.2</p>	None	15 minutes	Malasakit Center (MC) Coordinator
	<p>2.2. Prepare the referral letter.</p> <p>2.2.1 Forward the referral letter to the Chief Administrative Officer (CAO)</p>	None	2 days and 35 minutes	<p>MAIPP Personnel</p> <p>MAIP Personnel</p>



	for signature. 2.2.2 Sign the referral letter 2.2.3 Forward the referral letter to the Regional Director (RD) Office for signature. 2.2.4 Sign the referral letter			CAO  MAIPP Personnel  Regional Director
3. Receive the referral letter from the MAIPP.	3.1 Send the referral letter to the e-mail address given	None	5 Minutes	MAIPP Personnel
	<b>TOTAL</b>	<b>None</b>	<b>2 days and 1 hour</b>	

## 21. AVAILMENT OF MEDICAL ASSISTANCE OF ELIGIBLE OUT-PATIENTS FROM PRIVATE MEDICAL FACILITIES

This process covers the submission of requirements, assessment and evaluation of patients, and preparation of guarantee letters for eligible beneficiaries.

<b>Office or Division:</b>	Management Support Services Division (MSSD) - Medical Assistance to Indigent Patients Program (MAIPP)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	Government to Citizen (G2C); Government to Business (G2B)			
<b>Who may avail:</b>	Indigent and Financially Incapacitated Patients			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Original or One (1) Certified True Copy (CTC) of Social Case Study		Department of Social Welfare and Development (DSWD) or City Social Welfare Department (CSWD)		
One (1) Original or One (1) CTC of Statement of Account		Private Medical Facility		
One (1) Original or One (1) CTC of Physician's Request/Prescription		Private Medical Facility		
One (1) Original or One (1) CTC of Medical Certificate		Private Medical Facility		
One (1) Original or One (1) CTC of Certificate of unavailability of procedure or accommodation		Government Hospital or Department of Health - Central Office National Patient Navigation and Referral Center (NPNRC)		
One (1) photocopy of patient's government issued identification card (ID)		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the documentary requirements above	1.1 Receive the complete documents from the client	None	5 minutes	PACU Front Desk/MAIPP Personnel
<b>For walk-in clients:</b> Log in to the visitor's log book then proceed to the front desk of the Public Assistance and Complaint Unit (PACU) and pass the complete requirements	<b>For walk-in clients:</b> Forward the received documents to the assigned Administrative Assistant II (ADAS II) of MAIPP			
<b>For clients applying through e-mail:</b> Submit all	<b>For clients received</b>			MAIPP Personnel



<p>scanned copies of all the required documents in <a href="mailto:ncro.dohmap@yahoo.com">ncro.dohmap@yahoo.com</a></p>	<p><b>through e-mail:</b> Acknowledge receipt of the e-mail and forward the received e-mail to the MAIPP Coordinator</p> <p><b>1.2.1 If incomplete:</b> Notify the applicant of the lacking documents and attach the complete list of requirements to client</p> <p><b>1.2.2. If complete:</b> Proceed to Step 2.1</p>			
<p>2. Awaits status of request.</p>	<p>2.1 Assess the medical assistance request of the client. <b>If the client is not eligible to the program,</b> 2.1.1 Endorse the client to DSWD through email</p> <p><b>If the client is eligible to the program,</b> 2.1.2 Proceed to the next step 2.2</p>	<p>None</p>	<p>15 minutes</p>	<p>MAIPP Coordinator</p>
	<p>2.2. Prepare the guarantee letter</p> <p>2.2.1 Prepare the Obligation Request Status (ORS) and the</p>	<p>None</p>	<p>13 days</p>	<p>MAIPP Personnel  MAIPP Personnel</p>

	<p>Disbursement Voucher (DV) and for payment</p> <p>2.2.2 Forward the ORS/DV to the Chief Administrative Officer (CAO) for signing</p> <p>2.2.3 Sign the ORS/DV</p> <p>2.2.4 Forward the ORS/DV to the Budget Section for the processing of ORS</p> <p>2.2.5 Process the ORS of the ORS/DV</p> <p>2.2.6 Forward the ORS/DV to the Accounting Section for the processing of DV</p> <p>2.2.7 Process the DV of the ORS/DV</p> <p>2.2.8 Forward the ORS/DV to the Regional Director (RD) Office for the approval of payment</p> <p>2.2.9 Sign the ORS/DV</p> <p>2.2.10 Forward the ORS/DV to the Cashier Section for the</p>			<p>MAIPP Personnel</p> <p>CAO</p> <p>MAIPP Personnel</p> <p>Budget Personnel</p> <p>Budget Personnel</p> <p>Accounting Personnel</p> <p>Accounting Personnel</p> <p>Regional Director IV</p> <p>Administrative Assistant of Office of the Regional Director</p>
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	issuance of the cheque  2.2.11 Issue a check to a private medical facility.			Cashier Personnel
3. Receive the cheque from the cashier section	3.1 Release the cheque to the authorized personnel of the hospital	None	1 hour and 15 minutes	Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>13 days and 1 hour and 35 minutes</b>	

## 22. ISSUANCE OF NOTICE OF AWARD, PURCHASE ORDER/CONTRACT, AND NOTICE TO PROCEED

This shall guide the Lowest Calculated and Responsive Bidders in the issuance of the Notice of Award (NOA), Purchase Order/Contract (PO/C), and Notice to Proceed (NTP) by the Bids and Awards Committee Secretariat (BAC).

<b>Office or Division:</b>	Bids and Awards Committee Secretariat, Management Support Services Division (MSSD)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B – Government to Business			
<b>Who may avail:</b>	Lowest Calculated and Responsive Bidder (LCRB)			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original copy of Performance Bond		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Log in the Visitor's Logbook  <b>Waiting time: 10 minutes</b>	1.1 Call the designated BAC Office Administrative Assistant to verify the bidder's transaction	None	5 mins	Administrative Assistant MSSD - Business Center
2. Proceed to BAC office at Building 3	2.1 Release one (1) original copy of the NOA	None	20 minutes	Administrative Assistant MSSD - BAC
3. Receive one (1) copy of the NOA and sign all copies with BAC	3.1 Prepare the PO/C and review the supporting documents attached  <b>If there are changes in the template of the PO/C:</b> Forward the PO/C to Legal Affairs Unit (LAU) for review  <b>If there are no changes in the template of the PO/C:</b> Proceed to next step	None	4 hours	Administrative Assistant III and Administrative Officer V MSSD - BAC



	<p>3.2 Forward the PO/Contract and NTP to the end user for the Cluster/Unit Head's review and the Division Chief's signature on BOX A of the ORS</p>	None	16 hours	Administrative Assistant, Cluster/Unit Head and Division Head
	<p>3.3 Forward the PO/C and NTP with the supporting documents to the Budget Section for review based on checklist attached therein</p> <p><b>If requirements are complete:</b> Assign serial numbers, approve the Obligation Receipt Slip (ORS) and provide Certificate of Availability of Funds (CAF) for the project.</p> <p><b>If requirements are incomplete:</b> Return the PO/C and NTP with supporting documents to BAC for completion of requirements</p>	None	16 hours	<p>Administrative Assistant and Cluster/Unit/Division</p> <p>Administrative Officer IV or V and Cluster/Unit/Division</p> <p>Administrative Assistant Cluster/Unit/Division</p>
	<p>3.4 Forward the PO/C and NTP with supporting documents to the Accounting Section for processing and checking of requirements based checklist attached therein</p> <p><b>If requirements are complete:</b> Sign PO/C and CAF</p> <p><b>If requirements are incomplete:</b> Return the PO/C and NTP with supporting documents to BAC for completion</p>	None	80 hours	<p>Administrative Assistant III Cluster/Unit/Division</p> <p>Accountant III MSSD - Accounting Section</p> <p>Administrative Assistant Accounting Section</p>



	3.5 Forward the PO/C and NTP with supporting documents to the MSSD Chief Administrative Officer for review	None	1 hour	Administrative Assistant and Chief Administrative Officer MSSD
	3.6. Forward the PO/C and NTP with supporting documents to the Regional Director's Office for approval	None	8 hours	Administrative Assistant MSSD and Director IV
	3.7. Return signed PO/C and NTP with supporting documents to BAC	None	30 minutes	Administrative Assistant Office of the Director IV
	3.8 Notify LRCB thru email that PO has been approved and ready for pick-up	None	10 minutes	Administrative Assistant MSSD - BAC



4. Log in the Visitor's Logbook  <b>Waiting time: 10 minutes</b>	4.1 Call the designated BAC Office Administrative Assistant to verify the bidder's transaction  4.2 Release the approved PO to LRCB	None	5 mins	Administrative Assistant <i>MSSD - Business Center</i>
5. Sign and receive the approved PO/C and NTP	5.1 Record the receipt of PO/C and NTP by the LRCB thru the Procurement Monitoring Status (PMS)	None	10 minutes	Administrative Assistant III <i>MSSD - BAC</i>
<b>TOTAL</b>		<b>None</b>	<b>Without Waiting Time: 15 days, 6 hours and 20 mins  With Waiting Time: 15 days, 6 hours and 40 minutes</b>	

### 23. RELEASE OF PAYMENTS – LDDAP (EXTERNAL)

This refers to the preparation and release of payment for external client upon receipt of LDDAP.

<b>Office or Division:</b>	Management Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Suppliers, LGU's			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any of the following: One (1) Photocopy of Bank Certificate One (1) Original Letter of Introduction (DBM form)		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Letter of Introduction (LOI)/ Bank Certificate to Cashier	1. Accept Letter of Introduction (LOI)/Bank Certificate	None	10 minutes	Administrative Assistant III -MSSD Cashier Section
2. Wait for the payment to be credited to bank account	2.1 Prepare LDDAP-ADA	None	2 hour	Administrative Assistant III -MSSD Cashier Section
	2.2 Review and Signs LDDAP-ADA	None	1 hour	Administrative Officer V -MSSD Cashier Section
	2.3 Forward to Accounting	None	10 minutes	Administrative Assistant III -MSSD Cashier Section
	2.4 Receive and records in the log book LDDAP-ADA from Cashier Section	None	10 minutes	Administrative Assistant II -MSSD Accounting Section
	2.5 Forward LDDAP – ADA to Accountant III	None	10 minutes	Administrative Assistant II -MSSD Accounting Section
	2.6 Verify and Sign LDDAP – ADA	None	1 hour	Accountant III -MSSD Accounting Section



	2.7 Forward LDDAP-ADA to Administrative Assistant	None	10 minutes	Administrative Assistant II -MSSD Accounting Section
	2.8 Forward LDDAP-ADA to Authorized Signatory	None	10 minutes	Administrative Assistant II -MSSD Accounting Section
	2.9 Receive and records in the logbook receipt of LDDAP ADA	None	10 minutes	Administrative Assistant -Authorized Signatory (ARDO/RLED/LHSD)
	2.10 Sign LDDAP – ADA	None	2 hours	Authorized Signatory (ARDO/RLED/LHSD)
	2.11 Forward LDDAP-ADA to Cashier Section	None	10 minutes	Administrative Assistant -Authorized Signatory (ARDO/RLED/LHSD)
	2.12 Receive LDDAP-ADA and record receipt in the log book	None	10 minutes	Administrative Assistant III -MSSD Cashier Section
	2.13 Submit LDDAP ADA to Bank	None	4 hours	Administrative Officer I -MSSD Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 3 hours and 30 minutes</b>	

## 24. ISSUANCE OF OFFICIAL RECEIPT

Receives Order of Payment and issue Official receipt in exchange of Cash/Cheques from customer/client.

<b>Office or Division:</b>	MANAGEMENT SUPPORT DIVISION			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Employees and Staff, Suppliers, LGU's			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original copy of Order of Payment		Transacting Office (RLED/BAC/LHSD/GSSS)		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Proceed to Cashier and submit Order of Payment	1. Receive order of payment, review and verify the entries on the document presented	None	5 minutes	Administrative Officer I -MSSD Cashier Section
2. Pay the amount due as reflected on the Order of Payment	2. Accept payment	None	10 minutes	Administrative Officer I -MSSD Cashier Section
3. Receive Official Receipt	3. Issue Official Receipt	None	5 minutes	Administrative Officer I -MSSD Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>20 minutes</b>	



## 25. RELEASE OF CHECKS

This involves the release of checks to payees covering the payment of DOH-MMCHD units to individuals, agencies or organization based on the Disbursement Vouchers prepared by the different DOH-MMCHD units from which the funds were sourced.

<b>Office or Division:</b>	Management Support Division – Cashier Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Employees and Staff, Suppliers, LGU's			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. Two (2) original Identification Card of principal (for presentation)		Claimant		
<b>Additional Documents if with Authorized Representative</b> 2. Two (2) original Identification Card of Authorize Representative (for presentation) 3. One (1) original Authorization Letter for Suppliers, Government and Private Agencies/Facilities 4. One (1) Original duly notarized Special Power of Attorney (SPA) for employee salaries, benefits and allowances		Claimant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Present all the required documents above	1.1. Validate the identity of the claimant and assess the documents presented  <b>If documents are not sufficient:</b> 1.1.1 Deny the request for issuance of check  <b>If documents are sufficient:</b> 1.1.2. Present the Disbursement Voucher (DV) to Requesting Party	None	5 minutes         <b>Waiting time:</b> <b>1 hour</b>	Administrative Assistant III -MSSD Cashier Section

2. Check the amount and particulars of the DV	2. Request Claimant to sign DV	None	5 minutes	Administrative Assistant III -MSSD Cashier Section
3. Issue Official Receipt based on the DV	3. Present the Check Registry Book to Claimant for signature	None	5 minutes	Administrative Assistant III -MSSD Cashier Section
4. Sign Check Registry Book	4. Check the Registry Book if properly signed	None	5 minutes	Administrative Assistant III -MSSD Cashier Section
5. Receive the check	5. Release the check	None	5 minutes	Administrative Assistant III -MSSD Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>1 hour and 30 minutes</b>	



## 26. ISSUANCE OF PERSONNEL-RELATED DOCUMENTS OF HUMAN RESOURCES FOR HEALTH UNDER THE NATIONAL HEALTH WORKFORCE SUPPORT SYSTEM (CERTIFICATE OF EMPLOYMENT, SERVICE RECORD, AND CERTIFICATE OF LEAVE CREDITS)

This includes the preparation and issuance of personnel-related documents (PRD) which are as follows: (1) Certificate of Employment, (2) Service Record, and (3) Certificate of Leave Credits. The PRDs are requested by Human Resources for Health (HRH) under National Health Workforce Support System (NHWSS), whether currently or previously employed.

<b>Office or Division:</b>	Human Resource Development Unit, Management Support Services Division	
<b>Classification:</b>	Simple	
<b>Type of Transaction:</b>	G2C – Government to Citizen	
<b>Who may avail:</b>	Currently or previously employed HRH under NHWSS	
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>
1. One (1) original duly accomplished request form		HRDU/Online
2. One (1) original (for presentation) and one (1) photocopy of any government-issued identification card of principal		Requesting Party
<b>Additional requirements if thru Authorized Representative:</b>		
3. One(1) original Authorization Letter duly signed by the concerned personnel		Requesting Party
4. One (1) original (for presentation) and one (1) photocopy of any government-issued identification card of Authorized Representative		Requesting Party



CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
<b>For walk-in clients:</b> 1. Log-in the Visitor's Logbook	Call HRDU's Administrative Assistant or Health Program Officer I	None	5 minutes	Administrative Assistant MSSD - Business Center
<b>For walk-in clients:</b> 1. Submit the duly accomplished request form  <b>Waiting time:</b> 20 minutes  <b>For online request:</b> 2. Accomplish the online request form	2.1 Receive (for walk-in clients) and assess the duly accomplished request form	None	10 minutes	Health Program Officer I MSSD - HRDU
	2.2 Prepare the requested document	None	2 days	Health Program Officer I MSSD - HRDU
	2.3 Review and sign the requested document	None	6 hours	Training Specialist III or Training Specialist II MSSD - HRDU
	2.4 Affix agency's official dry seal on requested document	None	5 minutes	Health Program Officer I MSSD - HRDU



3. Log-in Visitor's Logbook	Call HRDU's Administrative Assistant or Health Program Officer I	None	5 minutes	Administrative Assistant MSSD - Business Center
4. Proceed to HRDU office and submit all documentary requirements stated above	4. Assess the documentary requirements submitted  <b>If complete:</b> 4.1. Proceed to next step  <b>If incomplete:</b> Deny application and require submission of complete documents	None	30 minutes  <b>Waiting time:</b> 30 minutes	Health Program Officer I MSSD - HRDU
5. Receive the requested document and sign the logbook as proof of receipt	Release the document requested and provide the logbook for recording of receipt	None	5 minutes	Health Program Officer I MSSD - HRDU
	<b>TOTAL</b>	<b>None</b>	<b>Without Waiting Time:</b> <b>2 Days and 7 Hours</b>  <b>With waiting time:</b> <b>2 days, 7 hours and 50 minutes</b>	

## 27. RELEASE OF RECORD TO MMCHD – RETAINED HOSPITALS

This service includes the release of records to Metro Manila Center for Health Development (MMCHD) - Retained Hospitals. This record refers to approved Appointment Paper and Travel Authority of some Official and Personnel from the Retained Hospitals

The issuance of record shall be based on the existing files of the KMITS - Records Section only.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service (KMITS) - Records Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Officials and Employees of MMCHD Retained Hospital			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) Request form stating the record being requested with the following information: 1.1 Full name of claimant 1.2 Name of Agency		KMITS - RECORDS		
2. Valid Identification Card		Client		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements	1.1 Receive all the requirements	None	3 minutes	Administrative Assistant III MSSD- KMITS - Records
	1.2 Review the completeness of information in the request form	None	1 minute	
	1.3 Prepare the record being requested	None	10 minutes	
2. Receive the record	2.1 Record the issuance of the record	None	5 minutes	
	2.2 Release the record to the client			
<b>TOTAL</b>		<b>None</b>	<b>19 minutes</b>	



## 28. ISSUANCE OF PERSONNEL RELATED DOCUMENTS (EXTERNAL)

To facilitate the timely preparation and issuance of personnel-related documents such as Service Record, Certificate of Employment, and Certificate of Employment with Compensation to Department of Health Metro Manila Center for Health Development officials and employees who retired/resigned/transferred to another agency for whatever purposes that they may intend.

<b>Office or Division:</b>	Management Support Services Division – Personnel Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen and G2G – Government to Government			
<b>Who may avail:</b>	CHD Retirees/Employees who resigned or transferred to other agencies/ CHD Permanent/ Contractual/ Contract of Service			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
<b>Principal:</b>				
1. Duly accomplished request form		Personnel Section		
2. One(1) photocopy of One Valid Identification Card		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
<b>Authorized representative:</b>				
1. Duly accomplished request form		Personnel Section		
2. One(1) photocopy of One (1) Valid Identification Card of the principal and authorized representative		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
3. One(1) original of Authorization Letter		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Accomplish request form from the MSSD – Personnel Section	1. Provide request form for Service Record, Certificate of Employment, Certificate of Employment with Compensation	None	5 minutes	Administrative Aide II MSSD-Personnel Section
2. Submit duly accomplished request form	2.1. Receive duly accomplished request form	None	5 minutes	Administrative Aide II MSSD-Personnel Section
	2.2 Prepare the requested document	None	1 day and 4 hours	
	2.3 Review and sign the requested document	None	1 day and 4 hours	Chief Administrative Officer/ Administrative Officer V

	2.4 Affix agency's official dry seal on requested document	None	1 hour	Administrative Aide II MSSD-Personnel Section
3. Receive the requested document with date of receipt indicated on the request form	3. Release the requested document to requesting party	None	1 hour	<i>Administrative Aide II MSSD-Personnel Section</i>
<b>TOTAL</b>		<b>None</b>	<b>3 days, 2 hours, 10 minutes</b>	



## 29. PROVISION OF DORM ACCOMMODATION

This service involves the availment of dormitory services for Department of Health (DOH) employees and other government employees.

<b>Office or Division:</b>	Management Support Services Division (MSSD)- General Support Services (GSS)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	Government employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original of Request Form		General Support Services/Online		
One (1) original/photocopy of Order of Payment		General Support Services		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the duly accomplished Request Form (in person or online)	1.1. Receive the Request Form	None	5 minutes	Dormitory Manager I
	1.2. Check availability of rooms and inform Requesting Party of details of reservation including check-in period	None	30 minutes	Dormitory Manager I
	<b>If no rooms are available:</b> 1.2.1. Deny the request  <b>If rooms are available:</b> 1.2.2. Prepare Order of Payment 1.2.3. Prepare the room for occupation		4 hours	Dormitory Manager I
<b>If DOH employee for other regions:</b>	2.1. Call the Dormitory Manager to	None	5 minutes	Administrative Officer in

<p>2. Log-in thru the Visitor's Logbook</p> <p>Waiting time: 15 minutes</p> <p><b>If DOH-MMCHD Employee:</b> Proceed to step 3</p>	<p>receive the Requesting Party</p> <p>2.2. Give the Order of Payment to Requesting Party</p>			<p>Business Center</p>
<p>3. Pay the Room Accommodation Fee</p>	<p>3. Receive the fee and issue a receipt</p>	<p>Php200.00 (per night per person)</p>	<p>20 minutes</p>	<p>Administrative Officer</p>
<p>4. Proceed to assigned room during check-in period</p>	<p>4. Endorse the key to Requesting Party and inform him/her of the house rules</p>	<p>None</p>	<p>30 minutes</p>	<p>Dormitory Manager I</p>
<p>5. Check-out and surrender the key</p> <p><b>If damages were incurred:</b> Pay dormitory fees for damages and/or lost key and present receipt to Dormitory Manager</p> <p><b>If no damages were incurred/Order of Payment has been paid:</b> Proceed to check out</p>	<p>5. Check the room for any damages</p> <p><b>If damages were incurred:</b> 5.1. Issue an Order of Payment for the damages and/or lost key</p> <p>5.2. Confirm payment by checking receipt</p>	<p>None</p> <p>PhP500.00 for lost key and amount assessed for other damages</p>	<p>30 minutes</p>	<p>Dormitory Manager I</p> <p>Dormitory Manager I</p>
<p><b>TOTAL</b></p>		<p>Php200.00 (per night per person)</p> <p>PhP500.00 for lost key and amount assessed for other damages</p>	<p>6 hours and 30 minutes</p> <p>With waiting time: 6 hours and 45 minutes</p>	



# **REGIONAL DIRECTOR AND ASSISTANT REGIONAL DIRECTOR'S OFFICE**



**30. ISSUANCE OF CERTIFICATE OF QUALITY SERVICE ON TEMPORARY TREATMENT & MONITORING FACILITIES (TTMF) / COMMUNITY ISOLATION UNIT (CIU)**

This ensures that a facility can provide safe, quality effective, and efficient services to a possible/contact, suspect, probable, and patient with confirmed COVID-19 both asymptomatic & with mild symptoms met the minimum criteria in the physical plant, human resources, equipment, supplies, and essential medicines and quality service and safe to COVID-19 patients. It aims to standardize the provision of the following by institutionalizing a set of standards and criteria for a quality-assured facility. Compliance with the standards and criteria provides a platform for Philhealth accreditation.

<b>Office or Division:</b>	Assistant Regional Director's Office (ARDO) - Health Facility Development and Enhancement Unit (HFDEU)			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2B - Government to Business G2G - Government to Government			
<b>Who may avail:</b>	Government Health Facilities Extension, Designate Temporary Treatment & Monitoring Facilities and NGOs			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original copy of the Letter of Intent (LOI) from the facility addressed to the Regional Director		Requesting Party		
One (1) original copy of the accomplished and complete Self-Assessment Form (SAF)		HFDEU Certifying Team		
<b>CLIENT STEPS</b>	<b>AGENCY ACTION</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<p><b>For walk-in clients:</b></p> <p>Log in the visitor's logbook. Secure a number at the Public Assistance and Complaint Unit. Wait to be called at the lobby</p> <p><b>If through email:</b> Send the application to hfdudohmmchd@gmail.com</p>	<p><b>For walk-in clients:</b></p> <p>1.1 Give the queuing number to the applicant and endorse the applicant to HFDEU</p> <p><b>If through email:</b></p> <p>1.1 Acknowledge receipt of the request for certification</p>	None	5 minutes	<p>Guard on Duty/ PACU, Administrative Aide V</p> <p>Administrative Assistant III (ADAS III) ARDO - HFDEU</p>
2. Submit duly accomplished	Check the completeness and correctness of the	None	15 minutes	ADAS III



documentary requirements	documentary requirements/application submitted  <b>If complete:</b> 2.1.1 Forward the documents to the Regional Director's office and endorse to HFDEU Head for processing  <b>If incomplete:</b> 2.1.2 Return documents to the applicant			ARDO - HFDEU
3. Concur with the schedule for validation	Conduct a substantial review of the submitted document  Schedule the validation and inform/notify the client of the date of the visit regarding the schedule of the assessment through e-mail and phone call	None	3 hours	Nurse III ARDO - HFDEU
4. Receive assessment from Certifiers	4.1 Conduct of on-site assessment/ validation of the facility by the certifying team  Provide a photocopy of the assessment/ validation tool to the facility  <b>If health facility is compliant:</b> Prepare TTMF Assessment Report  4.3.1 Prepare the TTMF Certificate then proceed to the next step  <b>If health facility is non-compliant:</b>  4.3.2 Report the findings and the recommendation to the facility for compliance within thirty (30) days	None	5 days	Nurse III ARDO - HFDEU

	<p><b>If health facility is subject for non-issuance of certificate:</b></p> <p>4.3.3 Prepare Notice of Disapproval and notify the Development Management Officer IV (DMO IV)</p> <p>4.4 Submit the TTMF Assessment Report to the Regional Director for signature</p>			
5. Wait for the issuance of Certificate	5.1 Approve and sign the certificate	None	2 days	Regional/ Assistant Regional Director
6. Receive Certificate	6.1 Release Certificate	None	1 day	Nurse III ARDO - HFDEU
	6.2 Endorse to PhilHealth as TTMF/CIU DOH Certified	None	1 day	Nurse III ARDO - HFDEU
	<b>TOTAL</b>	<b>None</b>	<b>9 days 3 hours and 20 minutes</b>	



## 31. REQUISITION AND PROVISION OF COVID-19 VACCINATION CERTIFICATE

This process covers the provision of the Regional Vaccination Operation Center (RVOC) of COVID-19 Vaccination Certificates to all citizens vaccinated within Metro Manila.

<b>Office or Division:</b>	Regional Vaccination Operation Center (RVOC)			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	GOVERNMENT TO CITIZEN (G2C)			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) original (for presentation) and one (1) photocopy of vaccination card/s (Primary Series/Booster)		Requesting Party		
One (1) original (for presentation) and one (1) photocopy of passport		Requesting Party		
One (1) original (for presentation) and one (1) photocopy of any government-issued identification card with address		Requesting Party		
One (1) copy duly accomplished Vaccination Certificate Request Form (VCRF)		Business Center/Online		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
<b>For walk-in clients:</b>  1. Log in the Visitor's Logbook	<b>For walk-in clients:</b> 1.1. Call designated RVOC Administrative Assistant/ Health Program Officer to receive the VCRF	None	5 minutes	Administrative Assistant of Business Center
<b>Waiting time:</b> 10 minutes	<b>For e-mail requests:</b> 1.1. Acknowledge receipt of e-mail	None	3 minutes	Administrative Assistant / Health Program Officer of RVOC
<b>For e-mail requests:</b> 1. Submit the soft copy of all documentary requirements above	1.2. Print the requirements sent	None	10 minutes	Administrative Assistant / Health Program Officer of RVOC

<p><b>For walk-in clients:</b> 2. Submit duly accomplished VCRF to Business Center <b>Waiting time:</b> 15 minutes</p>	<p>2.1 Receive the request</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Assistant / Health Program Officer of RVOC</p>
<p>3. Submit all the documentary requirements stated above</p>	<p><b>For walk-in client's/email request:</b> 3.1. Assess the documents for authenticity and completeness</p>	<p>None</p>	<p>20 minutes</p>	<p>Administrative Assistant / Health Program Officer of RVOC</p>
	<p><b>For incomplete documents:</b> 3.1.1. Deny the request and require the submission of complete documents</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant / Health Program Officer of RVOC</p>
	<p><b>For complete documents:</b> 3.1.2. Approve request and proceed to next step</p>	<p>None</p>	<p>5 minutes</p>	<p>Administrative Assistant / Health Program Officer of RVOC</p>
<p><b>4. For walk-in clients:</b>  Wait for the processing of Certificate at the Business Center lobby</p>	<p><b>For walk-in client's/email request:</b> 4.1. Checks if the Department of Information and Communications Technology (DICT) system is working</p>	<p>None</p>	<p>10 minutes</p>	<p>Administrative Assistant / Health Program Officer of RVOC</p>
<p><b>For e-mail requests:</b>  Wait for the advice of the RVOC for the processing of Certificate</p>	<p><b>If VaxCertPH Website is online:</b> 4.1.1 If data is correctly encoded in the system, generate the VaxCert then proceed to step 5</p>	<p>None</p>	<p>30 minutes</p>	<p>Administrative Assistant / Health Program Officer of RVOC</p>



	<p>4.1.2 If the data is incorrectly encoded in the system, request for the correction of data through the RESU Data Manager</p> <p>4.1.3 If the data is not uploaded in the VAS Line list, the RESU Data Manager shall endorse the uploading of data to the concerned LGU. Client's request shall revert to step 1, once the LGU uploads the data.</p>	None	2 days	Administrative Assistant / Health Program Officer of RVOC
	<p><b>If VaxCertPH Website is offline:</b></p> <p>4.1.4 Encode the required information in the preparation of the manually generated certification</p>	None	15 minutes	Administrative Assistant / Health Program Officer of RVOC
	4.1.5 Review the encoded data and print in three (3) copies	None	15 minutes	Administrative Assistant / Health Program Officer of RVOC
	4.1.6 Forward to immediate supervisor for review	None	15 minutes	Administrative Assistant / Health Program Officer of RVOC
	4.1.7 Transfer the document to the Regional Director's Office for signature	None	2 days	Administrative Assistant / Health Program Officer of RVOC

	4.1.8 Transmit the document to Knowledge Management and Information and Technology Section (KMITS) and seal three (3) copies of the certificate	None	15 minutes	Administrative Assistant / Health Program Officer of RVOC
5. Receive the certificate and affix signature on the receiving log	5.1 Advise the requesting party for the details of delivery/pick-up	None	10 minutes	Administrative Assistant / Health Program Officer of RVOC
	5.2 Log the Certificate for release	None	10 minutes	Administrative Assistant / Health Program Officer of RVOC
	5.3 Release one (1) copy of the Certificate to the client or authorized representative	None	10 minutes	Administrative Assistant / Health Program Officer of RVOC
	<b>TOTAL</b>	<b>None</b>	<b><u>Walk-in Client:</u></b> <b>Online- 2 days, 1 hour, and 55 minutes</b>  <b>Offline- 2 days, 2 hours, and 25 minutes</b>  <b><u>Email Request:</u></b> <b>Online- 2 days, 1 hour, and 48 minutes</b>  <b>Offline- 2 days, 2 hours, and 18 minutes</b>  <b>With Waiting Time: 25 minutes</b>	



## 32. HANDLING OF CONSUMER CASES

This service includes the resolution of consumer cases filed by private individuals (complainants) with the Legal Affairs Unit (LAU) filed under Republic Act No. 7394 or “The Consumer Act of the Philippines and Department of Health Administrative Order No. 2017-0017.”

<b>Office or Division:</b>	Legal Affairs Unit			
<b>Classification:</b>	Highly Technical			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
1. One (1) original copy of verified complaint or duly accomplished Affidavit Complaint Form attested by the Consumer Arbitration Officer or any person authorized to administer oath		Complainant		
2. One (1) original copy of supporting documents such as, but not limited to, official receipt as proof of purchase, Food and Drug Administration (FDA) test results, and photos relevant to the complaint.		Complainant		
3. Optional: Product subject of the complaint		Complainant		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit all the requirements indicated above	1. Receive and record in the database the consumer complaint	None	3 minutes	Legal Assistant II RDO – Legal Affairs Unit
	1.2. Assign a docket number to the consumer complaint	None	5 minutes	Legal Assistant II RDO – Legal Affairs Unit
	1.3. Issue a written Notice of Mediation, setting the date for the Mediation Hearing	None	5 days	Legal Assistant II RDO – Legal Affairs Unit



<p>2. Attend the Mediation Hearing</p>	<p>2.1 Conduct the Mediation Hearing</p> <p><b>If parties failed to settle:</b>                  2.1.1 Issue an Order requiring the complained party to submit an Answer then proceed to step 2.2.</p> <p><b>If parties agreed to settle:</b>                  2.1.2. The Consumer Arbitration Officer shall dismiss the case and shall require the parties to sign a settlement agreement</p> <p>2.2 Issue an Order requiring the complained party to submit a Position Paper</p>	<p>None</p>	<p>3 hours</p>	<p>Attorney III</p> <p>RDO – Legal Affairs Unit</p>
<p>3. Submit a Position Paper</p>	<p>3.1 Review and draft the resolution based on the available records</p>	<p>None</p>	<p>13 days</p>	<p>Attorney III</p> <p>RDO – Legal Affairs Unit</p>
<p>4. Receive the case resolution</p>	<p>4 Release the resolution through registered mail/authorized courier</p>	<p>None</p>	<p>1 day</p>	<p>Legal Assistant II</p> <p>RDO – Legal Affairs Unit</p>
<p></p>	<p><b>TOTAL</b></p>	<p><b>None</b></p>	<p><b>19 days, 3 hours and 8 minutes</b></p>	<p></p>



### 33. HANDLING OF COMPLAINTS/CONCERNS (FROM 8888/CART COMPLAINTS CENTER)

To receive the complaints/concerns of clients and endorse to concerned MMCHD unit and other health facilities via 8888/CART.

To transmit the response of concerned MMCHD unit and other health facilities to 8888 / Citizen's Anti-Red Tape (CART) Complaints Center.

<b>Office or Division:</b>	Public Assistance and Complaint Unit (PACU)			
<b>Classification:</b>	Simple, Complex or Highly Technical based on the nature of complaint			
<b>Type of Transaction:</b>	G2G – Government to Government G2C – Government to Private			
<b>Who may avail:</b>	All			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Copy of complaint		8888 Citizens' Complaint Portal		
Copy of resolution		Concerned MMCHD Unit and Other Health Facilities		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Client files complaint/concern at 8888/PCC/CCB Complaints Center	1.1 Acknowledge receipt of Ticket Reference Number (TRN) (complaint/Concern) either thru email or 8888 portal	None	1 minute	Public Assistance and Complaints Unit (PACU) Officer/ Administrative Officer V
	1.2 Endorse immediately the Ticket Reference Number to concerned DOH-MMCHD unit and other health facility	None	3 minutes	Administrative Assistant II
	1.3 Receives response from or action taken by the concerned DOH-MMCHD unit or other health facility	None	within 71 hours and 50 minutes  <b>Note:</b> Additional days for complex matters – 4 days; for highly technical matters – 17 days	Administrative Assistant II/ Administrative Officer V
	1.4 Forward response of concerned unit/	None	3 minutes	Administrative Assistant II/

	facility to the Complaints Center via 8888 portal or email			Administrative Officer V
2. Receives response from the Complaints Center	2. The 8888 or CART Complaints Center sends the response to the complainant / proponent	None	3 minutes	CART/ 8888 Complaint Center
	<b>TOTAL</b>	<b>None</b>	<b>Simple – 3 days Complex – 7 days Highly Technical – 20 days</b>	



# INTERNAL SERVICES

# **MANAGEMENT SUPPORT SERVICES DIVISION**



### 34. RELEASE OF PAYMENTS – LDDAP (INTERNAL)

Prepares and release of payment for internal client upon receipt of LDDAP.

<b>Office or Division:</b>	Management Support Division			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
<b>Who may avail:</b>	Suppliers, LGU's			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
Any of the following: Proof of Account (Passbook, deposit slip, bank certificate) One (1) Original Letter of Introduction (DBM form)		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit Bank Account Number	1. Accept Bank Account Number	None	10 minutes	Administrative Assistant III -MSSD Cashier Section
2. Wait for the payment to be credited to bank account	2.1 Encode details of claim in the Financial Data Entry System	None	1 hour	Administrative Assistant III -MSSD Cashier Section
	2.2 Prepare LDDAP-ADA/Payroll Register/ACIC		1 hour	
	2.3 Review and Signs LDDAP-ADA/Payroll Register/ACIC	None	4 hour	Administrative Officer V -MSSD Cashier Section
	2.4 Forward LDDAP – ADA to Accountant III	None	10 minutes	Administrative Assistant II -MSSD Accounting Section
	2.5 Verify and Sign LDDAP – ADA	None	1 hour	Accountant III -MSSD Accounting Section
	2.6 Forward LDDAP-ADA to Administrative Assistant	None	10 minutes	Administrative Assistant II -MSSD Accounting Section
	2.7 Forward LDDAP-ADA to	None	10 minutes	Administrative Assistant II

	Authorized Signatory			-MSSD Accounting Section
	2.8 Forward LDDAP-ADA/Payroll Register/ACIC to Authorized Signatory	None	10 minutes	Administrative Assistant III -MSSD Cashier Section
	2.9 Receive and record in the logbook receipt of LDDAP-ADA/Payroll Register/ACIC	None	10 minutes	Administrative Assistant -Authorized Signatory (ARDO/RLED/LHSD)
	2.10 Sign LDDAP-ADA/Payroll Register/ACIC	None	2 hours	Authorized Signatory (ARDO/RLED/LHSD)
	2.11 Forward LDDAP-ADA/Payroll Register/ACIC to Cashier Section	None	10 minutes	Administrative Assistant -Authorized Signatory (ARDO/RLED/LHSD)
	2.12 Receive LDDAP-ADA and record receipt in the log book	None	10 minutes	Administrative Assistant III -MSSD Cashier Section
	2.13 Submit LDDAP ADA /SLIIE together with the FINDES to Authorized Depository Bank (ADB)	None	4 hours	Administrative Officer I -MSSD Cashier Section
	<b>TOTAL</b>	<b>None</b>	<b>1 day, 5 hours &amp; 20 minutes</b>	



### 35. REQUEST FOR CERTIFIED TRUE COPY OF RECORD

This service includes the request of certified true copy (CTC) of record. This record refers to record of the Metro Manila Center for Health Development (MMCHD) or an employee such as but not limited to 201 files, issuances, communication letter and others

The issuance of CTC records shall be based on the existing files of the KMITS - Records Section only.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service (KMITS) - Records Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Existing MMCHD Officials and Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) approved Certified True Copy Request Form (CTCRF) stating the type of record being requested with the following information: 1. Date 2. Full name of requesting party 3. Name of Office 4. Purpose		KMITS - RECORDS		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the CTCRF signed by the KMITS head and Chief Administrative Officer	1.1 Receive the approved CTCRF	None	20 minutes	Administrative Assistant III MSSD- KMITS-Records
	1.2 Review the completeness of information in the CTCRF	None	5 minutes	
	1.3 Prepare the CTC of record being requested	None	10 minutes	
2. Receive the record	2.1 Record the issuance of the record	None	5 minutes	
	2.2 Release the record to the client	None		
<b>TOTAL</b>		<b>None</b>	<b>40 minutes</b>	



### 36. REQUEST FOR PERSONNEL RECORD

This service includes requests for personnel records of Metro Manila Center for Health Development (MMCHD) officials and personnel. Personnel Record refers to the records of an employee such as but not limited to application for leave, service record, statement of assets, liabilities and net worth, notice of salary adjustment / increment, appointment and personal data sheet.

The issuance of personnel records shall be based on the existing files of the KMITS - Records Section only.

<b>Office or Division:</b>	Knowledge Management and Information Technology Service (KMITS) - Records Section			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Existing MMCHD Official and Employee			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) Request form stating the personnel record being requested with the following information: 1. Full name of requesting party 2. Position currently occupied 3. Purpose of the request		KMITS - Records Section		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit the request form for personnel record	1.1 Receive the request for personnel record	None	3 minutes	Administrative Assistant III <i>MSSD- KMITS- Records</i>
	1.2. Review the completeness of information in the request	None	1 minute	
	1.3 Prepare the personnel record being requested	None	10 minutes	



2. Receive the personnel record	2.1. Record the issuance of the personnel record	None	5 minutes	
	2.2. Release the personnel record to requesting party			
	<b>TOTAL</b>	<b>None</b>	<b>19 minutes</b>	

**REGIONAL DIRECTOR AND  
ASSISTANT REGIONAL DIRECTOR'S  
OFFICE**



### 37. AVAILMENT OF THE ANNUAL PHYSICAL EXAMINATION BENEFIT

The Annual Physical Examination (APE) is a routine check up to determine the employee's health status. Early detection of non-communicable diseases will prevent the onset of any illness, boost longevity, and sustain a healthy lifestyle towards the attainment of work and life balance.

<b>Office or Division:</b>	Assistant Regional Director's Office – Health Emergency Management Unit			
<b>Classification:</b>	Complex			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	MMCHD Employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Employees fill out the Annual Physical Exam logbook	1. Verify the information provided	None	2 minutes	Clinic Nurse
2. Employees subject themselves to history taking and physical examination	2.1 Conduct a brief history taking and physical examination	None	15 minutes	Clinic Physician
	2.2 Prepare a laboratory and special procedures request	None	3 minutes	Clinic Physician
	2.3 Prepare a referral form and tentative schedule to the concerned facility	None	2 minutes	Clinic Nurse
	2.4 Forward the referral form to the Management Support Services Division for signature	None	7 hours	MSSD Chief Administrative Officer
4. Employees receive the signed Referral Form	4. Issue the signed Referral Form	None	5 minutes	Clinic Nurse
	<b>TOTAL</b>	<b>None</b>	<b>7 hours and 27 minutes</b>	

### 38. PROVISION OF BASIC HEALTHCARE SERVICES AMONG DOH-MMCHD EMPLOYEES FOR NON-EMERGENCY CASES

The MMCHD Employee's Clinic provides basic healthcare services such as consultation, monitoring of blood pressure, and issuance of four (4) molecules medication (Amlodipine, Losartan, Metformin, Simvastatin) for employees with comorbidities.

<b>Office or Division:</b>	Assistant Regional Director's Office – Health Emergency Management Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2G - Government to Government			
<b>Who may avail:</b>	MMCHD Employees and Visitors			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
None		None		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Fill out the details in the Patient Form	1. Verify the inputs in the Patient Form	None	2 minutes	Clinic Nurse
2. Narrate/ provide current condition and give brief history of present illness	2.1 Get the vital signs (blood pressure, heart rate, respiratory rate and temperature) and assess the patient if stable	None	4 minutes	Clinic Nurse
	2.2 Refer to physician on duty	None	2 minutes	Clinic Nurse
3. Subject themselves to physical examination and secondary assessment	3.1 Conduct consultation and physical examination	None	15 minutes	Clinic Physician
	3.2 Provide prescription	None	2 minutes	Clinic Physician
	3.3 Record all the pertinent findings in the consultation sheet	None	3 minutes	Clinic Physician
4. Receive prescription and/or medication	4. Dispense medication if available	None	3 minutes	Clinic Nurse



5. Affix signature in the consultation logbook and Medicine Dispenser logbook	5. Instruct and reiterate the physician's instruction and follow up	None	4 minutes	Clinic Nurse
	<b>TOTAL</b>	<b>None</b>	<b>35 minutes</b>	

### 39. ISSUANCE OF CERTIFICATE OF NO PENDING ADMINISTRATIVE CASE

This service includes the issuance of a Certificate of No Pending Administrative Case in favor of individuals employed or previously employed with the DOH-MMCHD. The issuance of the certificate shall be based on the existing records of the Legal Affairs Unit (LAU) only.

<b>Office or Division:</b>	Legal Affairs Unit			
<b>Classification:</b>	Simple			
<b>Type of Transaction:</b>	G2C – Government to Citizen			
<b>Who may avail:</b>	Existing and previous DOH-MMCHD employees			
<b>CHECKLIST OF REQUIREMENTS</b>		<b>WHERE TO SECURE</b>		
One (1) letter/email request addressed to Attorney III of the Legal Affairs Unit with the following information: 1. Full name; 2. Position currently/previously occupied; and 3. Purpose of the request		Requesting party		
<b>CLIENT STEPS</b>	<b>AGENCY ACTIONS</b>	<b>FEES TO BE PAID</b>	<b>PROCESSING TIME</b>	<b>PERSON RESPONSIBLE</b>
1. Submit/email the request for Certificate of No Pending Administrative Case	1.1. Receive and record the request for a Certificate of No Pending Administrative Case	None	3 minutes	Legal Assistant II RDO - Legal Affairs Unit
	1.2. Review the completeness of information in the request	None	5 minutes	Legal Assistant II RDO - Legal Affairs Unit
	1.3. Prepare the certificate by checking LAU's records  <b>If without pending case:</b> 1.3.1 Proceed to the step 1.4  <b>If with pending case:</b> 1.3.2 Inform the requesting party of the denial of request.	None	1 day	Legal Assistant II RDO - Legal Affairs Unit



	1.4 Forward the certificate to Attorney III for signature	None	5 minutes	Legal Assistant II RDO - Legal Affairs Unit
	1.5 Sign the certificate	None	2 minutes	Attorney III RDO - Legal Affairs Unit
2. Receive the Certificate of No Pending Administrative Case	2.1. Record the issuance of the certificate 2.2. Release the Certificate of No Pending Administrative Case to requesting party	None	5 minutes	Legal Assistant II RDO - Legal Affairs Unit
	<b>TOTAL</b>	<b>None</b>	<b>1 day and 20 minutes</b>	