

## APPLICATION FOR REGISTRATION AND LICENSE TO OPERATE

Date: \_\_\_\_\_

The Director  
Bureau of Health Facilities and Services  
Department of Health  
Manila

Sir/Madam:

I hereby apply for **Registration** and **License to Operate** a hospital or other health facility pursuant to Section 9 of R.A. 4226 "Hospital Licensure Act".

In this regard, I am submitting the following information:

*(Fill up all items by writing down the answer and/or putting a check on the appropriate boxes.)*

Name of Hospital/Health Facility	:	
Complete Address	Street	
	Barangay	
	City/Municipality	
	Province	
	Region	
Telephone and/or Fax Number	:	
Owner	:	
Chief of Hospital/Medical Director	:	
Chairman of the Board (If Corporation)	:	
Authorized Bed Capacity	:	

Classification	General	[ ]	
	Special	[ ]	
Government	National	[ ]	[ ]
	Local	[ ]	[ ]
	Others	[ ]	
Private	Single Proprietorship	[ ]	[ ]
	Partnership	[ ]	[ ]
	Corporation	[ ]	[ ]
	Civic Organization	[ ]	[ ]
	Religious Foundation	[ ]	[ ]
	Others	[ ]	

Primary Care Hospital	[ ]
Secondary Care Hospital	[ ]
Tertiary Care Hospital	[ ]
Infirmery	[ ]
Birthing Home	[ ]
Acute – Chronic Psychiatric Care Facility	[ ]
Custodial Psychiatric Care Facility	[ ]

Attached are the following documents:

*(Submit complete documents.)*

1. Letter of Application and Request for Inspection to the Director of the Center for Health Development
2. Letter of Endorsement to the Director of the Bureau of Health Facilities and Services
3. List of Personnel
4. List of Equipment/Instrument
5. Photographs of the Exterior and Interior of the Hospital/Health Facility
6. Location Map
7. Building Permit
8. Fire Safety Permit
9. Fire Safety Inspection Certificate
10. Sanitary Permit
11. Health Certificate
12. Certificate of Occupancy
13. Water Source Analysis Report

Very truly yours,

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Signature Above Printed Name

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Position

















Republic of the Philippines )  
City/Municipality of \_\_\_\_\_ ) S. S.

I, \_\_\_\_\_, \_\_\_\_\_, of legal age,  
Name Designation  
\_\_\_\_\_, a resident of \_\_\_\_\_,  
Civil Status Home Address

after having been sworn in accordance with law hereby depose and say that I am executing this affidavit to attest to the truth of the foregoing statements and the attached documents required for the registration and license to operate a hospital or other health facility pursuant to Section 9 of R.A. 4226 "Hospital Licensure Act".

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ by the above affiant with Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.

NOTARY PUBLIC  
My Commission Expires  
December 31, 20\_\_\_\_

Doc. No. \_\_\_\_\_ ;  
Page No. \_\_\_\_\_ ;  
Book No. \_\_\_\_\_ ;  
Series of 20 \_\_\_\_\_