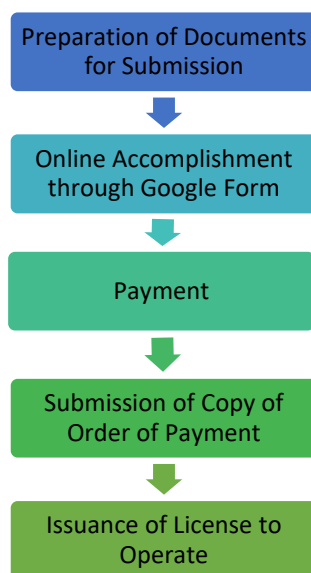


PROCESS FLOW OF RENEWAL APPLICATION FOR HEALTH FACILITIES



Scope: This process is intended for Health Facilities regulated and Licensed under Center for Health Development 4A CaLaBaRZon

**All links in this document are clickable and will navigate you to your required forms and portal.*

KEY ACTIVITY		RESPONSIBILITY	REFERENCE/ RECORD
Preparation of Documents for Submission	<ul style="list-style-type: none"> Check status of compliance if the facility is monitored Should the facility is not yet fully complied, he/she must first complete compliance prior to application to avoid rejection of application Accomplish by clicking and downloading DOH-HFSRB-QOP-01-Form1 Revision 01 (Application for License to Operate). Application must be notarized and signed by the owner or facility head Accomplish with signature by clicking and downloading the following depending on the facility. 	<ul style="list-style-type: none"> Regulatory Officer / Health Facility Representative Health Facility Representative 	Monitoring Logsheet (For LO) Assesment tool and Compliance Transaction Sheet (For health facility)

	<p><i>Level 1 Hospital (Download and accomplish all)</i></p> <ul style="list-style-type: none"> • Part I Assessment Tool • Part II Nursing Service • Part III Physical Plant <p>Part IV</p> <ul style="list-style-type: none"> • Level 1 Hospital • Level 2 Hospital • Level 3 Hospital <p><i>Clinical Laboratory(Free-Standing and Hospital Based)</i></p> <ul style="list-style-type: none"> • Assessment Tool for Clinical Lab <p>Blood Station/ Blood Bank (Hospital-Based and Non-Hospital Based)</p> <ul style="list-style-type: none"> • Assessment Tool for Blood Service <p>Ambulance Service</p> <ul style="list-style-type: none"> • Assessment Tool for Ambulance <p>Dialysis Clinic(if applicable)</p> <ul style="list-style-type: none"> • Assessment Tool for Hemodialysis <p><i>Infirmery</i></p> <ul style="list-style-type: none"> • Assessment Tool for Infirmery <p><i>Birthing Home</i></p> <ul style="list-style-type: none"> • Assessment Tool for Birthing Home <p><i>Psychiatric Care Facility</i></p> <ul style="list-style-type: none"> • Acute Chronic • Custodial <p><i>Laboratory for Drinking Water Analysis</i></p> <ul style="list-style-type: none"> • Assessment tool for LDW • Equipment <p>*Pharmacy, Medical Xray, and Specialized Xray are applied at FDA.</p> <p>Hospital Pharmacy</p> <ul style="list-style-type: none"> • Download the Integrated Application Form. 		
--	---	--	--

	<ul style="list-style-type: none"> Send the application to fdac.letters@fda.gov.ph <p>Portal For Medical Xray and Specialized Xray https://rrdportal.fda.gov.ph/</p> <p><i>Proof of Payment of Ancillary under FDA and Acknowledgement must be attached in the Hospital Form(Google Form) as requirement in the Application</i></p> <p><i>All accomplished form and assessment tool must be converted to PDF Format for easy uploading</i></p>		
Online Accomplishment through Google Form	<p>Click the link below depending on your health facility. A gmail account may be required in accessing the links.</p> <p>Link for Level 1 Hospital https://forms.gle/7LSSS1RZ1yxVoMbG9</p> <p>Link for Birthing Home Application https://forms.gle/mw1wpwbj7Tkj1RvF8</p> <p>For Infirmary and Psychiatric Care Facility https://forms.gle/6HwK84ZzNg4F7JEA6</p> <p>Link for Clinical Laboratory, Laboratory for Drinking Water and Free Standing Blood Service https://forms.gle/uxfkXtRw8vP3SZg19</p> <p>Link for Covid Testing Laboratory https://forms.gle/y8cR4iDoiXGAm8J86</p>		
	<p>Application and submitted documents will be subjected for evaluation.</p> <ul style="list-style-type: none"> If Complete attachment, an Order of Payment will be Issued 	Technical Staff	

	<ul style="list-style-type: none"> If incomplete, application will be rejected and will be ask to be resubmitted. 		
Payment	<ul style="list-style-type: none"> A confirmation email will be sent that the the application is complete with an attached Order of Payment. Facility must print two (2) copies of the Order of Payment Bring the Order of Payment at the Center for Health Development 4A Located at QMMC Compound, Project 4, Quezon City on the date of your chosen schedule of payment. <i>You are required to strictly follow your chosen schedule.</i> Proceed to the Public Assistance Desk and request for Payment que number Proceed to RLED transaction area and have your copy of Order of Payment signed by the Regulatory Officer(RO)on Duty, Preparation of your Transaction Sheet, and additional instructions on payment for proper queing Proceed to the Cashier Section <p><i>No RO signature on Order of Payment will not be accepted at the cashier.</i></p> <p><i>You are requested to abide with the protocols inside the CHD4A Compound and follow the proper queing process.</i></p>	Technical Staff Cashier	

Submission of copy of Order of Payment	<ul style="list-style-type: none"> • After payment, a receipt with the 2nd copy of Order of Payment will be given • Submit the 2nd copy of Order of Payment at the RLED Transaction Area to complete your application process. 		
---	---	--	--

*For questions and clarifications regarding this **Renewal Process**, you may contact the Regulation Licensing and Enforcement Division **8-249-2000 local 4434 to 4435**.*

For Medical X-ray concerns: cdrrhr.rrd@fda.gov.ph (02) 8857-1900 loc. 8301

*For Hospital Pharmacy Concerns: **09206481832***

This Process is subject for change once the Online Licensing Regulatory System will be fully functional.