



**Department of Health
Davao Center for Health Development**

**Anti-Red Tape Act
(ARTA)
CITIZEN'S
CHARTER
2022**



VISION

Filipinos are among the healthiest people in Southeast Asia by 2022 and in Asia by 2040

MISSION

To lead the country in the development of a Productive, Resilient, Equitable and People-Centered health system for Universal Health Care

MANDATE

The Department of Health (DOH) is the national government agency mandated to lead the health sector towards assuring quality health care in promoting and protecting the health of all Filipinos.

QUALITY POLICY

The Department of Health, as the nation's leader in health, is committed to nurturing Filipinos to be amongst the healthiest in Southeast Asia by 2022 and Asia by 2040 through the development of a productive, resilient, equitable, and people-centered health system.

We at the DOH, together with our partners, are committed to implementing standards and policies to ensure the highest quality of health services to the satisfaction of our clients. We observe zero-tolerance against corruption, comply with statutory requirements, and continually improve our quality management systems as we provide public service with integrity, excellence, and compassion.



Davao Center for Health Development

EXTERNAL SERVICES

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001. Handling of Complaints filed with the PACD, 8888, PCC, and CCB and direct filing with the legal unit

To act on, process and document properly the complaints of clients which could serve as future references for decision making, policy formulation and system improvement.

Office or Division:	Legal Unit/PACD			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original copy of Written Complaint;		Complainant		
Email or contact information.		Complainant		
Supporting Documents for justification, if applicable; and/or		Complainant		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Provide and submit written or verbal complaint to the PACD or through the PCC, CCB, 8888 Citizen's Complaint Hotline	If coursed through the PACD: 1.1 Assess the needed assistance and provide immediate response and/or needed information	None	30 minutes	<i>PACD officer/OIC/ Admin. Aide/Assistant Legal Unit/PACD</i>
	If through the PCC, CCB, 8888 Citizen's Complaint Hotline: 1.1 Receive the endorsed complaint sent through email and forward to Regional Director for proper endorsement	None	30 minutes	8888 Technical Officer Legal Unit/PACD
	If through legal unit:			<i>8888 Technical Officer/Legal Officer</i>



	1.1 Receive the required complaint letter and supporting documents, if applicable	None	30 minutes	Legal Unit
	1.2 Records client's information and nature of complaint	None	20 minutes	Officer-in-Charge/ Admin. PACD officer/OIC/ Admin/Legal Aide/Assistant /8888 Focal Person Legal Unit/PACD
	<p>1.3 Initial evaluation of the complaint and its supporting document (if applicable)</p> <p>1.3.1 If the complaint is <u>within the jurisdiction</u> of the CHD, endorse the complaint to the appropriate Office/unit/</p> <p>If the complaint is <u>not within the jurisdiction</u> of the CHD, endorse the complaint to the appropriate agency with appropriate jurisdiction</p> <p>* For 8888 Citizens Complaint, a reversion shall be</p>	None	1 day	Officer-in-Charge/ Admin. PACD officer/OIC/ Admin/Legal Aide/Assistant /8888 Focal Person Legal Unit/PACD



	<p><i>made to the portal</i> *copy furnished the complainant/client, PCC, CCB, 8888 Citizen's Complaint Hotline.</p> <p><u>If the complaint involves administrative cases</u> or consumer cases, endorse the case to the concerned unit/office following the procedures in handling of complaints in accordance with the 2017 RACCS, AO No. 2015-0048, and RA 7394)</p>			
	<p>1.4 Issues acknowledged letter with initial action taken to the Client/ PCC, CCB, 8888 Citizen's Complaint Hotline via snail mail or email</p>	None	1 day	Officer-in-Charge/ Admin. PACD officer/OIC/ Admin/Legal Aide/Assistant /8888 Focal Person Legal Unit/PACD
	<p>1.5 The concerned Office will respond on the complaint</p>	None	3 days	Concerned Office/Unit Legal Unit/PACD



	1.6 Receives and Review the response of the concerned office on the complaint and draft the letter of action for RD/ARDs /OIC's approval/signature	None	2 days	<i>Attorney/Legal Assistant Legal Unit/PACD</i>
	1.7 Sign the letter of action	None	1 hour	<i>Regional Director/ARD/OIC Legal Unit/PACD</i>
2. Receives response letter on the action taken by the concerned office	2. Issuance of letter on the action taken by the concerned office to the Client/ DOH-FICT, PCC, CCB, 8888 Citizen's Complaint Hotline via mail or email	None	3 days	<i>Attorney/Legal Assistant/Records Section Legal Unit/PACD</i>
TOTAL		None	10 days, 2 hours and 50 minutes	



002. Initial and Operational Clearance for Burial Grounds

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

Note: Any expansion, alteration and change of the approved plan shall be subjected to new application.

Office or Division:	Regulations, Licensing and Enforcement Division (RLED)	
Classification:	Highly Technical	
Type of Transaction:	G2B – Government to Business and G2G – Government to Government	
Who may avail:	For all entities/Owners/Operators/ Developers who wanted to establish burial grounds	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
A. Initial Clearance for Public Cemetery or Memorial Park (for public use)		
A.1 One (1) original, three (3) photocopy of duly accomplished application form	Requesting Party *Secure application form from Health Office	
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	City/Municipal Office	
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 A.4.1 In case the land involved is a public land, 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 and Natural Resources in the form of a resolution by the city or municipal council or provincial board whichever body is concerned	Requesting Party	



<p>A.4.2 When the site if owned by the municipality or component city, 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>A.4.3 In case the land involved is a private property, the title of ownership shall be duly registered with the register of deeds. If a donation, the deed of donation shall be likewise registered</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>	Requesting Party
<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>	Requesting Party
<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>	Requesting Party
<p>A.8 One (1) original, three (3) photocopy of Topographic map of the cemetery zone</p>	Requesting Party
<p>A.9 One (1) original, three (3) photocopy of Technical description of the proposed cemetery showing complete details (refer to Section 3.1.10 – Chapter XXI “Disposal of Dead Persons” <i>P.D.856</i></p>	Requesting Party
<p>*All plans for submission must signed and sealed by corresponding licensed engineer</p>	



<p>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</p>	<p>DOH – Davao Center for Health Development <i>*Certification from the sanitary engineer will be issued upon submission and review of the requirements stated in items A.1-A.9</i></p> <p><i>Note: For data on water table (Groundwater table depth) – certification to be secured by the Requesting Party from the NWRB or its deputized offices</i></p>
<p>B. Initial Clearance for Private Burial Ground or Place of Enshrinement (including Sectarian Burial Areas, Catacomb, Mausoleum):</p>	
<p>B.1 One (1) original, three (3) photocopy of Compliance to previous items: A.1, A.3-A.4, A.5, and A.8-A.9 and Section 3.5.8 – Chapter XXI “Disposal of Dead Persons”, <i>P.D.856</i></p>	<p>Requesting Party</p>
<p>B.2 One (1) original, three (3) photocopy of Resolution by the city/municipal council permitting the establishments of the private burial ground; <i>*with barangay resolution as pre-requisite</i></p>	<p>City/Municipal Office</p>
<p>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;</p>	<p>City/Municipal Office</p>
<p>B.4 Certification by the city/municipal engineer that the design of the proposed structures conforms to the National Building Code of the Philippines;</p>	<p>City/Municipal Office</p>
<p>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</p>	<p>Requesting Party</p>
<p>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;</p>	<p>Requesting Party</p>
<p>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;</p>	<p>Requesting Party</p>
<p><i>*All plans for submission must signed and sealed by a corresponding licensed engineer</i></p>	



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		Regional Health Office <i>*Certification from the sanitary engineer will be issued upon submission and review of the requirements stated in items B.1-B.7</i>		
Operational Clearance				
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		Regional Health Office		
Representative				
One (1) Authorization Letter		Owners / Operators/ Developers		
One (1) original, one (3) 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
ISSUANCE OF INITIAL PERMIT				
1. Submits documentary requirements at the RLED Office	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer/s</i>
	1.1.1 If incomplete, return the documents to the applicant for completion			
	1.2 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	1.3 Table top evaluation of the application	None	4 days	<i>Engr. Felvie B. Omnos</i>
	1.4 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and	None	3 days	<i>Engr. Felvie B. Omnos</i>



	inform the establishment of the inspection			
	1.5 Conducts inspection/evaluation visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos</i>
	1.6 Prepares and process inspection /evaluation report and certificate of site suitability	None	2 days	<i>Engr. Felvie B. Omnos</i>
	1.7 Issues Order of Payment	None	10 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
2. Pays the amount due reflected in the Order of Payment to the Cashier's Office	2. Accepts and issue official receipt based on the amount reflected in the Order of Payment	Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)	20 minutes	<i>Cashier</i>
3. Submits copy of Official Receipt of payment at the RLED office	3.1 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	3.2 Prepares Initial Clearance	None	1 day	<i>Engr. Felvie B. Omnos</i>
	3.3 Recommends the Approval of Initial Clearance	None	1 day	<i>Dr. Grace D. Amistoso, Chief RLED</i>
	3.4 Approve and Signs the Initial Permit	None	10 minutes	<i>Dr. Annabelle P. Yumang, Regional Director</i>
4. Receives the Approved Initial Clearance	4.1 Releases the Approved Initial Clearance through RLED	None	15 minutes	<i>Record Officer</i> <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
TOTAL			12 days, 1 hour, 45 minutes	
ISSUANCE OF OPERATIONAL PERMIT				



5. Submits documentary requirements at the RLED Office	5.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer</i>
	5.1.1 If incomplete, return the documents to the applicant for completion			
	5.2 Table top evaluation of the application	None	3 days	<i>Engr. Felvie B. Omnos/ Licensing officer/s</i>
	5.3 Schedules the inspection/evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engr. Felvie B. Omnos</i>
	5.4 Conducts inspection/ evaluation visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos/ Licensing Officer/s</i>
	5.5 Prepares and process inspection/ evaluation report	None	1 day	<i>Engr. Felvie B. Omnos / Licensing Officer/s</i>
	5.6 Prepares Operational Permit	None	1 day	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	5.7 Recommends the Approval of Operational Permit	None	1 day	<i>Dr. Grace D. Amistoso, Chief RLED</i>
	5.8 Approve and Signs the Operational Permit	None	10 minutes	<i>Dr. Annabelle P. Yumanng, Regional Director</i>
6. Receives the Approved Operational Permit	6. Releases the Approved Operational	None	15 minutes	<i>Record Officer</i> <i>Cresliza B. de Padua / Petronila</i>



	Permit through RLED			Visitacion S. Bolaños / Melissa T. Sullano
	TOTAL	Clearance Fee– Php 2,800.00 (Note: Fee is for both Initial and Operational Clearance)	10 days, 1 hour, 5 minutes	



003. Issuance of Certificate of Need

This is applied for the establishment of New Government General Hospital regardless of bed capacity/private hospital applying for less than 100 beds/Conversion from Special into a General Hospital/Conversion or Upgrading of a Birthing Home/Infirmary into 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

Office or Division:	Regulations, Licensing and Enforcement Division (RLED)			
Classification:	Highly Technical			
Type of Transaction:	Government-to-Government and Government-to-Business			
Who may avail:	Government and Privately-Owned New Hospitals			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Private Hospitals: One (1) Accomplished Application Form for Certificate of Need for hospitals applying for less than 100 beds: Government hospital: One (1) Accomplished Application Form for Certificate of Need for a Hospital		WEBSITE: www.hfsrb.gov.ph		
One (1) 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		
One (1) copy of proof of payment		DOH-DCHD Cashier		
For walk-in client:				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty	1. Give number to applicant	None	5 minutes	Guard on duty



<p>2. Submit Accomplished Application Form and Documentary Requirements or use dropbox</p>	<p>2. Evaluate application form and documents for completeness</p> <p>If incomplete:</p> <p>2.1 Return the documents to applicant for completion.</p> <p>If complete,</p> <p>2.1 Issues order of payment</p>	<p>Php 2000.00</p>	<p>30 minutes</p>	<p><i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer/s</i></p>
<p>For online application :</p>				
<p>1. Accomplish application form and documentary requirements</p> <p><i>Note: Application form and documentary requirements are downloadable at hfsrb.doh.gov.ph.</i></p>	<p>N/A</p>	<p>None</p>	<p>N/A</p>	<p><i>Client</i></p>
<p>2. Submit scanned copy (in pdf format) of duly accomplished application form and documentary requirements to application.dohro@xirled@gmail.com</p>	<p>2.1. Evaluate the documentary requirements/a pplication submitted</p>	<p>None</p>	<p>1 hour</p>	<p><i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer/s</i></p>
	<p>2.1.1 If complete, notify client via email to secure Order of Payment on appointed schedule.</p>	<p>None</p>	<p>30minutes</p>	



	2.1.2 If incomplete, notify the client of the lacking documents via email	None	1 hour	
3. Pay the amount due reflected in the order of payment	3. Receive payment	None	15 minutes	<i>Cashier</i>
4. Present the Official Receipt, order of payment and complete application form/documents	4. Receive order of payment, complete application/documents, and the photocopy of Official receipt and present original OR	None	30 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Oosing Officer/s</i>
5. Await the release of Certificate of Need	5.1 Evaluate submitted documents and prepares the final review and evaluation	None	12 days	<i>CON Committee</i>
	5.2 If approved, prepare the CON 5.2.1 Inform applicant of the approval of CON	None	30 minutes	<i>Cresliza B. de Padua / Licensing Officer/ Dr. Grace D. Amistoso</i>
	5.3 If disapproved, inform applicant in writing through mail with reason for disapproval	None	3 days	<i>Cresliza B. de Padua / Licensing Officer/ Dr. Grace D. Amistoso</i>
	5.4 Approve and sign the CON	None	4 days	<i>Dr. Annabelle P. Yumang</i>



6. Release of CON to client	6. Record release the approved CON through RLED	None	30 minutes	<i>Records Officer</i> <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer/s</i>
TOTAL		Php 2000.00	19 days, 4 hours, and 50 minutes – For walk application 19 days, 4 hours, and 50 minutes – For on-line application	



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

This procedure starts with the receipt of application to the issuance of LTO/Certification/COA/ATO/COR by the Health Facilities and Services Regulatory Bureau (HFSRB)/ and the Centers for Health Development (CHDs).

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 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
Psychiatric Care Facility (PCF) – 1 year
Primary Care Facility – 3 years
TTMF/ CIU – 1 year
Add- on services - 1 year

Certification- a formal authorization issued by Centers for Health Development (CHDs) to a Temporary Treatment and Monitoring Facility (TTMF) / Community Isolation Unit (CIU)

Validity of Certification:

1 year

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

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

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



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 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)

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"> • DOH - LTO • DOH - COA • DOH - ATO • DOH – COR • DOH- Certification 	<p>1st working day of the year to November 15 of the same year</p> <p>30 calendar days before the expiration of Certification</p>	November 15 of the same year

Office or Division:	Regulations, Licensing, and Enforcement Division	
Classification:	Highly Technical	
Type of Transaction:	Government to Business and Government to Government	
Who may avail:	All Health Facilities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
One (1) application form1 (for initial & renewal)		From the HFSRB website (hfsrb.doh.gov.ph) (downloadable) or CHD RLED Office
One (1) application form 2 (for facility with changes, renovation, expansion and alteration), if applicable		
One (1) Application form for Certification of TTMF/ CIU		
One (1) Acknowledgement (notarized)		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or CHD RLED Office
One (1) Letter of Intent to establish TTMF/ CIU		From the Applicant
For initial/new application, Proof of ownership and Name of Facility:		



<p>DTI/SEC/CDA Registration including Articles of Incorporation/Corporation and By-Laws</p> <p>Enabling Act/LGU Resolution (for government health facility)</p>		<p>From Department of Trade and Industry (DTI)/ SEC/ CDA</p> <p>Local Government Unit where the facility is located</p>		
One (1) Application Form for Medical X-ray Facility, if applicable		From the FDA website (www.fda.gov.ph)		
One (1) Application Form for Pharmacy, if applicable		From the FDA website (www.fda.gov.ph)		
<p>One (1) Accomplished Health Facility Self-Assessment Tool</p> <p>For TTMF/ CIU: One (1) copy of the assessment tool used by the C/PDOHO together with the C/ PHO during the initial validation</p>		<p>From the HFSRB website hfsrb.doh.gov.ph (downloadable) or at CHD-RLED office</p> <p>Form can be secured from CHD-RLED office</p>		
One (1) Health Facility Geographic Form (Geographic Coordinates) Required for Initial/New application		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or at CHD- RLED office		
Proof of Payment				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty/PACD/ RLED. Waits to be called at the lobby	1. Give number to applicant	None	15 minutes	<i>Guard on Duty/PAD RLED</i>



2. Submit duly accomplished application form and documentary requirements	<p>2.1. Check the documentary requirements/ application submitted</p> <p>2.1.1 If complete, prepare appropriate Order of Payment</p> <p>2.1.2 If incomplete, notify the client of the lacking documents in writing</p>	None	1 hour	AA/ Regulatory Officer RLED
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office	<p>3.1 Receive payment</p> <p>3.2 Issue official receipt</p>	Refer to Health Facility schedule of fees	10 minutes 5 minutes	AA/ Cashier Cashier
4. Present proof of payment	4. Receive Official Receipt (OR) and photocopy OR	None	5 minutes	AA/ Regulatory Officer RLED
5. Await the schedule for inspection of health facility	5.1 Receive and logbook/D-Tracking System the application/documentary requirements and forwards to designated staff	None	1 day	AA/ Regulatory Officer RLED
5.1 Concur with the schedule for inspection	5.2 Schedule the inspection/evaluation and prepare travel documents (DPO/RPO/ROO, Vehicle Request, TEV) and inform the health facility through letter/e-mail	None	5 days Areas with travel limitation: 10 days	Assigned Regulatory Officer/s RLED

	5.3 Travel to the official destination	None	2 days Areas with travel limitation: 1 day	Assigned Regulatory Officer/s RLED
	5.4 Conduct inspection visit 5.4.1 Provide one (1) photocopy of the assessment tool to the facility	None	2 day Areas with travel limitation: 1 day	Assigned Regulatory Officer/s RLED
6.1 If compliant, wait for the issuance of LTO/Certification/ATO/COA/COR <i>for facility with non-compliance findings:</i> 6.1.1 submit proof of compliance within 30 calendar days;	6.1. Recommend issuance of LTO/Certification/ATO/COA/COR for fully complied health facility <i>for facility with non-compliance findings:</i> 6.1.1 Notify the facility of the non-compliance and evaluate the submitted compliance documents (if failed to comply within 30 calendar days, denial of application and forfeiture of payment)	None	4 days Areas with travel limitation: 3 days	Assigned Regulatory Officer/s RLED
	if non-compliant, 6.2. Inform the facility the reason of denial of application through letter/e-mail if compliant: 6.2.prepare the LTO/Certification	None	1 day	Assigned Regulatory Officer/s RLED



	n/ATO/COA/COR			
	6.3. Approve and sign the LTO/Certification/ATO/COA/COR	None	4 days Areas with travel limitation: 2 days	<i>Assigned Regulatory Officer/s/Director OIC-RLED/RLED</i>
7. Receive the approved LTO/Certification/ATO/COA/COR	7. Record and release the approved LTO/Certification/ATO/COA/COR	None	30 minutes	<i>AA/ Regulatory Officer RLED</i>
Total		Refer to Health Facility schedule of fees	19 days, 2 hours, and 5 minutes	

Schedule of Fees:

Services	Fee
1. Birthing Home	PHP4,500.00
2. Blood Center	PHP5,000
3. Blood Collection Unit	PHP 1,500.00
4. Blood Station	PHP1,400.00
5. BCU/BS	PHP 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 – Secondary – Tertiary –	 PHP7,500.00 PHP9,000.00 PHP10,500.00
9. Limited Service Capability	PHP7,500.00
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 – 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)	 PHP2,500.00 PHP3,000.00



Clinical Laboratory (CL) Fee Primary – Secondary – Tertiary –	PHP2,500.00 PHP3,000.00 PHP3,500.00
11. Infirmery	PHP6,000.00
12. Primary Care Facility	TBD
13. Dental Laboratory a. Removable and Fixed Prosthesises – b. Limited Services –	PHP2,500.00 PHP1,000.00
14. a. One Stop-Shop (OSS) Non-Hospital Based Dialysis b. One Stop-Shop Government Hospital (Non-DOH Retained) Dialysis	PHP9,500.00 PHP3,000.00
15. Free standing –	PHP9,500.00
16. Drug Testing Laboratory Cash Bond –PHP20,000.00 (FOR HFSRB)	PHP5,000.00
17. DATRC a. Residential: b. Non-residential: Cash Bond – PHP20,000.00 (FOR HFSRB)	PHP6,000.00 PHP14,000.00
18. LDWA – Psychiatric Care Facility a. Acute/Chronic – b. Custodial Care –	PHP5,000.00 PHP7,500.00 PHP6,000.00
19. Renewal every 3 years a. Private Hospital Basic Fee (initial) Level 1 Hospital - Level 2 Hospital Level 3 Hospital b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial) 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	PHP6,500.00 PHP8,500.00 PHP 10,500.00 PHP13,500.00
20. Temporary Treatment and Monitoring Facility (TTMF)/ Community Isolation Unit (CIU)	No fee shall be required



005. Issuance of Permit to Construct

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 will establish and operate a hospital or other health facility, upon compliance with required documents set forth in Administrative Order No. 2016-0042-A prior to the actual construction of the said facility.

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

Application 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.

Office or Division:	Regulations, Licensing and Enforcement Division	
Classification:	Highly-Technical	
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government	
Who may avail:	All Health Facilities	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
One (1) Accomplished Application Form for Permit to Construct a Health Facility		Website: www.hfsrb.doh.gov.ph
One (1) Letter of intent for new and existing health facility (background and scope of the project)		Requesting party
For new health facility: One (1) Approved Certificate of Need from the DOH-Regional Office <ul style="list-style-type: none"> ● New government general hospitals ● Private hospitals below 100 Authorized Bed Capacity 		Requesting party
Proof of Registration of Name of Health Facility		From Department of Trade and Industry (DTI)/ SEC/ CDA
<input type="checkbox"/> DTI/SEC Registration including Articles of Incorporation and By-Laws (for private health facility)		Securities and Exchange Commission Office/Department of Trade and Industry
<input type="checkbox"/> Enabling Act/ Board Resolution (for government health facility)		Local Government Unit
<input type="checkbox"/> Cooperative Development Authority Registration including Articles of Cooperation and By-Laws		Cooperative Development Authority



<p>Three (3) Sets of Site Development Plans and Architectural Floor Plans (in blue print 20 x 30)</p> <ul style="list-style-type: none"> ☐ Signed and sealed by an Architect/Engineer ☐ Showing all areas with appropriate scale, dimension and labels ☐ Demonstrating proper spatial and functional relationships of areas (refer to Checklist for Review of Floor Plan) 		Private/Government Practitioners		
<p>For expansion/renovation of existing health facility</p> <ul style="list-style-type: none"> ☐ Latest DOH Approved Permit to Construct and Approved Floor Plan with latest copy of LTO/COA ☐ Floor Plan indicating proposed change/s (refer to B.3 of the Application Form) 		<p>Requesting party</p> <p>Private/Government Practitioners</p>		
Feasibility Study (for non-hospital-based dialysis clinic only)		Requesting party		
Proof of Payment		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure a number at the guard on duty	1. Give number to the applicant	None	5 minutes	Guard on Duty
2. Submit duly accomplished application form and documentary requirements	<p>2. Checks the documentary requirements/application submitted</p> <p>2.1. If complete, prepare appropriate Order of Payment</p> <p>2.2. If incomplete, return the documents to applicant for completion</p>	None	30 minutes	Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano/ Licensing Officer



3. Pay the amount due reflected in the Order of Payment to the Cashier's Office	3. Receive payment and Issue official receipt	Refer to Health Facility Schedule of Fees	15 minutes	Cashier
4. Present proof of payment (Official receipt)	4. Receive and log the application/ documentary requirements and forwards to assigned staff	None	30 minutes	Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano
5. Await the approval of application submitted	5. Evaluates the submitted floor plan	None	10 days	Health Facility Evaluation and Review Committee (HFERC)
	5.1: If disapproved, inform the applicant in writing through mail	None	1 day	Melissa T. Sullano
	5.2: If approved, prepare the PTC	None	30 minutes	
	5.3 Approve and sign the PTC	None	4 days	Dr. Grace D. Amistoso / Dr. Annabelle P. Yumang
6. Receive the PTC	8. Record and release the approved PTC through RLED	None	30 minutes	Record Officer Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano
TOTAL		Refer to Health Facility Schedule of Fees	13 days, 2 hours and 20 minutes	

Schedule of Fees:

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



006. 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).

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

Psychiatric Care Facility (PCF) – 1 year

Infirmery – 1 year

**Add-on Services – 1 year

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

Drug Testing Laboratory (DTL) – 1 year

Drug Treatment Rehabilitation Center (DATRC) – 3 years

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

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

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

Blood Collection Unit (BCU) – 3 years

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

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, Infirmery, 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)

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 unmet 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 application 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 - remarks: For processing as initial. Application for DOH-PTC, DOH-LTO/COA/ATO shall be required

Office or Division:	Regulations, Licensing and Enforcement Division
Classification:	Complex
Type of Transaction:	G2C – Government to Citizen; G2B – Government to Business; and G2G – Government to Government
Who may avail:	All Regulated Licensed Health Facilities



CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application form1 (renewal)		From the HFSRB website (hfsrb.doh.gov.ph) (downloadable) or CHD RLED Offices		
Acknowledgement (notarized)		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or CHD RLED Offices		
Application Form for Medical X-ray Facility (if applicable)		From the FDA website (www.fda.gov.ph)		
Application Form for Pharmacy (if applicable)		From the FDA website (www.fda.gov.ph)		
Accomplished Health Facility Self-Assessment Tool		From the HFSRB website hfsrb.doh.gov.ph (downloadable) or at CHD-RLED offices		
Proof of Payment (presentation of Official Receipt)		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish application form 1 and documentary requirements <i>*Application form and documentary requirements are downloadable at hfsrb.doh.gov.ph</i>	None	None	N/A	Client
1. Submit scanned copy (in pdf format) of the duly accomplished application form and documentary requirements via email: application.dohoxirled@gmail.com	2.1 Evaluate the documentary requirements/application submitted	None	1 hour	Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer/s
	2.1.1 If complete, notify client via email to secure Order of Payment from RLED Office on appointed schedule.	None	30 minutes	



	2.1.2 If incomplete, notify client of the lacking documents via email	None	1 hour	Dr. Grace D. Amistoso, Chief RLED / Dr. Annabelle P. Yumang, Regional Director
	2.2 Processing of LTO/ATO/COA/ COR	None	30 minutes	
	2.3 Approve and sign LTO/ATO/COA/ COR	None	4 days	
3. Pay the amount due reflected in the Order of Payment to the Cashier's Office	4.1 Receive payment 4.2 Issue official receipt	Refer to Health Facility schedule of fees	15 minutes	Cashier
4. Present proof of payment (Official receipt)	5.1 Records and release the approved LTO/ATO/COA/ COR through RLED	None	5 minutes	Record Officer Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano
TOTAL		Refer to Health Facility schedule of fees	4 days , 3 hour and 20 minutes	

Schedule of Fees:

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/ATO

Services	Fee
1. Ambulance Service Provider	
a. Institution based (Ambulance per unit)	PHP 1,000 + Renewal Fee Php 5,000
b. Non-Institution Based (Ambulance per unit)	PHP3,000
c. Ambulance Service Provider	PHP15,000.00 (valid for 3 years)
2. Ambulatory Surgical Clinic	PHP4,000.00
3. Birthing Home	PHP3,000.00
4. Blood Center	PHP5,000
5. Blood Collection Unit	PHP 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 –	PHP2,500.00 PHP3,000.00 PHP3,500.00
9. Limited Service Capability	PHP7,500.00
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 –	PHP 2,500.00 PHP3,000.00 PHP3,000.00 Php 14,000 every 3 years PHP2,500.00 PHP3,000.00 PHP3,000.00
11. Dental Laboratory a. Removable - b. Fixed Prostheses – c. Removable and Fixed Prostheses d. Limited Services –	PHP1,000.00 PHP1,000.00 Php 2,500.00 PHP1,000.00
12. a. One Stop-Shop (OSS) Non-Hospital Based Dialysis b. One Stop-Shop Government Hospital (Non-DOH Retained) Dialysis c. One Stop-Shop Private/Government Hospital (Non-DOH Retained) d. Dialysis (Hospital owned)	PHP9,500.00 (HFSRB only) PHP3,000 No fee
13. Free standing Dialysis –	PHP9,500.00 (HFSRB only)
14. Drug Testing Laboratory Cash Bond –PHP20,000.00 (FOR HFSRB)	PHP5,000
15. DATRC	



a. Residential: b. Non-residential: Cash Bond – PHP20,000.00 (FOR HFSRB)	PHP6,000.00 PHP14,000.00
16. Infirmary	PHP5,500.00
17. LDWA – Psychiatric Care Facility a. Acute/Chronic – b. Custodial Care –	PHP5,000.00 PHP5,500.00 PHP4,000.00
18. a. Private Hospital Basic Fee (initial) Level 1 Hospital - Level 2 Hospital Level 3 Hospital b. One Stop-Shop Private Hospital Medical Facility for Overseas Workers and Seafarers (MFOWS) Fee (initial) Cash Bond – PHP100,000.00 (for central) PHP5,000.00	PHP6,000.00 PHP8,500.00 PHP 10,500.00 PHP13,500.00



007. Renewal of Certificate of Licensed Embalmers and Licensed Massage Therapists

This is usually undertaken every year by licensed embalmers and massage therapists.

Office or Division:	Regulation and Licensing Enforcement Division (RLED)			
Classification:	Complex Transaction			
Type of Transaction:	Government-to-Citizen; Government-to-Business; and Government-to-Government			
Who may avail:	Government and Privately-Owned Health Facilities			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Renewal Application Form		CHD Office		
One (1) original copy of the following: Professional Tax Receipt Resident Certificate Valid Identification Card		Local Government Unit Local Government Unit SSS, DFA, LGUs issued ID, DSWD, Barangay, NBI, PAG-IBIG, PHILHEALTH, COMELEC, LTO		
One (1) photocopy of Medical Certificate (Chest X-ray)		From any government physician		
CEE/CEUE Certification of Credit Units Earned (30 units)		Accredited Training Institution		
One (1) photocopy of Certificate of Registration		Committee on Embalmers/Undertaker		
One (1) piece Recent ID Picture 1x1 Two (2) pieces Recent ID Picture 2x2		Any photo studio		
for Category I Practicing Professional: Employer's Certificate/ Business Permit for Category II Non Practicing Professional: Authorized letter re: professional not practicing but still want to be included in the Master List/ Registry		Applicant's Employer Requesting party		
Presentation of Proof of Payment		Cashier		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Accomplish renewal application form and documentary requirements		None	N/A	Client



2. Submit scanned copy of renewal requirements (in pdf format) via email: <i>application.dohroxi rled@gmail.com</i>	2.1 Evaluate the documentary requirements/application submitted	None	1 Hour	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer</i> <i>Dr. Grace D. Amistoso, Chief RLED/ Dr. Annabelle P. Yumang, Regional Director</i>
	2.1.1 If complete, notify client via email to secure Order of Payment from RLED Office on appointed schedule.	None	30 minutes	
	2.1.2 If incomplete, notify client of the lacking documents via email	None	30 minutes	
	2.2 Process ID and Certificate of Renewal	None	30 minutes	
	2.3 Approve and sign Certificate of renewal for embalmers and massage therapist	None	4 days	
3. Pay Fee to Cashier	3. Receive the order of payment and the cashd and issue official receipt	Php 275.00 Penalty: PHP 91.66/year	15 minutes	<i>Cashier</i>
4. Present proof of payment	4. Record release of the approved ID and Certificate of Renewal through RLED	None	15 minutes	<i>Record Officer</i> <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
TOTAL		Php 275.00 Penalty: PHP 91.66/year	4 days and 3 hours	



008. 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 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 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.

Office or Division:	Regulations, Licensing, and Enforcement Division			
Classification:	Simple			
Type of Transaction:	Government to Business and Government to Government			
Who may avail:	All DOH-Licensed Drug Testing Laboratories			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Drug Testing Kit Validation Form		IDTOMIS Website		
2. Used Drug Testing Kits with drug test results		Requesting party		
3. Newly procured Drug Testing Kits		FDA-Approved Drug Testing Kit Supplier		
4. Facility to return at least 50% of used kits from the previous DTK Balance				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Get a number at the guard on duty/RLED. Wait to be called	1. Give number to applicant	None	15 minutes	<i>Guard on Duty</i>
2. Submit printed copy of online DTK registration and Drug test report with attached membrane	2. Evaluate documents and validate newly procured and used DTK	None	1 hour per batch	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Petronila Visitacion S. Bolaños</i>
3. Wait for the validated DTKs	3.1 Encoding of new and used DTKs	None	1 hour per batch	<i>Petronila Visitacion S. Bolaños</i>
	3.2 Validate the newly procured DTKs thru IDTOMIS Website	None	1 hour per batch	<i>Petronila Visitacion S. Bolaños</i>
	3.3 Marking of the newly procured DTKs for notation and affix	None	1 hour per batch	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa</i>



	signature on the boxes			<i>T. Sullano / Petronila Visitacion S. Bolaños</i>
4. Receive the validated DTKs	4. Return/release the validated DTKS	None	20 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Petronila Visitacion S. Bolaños</i>
TOTAL		None	4 hours 35 minutes	



009. Remote Collection Permit for Clinical Laboratory

Clinical Laboratories conducting mobile collection shall now be required to secure a Remote Collection Permit for Clinical Laboratory (RCP-CL) from the Department of Health (DOH) through Health Facilities and Services Regulatory Bureau (HFSRB) or through the Center for Health Development - Regulation, Licensing, and Enforcement Division. Only DOH licensed clinical laboratories shall be allowed to apply for RCP-CL. No testing or processing shall be done in the temporary collection facility. The activity at the remote facility shall only last for four (4) to six (6) hours. RCP-CL shall be secured from the DOH at least seven (7) working days prior to the scheduled remote collection activity.

Office or Division:	Regulations, Licensing, and Enforcement Division			
Classification:	Complex			
Type of Transaction:	Government to Business and Government to Government			
Who may avail:	All DOH-Licensed Clinical Laboratory			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
1. Letter of Intent with the following (Signed by the Head of Laboratory) a. Date of collection b. Time of Collection c. Venue d. Estimated number of clients e. Specimen to be collected		*Application form and documentary requirements are downloadable at hfsrb.doh.gov.ph Requesting Party		
2. List of Personnel who will conduct the Remote Collection Activity		Requesting Party		
3. List of Laboratory Supplies / Materials to be used during the remote collection including transportation materials		Requesting Party		
4. Notarized Memorandum of Agreement or contract between the contracting parties		Requesting Party		
5. Technical or operation procedures for remote collection including specimen handling and transportation		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit scanned copy (in PDF format) of the duly accomplished application form and documentary	1.1 Evaluate the documentary requirements/application submitted	None	1 hour	Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer



requirements via email: application.dohroxirled@gmail.com	1.1.1 If complete, notify client via email to secure Order of Payment from RLED Office on appointed schedule.	None	30 minutes	<i>Grace D. Amistoso / RLED Chief</i>
	1.1.2 If incomplete, notify client of the lacking documents via email	None	30 minutes	
	1.2 Process Remote Collection Permit – Clinical Laboratory	None	30 minutes	
	1.3 Approve and sign remote collection	None	4 days	<i>2.3 Dr. Annabelle P. Yumang / Regional Director</i>
2. Pay Fee to Cashier	3. Receive the order of payment and cash and issue official receipt	P500.00 for each site	15 minutes	<i>Cashier</i>
3. Present proof of payment	4. Record release of the approved Remote Collection Permit through RLED	None	20 minutes	<i>Record Officer</i> <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer</i>
TOTAL		None	4 days 3 hours 5 minutes	



010. Issuance of Initial and Operational Permit for Drinking Water System/Retail Water System/ Refilling Station

Initial Permit / Operational Permit is issued only by the DOH Davao Center for Health Development for the development and operation of drinking water supply system.

Note: Any expansion, alteration and change of the approved plan shall be subjected to new application.

Office or Division:	Regulation, Licensing and Enforcement Division	
Classification:	Highly Technical	
Type of Transaction:	G2B – Government to Business and G2G – Government to Government	
Who may avail:	All entities/ Owners / Operators/ Developers/ water providers who wanted to develop / Operate drinking water supply system	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Initial Permit		
1. Application Form	Requesting Party *Secure application form from Regional Health Office	
2. For waterworks, copy of Water Permit	National Water Resources Board (NWRB)	
3. Drinking Water Site Clearance issued by the Local Health Office	Municipal Health Office / City Health Office	
4. Engineering report and/or feasibility study, including assessment of water source and system capacity and pressure to meet the water demands of intended beneficiaries or clients	Privately practicing Sanitary Engineer hired by the Requesting party	
5. Plans and specifications and other required document signed and sealed by a privately practicing Sanitary Engineer	Privately practicing Sanitary Engineer hired by the Requesting party	
Operational Permit		
1. Application Form	Requesting Party *Secure application form from Regional Health Office	
2. Report of inspection (incl. pictures and proof of completed works) of completed construction works and complete disinfection of the system	Municipal Health Office / City Health Office	
3. Result of the water sampling and testing conducted by a DOH-accredited water laboratory	DOH Accredited Water Laboratory	
4. Report of inspection verifying completeness of construction works and disinfection from the regional and/or provincial sanitary engineer	Regional Health Office	
Representative		



Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1 photocopy)		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
ISSUANCE OF INITIAL PERMIT				
1. Submits documentary requirements for Initial Permit Application at the RLED Office	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	1.1.1 If incomplete, return the documents to the applicant for completion			
	1.2 Issues Order of Payment	None	10 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
2. Pays the amount due reflected in the Order of Payment to the Cashier's Office	2.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment	<i>Permit Fee— PHP 2,600.00 (Water refilling station) /2,800.00 (Housing Development Project/Sub division) (Note: Fee is for both Initial and Operational Permit)</i>	20 minutes	<i>Cashier</i>
3. Submits copy of Official Receipt of payment at the RLED office	3.1 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>



4. Await the schedule for inspection of health facility 4.1 Concur with the schedule for inspection	4.1 Table top evaluation of the application	None	5 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	4.2 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engr. Felvie B. Omnos</i>
	4.3 Conducts inspection/evaluation on visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	4.4 Preparation of inspection report	None	2 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
5. Await for the release of Initial Permit	5.1 If found compliant, prepares Initial Permit	None	1 day	<i>Engr. Felvie B. Omnos</i>
	5.2 Recommends the Approval of Initial Permit	None	1 day	<i>Grace D. Amistoso RLED Chief</i>
	5.3 Signs the Initial Permit	None	4 days	<i>Dr. Annabelle P. Yumang / Regional Director</i>
6. Receives the Approved Initial Permit (“Notice to Proceed”)	6.1 Releases the Approved Initial Permit (“Notice to Proceed”) through RLED	None	15 minutes	Records Section <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
TOTAL		Permit Fee– PHP 2,600.00 /2,800.00 (Note: Fee is for both Initial and Operational Permit)	17 days, 1 hour, 40 minutes	
ISSUANCE OF OPERATIONAL PERMIT				
7. Submits documentary requirements for Operational Permit	7.1 Receives and evaluates the application for its correctness and	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S.</i>



Application at the RLED Office	<p>completeness of the necessary documents submitted</p> <p>7.1.1 If incomplete, return the documents to the applicant for completion</p>			<i>Bolaños / Melissa T. Sullano</i>
8. Await the schedule for inspection of health facility	8.1 Table top evaluation of the application	None	5 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
8.1 Concur with the schedule for inspection	8.2 Schedules the inspection/evaluation and prepares Office Order/travel documents and inform the establishment of the inspection	None	3 days	<i>Engr. Felvie B. Omnos</i>
	If existing prior to issuance of Initial Permit, proceed to item 8.4			
	8.3 Conducts inspection/evaluation visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	8.4 Prepares and process inspection/evaluation report	None	2 day	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
9. Await for the release of Operational Permit	9.1 If found compliant, prepares Operational Permit	None	1 day	<i>Engr. Felvie B. Omnos</i>
	9.2 Recommends the Approval of Operational Permit	None	1 day	<i>Dr. Grace D. Amistoso, Chief RLED</i>
	9.3 Signs the Operational Permit	None	4 days	<i>Dr. Annabelle P. Yumang, Regional Director</i>
10. Receives the Approved Operational Permit	10.1 Releases the Approved Operational Permit through RLED	None	15 minutes	Records Section <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>



TOTAL		Permit Fee— PHP 2,600.00 /2,800.00 (Note: Fee is for both Initial and Operational Permit) plus resurvey fee (if applicable)	17 days, 55 minutes	
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Note: As per AO No. 2006-0036 if additional site visitations or surveys are required before the permit/clearance/certification can be granted, a re-survey fee that is equal to 100% of the permit/clearance/certification fee shall be charged to the applicant for each re-survey visit conducted by the CHD, over and above the original /clearance/certification.



011. Issuance of Certification of Site Suitability for Institutions and Housing Projects prior to Issuance of Presidential Proclamation

Certification of Site Suitability is issued only by the DOH Davao Center for Health Development relative to the issuance of Presidential Proclamation reserving certain parcels of land for any land-using activity (i.e. housing, school, government center).

Office or Division:	Regulation, Licensing and Enforcement Division			
Classification:	Highly Technical			
Type of Transaction:	G2B – Government to Business and G2G – Government to Government			
Who may avail:	All entities/ Owners / Operators/ Developers who wanted to reserve certain parcels of land for any land-using activity (i.e. housing, school, government center).			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Initial Permit				
1. Application Form including Letter from requesting agency or Application Letter from proponent		Requesting Party *Secure application form from Regional Health Office		
2. LGU Site Suitability Certification (MHO/PHO) (optional)		Local Health Office (City/Municipal/Provincial)		
3. Technical Description or Location Plan		Requesting Party		
Representative				
Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1-photocopy)		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
1. Submits documentary requirements for Initial Permit Application at the RLED Office	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted 1.1.1 If incomplete, return the documents to the applicant for completion	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	1.2 Issues Order of Payment	None	10 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>



2. Pays the amount due reflected in the Order of Payment to the Cashier's Office	2.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment	<i>Certification Fee— PHP 2,800.00 /500.00 (Public Schools)</i>	20 minutes	Cashier
3. Submits copy of Official Receipt of payment at the RLED office	3.1 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
4. Await the schedule for inspection of health facility 4.1 Concur with the schedule for inspection	4.1 Table top evaluation of the application	None	5 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	4.2 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	10 days	<i>Engr. Felvie B. Omnos</i>
	4.3 Conducts inspection/evaluation on visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	4.4 Preparation of Inspection report	None	2 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
5. Await for the release of Certification of Site Suitability	5.1 If found compliant, prepares Certification of Site Suitability	None	1 day	<i>Engr. Felvie B. Omnos</i>
	5.2 Recommends the Approval of Certification of Site Suitability	None	1 day	RLED Chief Office
	5.3 Signs the Certification of Site Suitability	None	10 minutes	<i>Regional Director RD's Office</i>
6. Receives the Approved Certification of Site Suitability	6.1 Releases the Approved Certification of Site Suitability	None	15 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i> Records Section



TOTAL		20 days, 1 hour, 40 minutes	
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Note: As per AO No. 2006-0036 if additional site visitations or surveys are required before the permit/clearance/certification can be granted, a re-survey fee that is equal to 100% of the permit/clearance/certification fee shall be charged to the applicant for each re-survey visit conducted by the CHD, over and above the original /clearance/certification.



012. Issuance of Initial and Operational Permit for Sewerage Treatment Facility For Housing Development Project/Subdivision

Initial/ Operational Permit issued only by the DOH Davao Center for Health Development for Sewerage Treatment Facility for Housing Development Project/Subdivision

Office or Division:	Regulation, Licensing and Enforcement Division
Classification:	Highly Technical
Type of Transaction:	G2B – Government to Business and G2G – Government to Government
Who may avail:	All entities/ Owners / Operators/ Developers who wanted to establish Sewerage Treatment Facility for Housing Development Project/Subdivision
CHECKLIST OF REQUIREMENTS	WHERE TO SECURE
Initial Permit	
1. Duly accomplished application form	Requesting Party *Secure application form from Regional Health Office
2. Project Description 2.1 Basic project information 2.2 Site information (including neighboring parcels with land ownership information and information on wells and drinking water intakes) 2.3 Project rationale/objective 2.4 Project type and area covered 2.5 Operational processes 2.6 Plans and specifications (including site plan for septage treatment facilities including all treatment and disposal components) 2.7 Project component 2.8 Description of existing environment 2.8.1 Topography 2.8.2 Hydrology (including information on surface waters like streams, lakes, coastal water resources) 2.8.3 Geological condition 2.9 Environmental sanitation measures 2.10 Environmental and health impacts 2.11 Mitigating/control measures 2.12 Occupational and health safety measures 2.13 Monitoring and evaluation plan	Requesting Party



3. Others 3.1 Design report and detailed plans and specifications for domestic sludge and septage treatment and disposal facilities that are signed and sealed by a Licensed Civil Or Sanitary Engineer		Licensed Civil Or Sanitary Engineer hired by Requesting Party		
Operational Permit				
1. Application Form		Requesting Party *Secure application form from Regional Health Office		
2. Photocopy of Initial Permit		Requesting Party		
3. Pictures of completed construction works		Requesting Party		
Representative				
Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1-photocopy)		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
ISSUANCE OF INITIAL PERMIT				
1. Submits documentary requirements at the RLED Office	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted 1.1.1 If incomplete, return the documents to the applicant for completion	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano / Licensing Officer</i>
	1.1 Issues Order of Payment	None	10 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
2. Pays the amount due reflected in the Order of	2.1 Accepts and issue official receipt based on the amount	<i>Permit Fee– PHP 2,800.00 (Note: Fee</i>	<i>20 minutes</i>	<i>Cashier</i>



Payment to the Cashier's Office	reflected in the Order of Payment	<i>is for both Initial and Operational Permit)</i>		
3. Submits copy of Official Receipt of payment at the RLED office	3.1 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
4. Await the schedule for inspection of health facility 4.1 Concur with the schedule for inspection	4.1 Table top evaluation of the application	None	5 days	<i>Engr. Felvie B. Omnos / Licensing officer/s</i>
	4.2 Schedules the inspection/evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engr. Felvie B. Omnos</i>
	4.3 Conducts inspection/ evaluation visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos / Licensing Officer/s</i>
	4.4 Prepares and process inspection/ evaluation report	None	1 day	<i>Engr. Felvie B. Omnos / Licensing Officer/s</i>
5. Await for the release of Initial Permit	5.1 If found compliant, prepares Initial Permit	None	1 day	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	5.2 Recommends the Approval of Initial Permit	None	1 day	<i>Dr. Grace D. Amistoso, Chief RLED</i>
	5.3 Signs the Initial Permit	None	4 days	<i>Dr. Annabelle P. Yumannng, Regional Director</i>
6. Receives the Approved Initial Permit	6.1 Releases the Approved Initial Permit through RLED	None	15 minutes	Records Section <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
TOTAL			16 days, 1 hour, 40 minutes	
ISSUANCE OF OPERATIONAL PERMIT				
7. Submits documentary requirements for	7.1 Receives and evaluates the application for its	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S.</i>



Operational Permit Application at the RLED Office	correctness and completeness of the necessary documents submitted 7.1.1 If incomplete, return the documents to the applicant for completion			<i>Bolaños / Melissa T. Sullano</i>
8. Await the schedule for inspection of facility	8.1 Table top evaluation of the application	None	5 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
8.1 Concur with the schedule for inspection	8.2 If new facility, schedules the inspection/evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engr. Felvie B. Omnos</i>
	8.3 Conducts inspection/ evaluation visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	8.4 Prepares and process inspection/ evaluation report	None	2 day	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
9. Await for the release of Operational Permit	9.1 If found compliant, prepares Operational Permit	None	1 day	<i>Engr. Felvie B. Omnos</i>
	9.2 Recommends the Approval of Operational Permit	None	1 day	<i>Dr. Grace D. Amistoso, Chief RLED</i>
	9.3 Signs the Operational Permit	None	10 minutes	<i>Dr. Annabelle P. Yumang, Regional Director</i>
10. Receives the Approved Operational Permit	10.1. Releases the Approved Operational Permit through RLED	None	15 minutes	Records Section <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>



TOTAL	Permit Fee— PHP 2,800.00 (Note: Fee is for both Initial and Operationa l Permit)plu s resurvey fee (if applicable)	13 days, 1 hour, 5 minutes	
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Note: As per AO No. 2006-0036 if additional site visitations or surveys are required before the permit/clearance/certification can be granted, a re-survey fee that is equal to 100% of the permit/clearance/certification fee shall be charged to the applicant for each re-survey visit conducted by the CHD, over and above the original /clearance/certification.



013. Issuance of Environmental Sanitation Clearance

Environmental Sanitation Clearance is issued only by the DOH Davao Center for Health Development allowing the collection, handling, transport, treatment, and disposal of domestic sludge or septage (Mobile and Stationary Service Provider)

Note: Any expansion, alteration and change of the approved plan shall be subjected to new application.

Office or Division:	Regulations, Licensing and Enforcement Division (RLED)
Classification:	Highly Technical
Type of Transaction:	G2B – Government to Business and G2G – Government to Government
Who may avail:	For all entities/Owners/Operators/ Developers who wanted to establish collection, handling, transport, treatment, and disposal of domestic sludge or septage (mobile and/or stationary)
CHECKLIST OF REQUIREMENTS	
WHERE TO SECURE	
A. Mobile Service Provider	
A.1 Project Description	Requesting Party
A.1.1 Proponent information and contact details	*Secure application form from Regional Health Office
A.1.2 Scope of activities	
A.1.3 Area covered	
A.1.4 Method of collection	
A.1.5 Type of vehicles and equipment	
A.1.6 Occupational and health safety measures	
A.1.7 Staffing plan	
A.1.8 Mitigating/control measures	
A.2 Detailed Maps	Requesting Party
A.2.1 Service area indicating residential, commercial, industrial, and agricultural lands with major routes for septage hauling indicated	
A.2.2 Location of proposed septage treatment and disposal sites	



<p>A.3 Others</p> <p>A.3.1 Target market of septage pumping activities, including planned volume per month</p> <p>A.3.2 Make and model of septage pumping trucks</p> <p>A.3.3 Staffing plan indicating number of employees, job descriptions, and organizational chart</p> <p>A.3.4 Business plan indicating anticipated costs of providing services and expected revenues from grants, loans, and tariffs</p>	<p>Requesting Party</p>
<p>B. Stationary Service Provider</p>	<p>Requesting Party</p>
<p>B.1 Project Description</p> <p>B.1.1 Basic project information</p> <p>B.1.2 Site information (including neighboring parcels with land ownership information and information on wells and drinking water intakes)</p> <p>B.1.3 Project rationale/objective</p> <p>B.1.4 Project type and area covered</p> <p>B.1.5 Operational processes</p> <p>B.1.6 Plans and specifications (including site plan for septage treatment facilities including all treatment and disposal components)</p> <p>B.1.7 Project component</p> <p>B.1.8 Description of existing environment</p> <p>B.1.8.1 Topography</p> <p>B.1.8.2 Hydrology (including information on surface waters like streams, lakes, coastal water resources)</p> <p>B.1.8.3 Geological condition</p> <p>B.1.9 Environmental sanitation measures</p> <p>B.1.10 Environmental and health impacts</p> <p>B.1.11 Mitigating/control measures</p> <p>B.1.12 Occupational and health safety measures</p> <p>B.1.13 Monitoring and evaluation plan</p>	<p>Requesting Party</p>
<p>B.2 Others</p> <p>B.2.1 Design report and detailed plans and specifications for domestic sludge and septage treatment and disposal facilities that are signed and sealed by a Licensed Civil Or Sanitary Engineer</p>	<p>Licensed Civil Or Sanitary Engineer hired by Requesting Party</p>
<p>Representative</p>	
<p>Authorization Letter (1 original)</p>	<p>Owners / Operators/ Developers</p>



Any government valid ID both from the owner and the representative (1 original, 1 photocopy)		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
1. Coordinate and Submit Notarized Application Form including documentary requirements (c/o Local Health Office)	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents forwarded by the Local Health Office 1.1.1 If incomplete, return the documents to the applicant for completion	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	1.2 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
2. Local Health Office to indorse for validation to Regional Health Office	2.1 Table top evaluation of the application 2.1.1 If found non-compliant, return the documents to the applicant for completion and copy furnish the concerned Local Health Office 2.2 Inform the applicant to pay the scheduled fee	None	5 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
3. Secure Order of Payment	3.1 Issues Order of Payment	None	10 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
4. Pays the amount due reflected in the Order of	4.1 Accepts and issue official receipt based on	Clearance Fee-	20 minutes	<i>Cashier</i>

Payment to the Cashier's Office	the amount reflected in the Order of Payment	Mobile: Php2,600.00 Stationary: Php2,800.00 Combined: Php 3,000.00		
5. Submits copy of Official Receipt of payment at the RLED office	5.1 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
6. Await the schedule for inspection of health facility 6.1 Concur with the schedule for inspection	6.1 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engr. Felvie B. Omnos</i>
	6.2 Conducts inspection/evaluation visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	6.3 Prepares and process inspection /evaluation report	None	2 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
7. Await for the release of Environmental Sanitation Clearance	7.1 Prepares Environmental Sanitation Clearance	None	1 day	<i>Engr. Felvie B. Omnos</i>
	7.2 Recommends the Approval of Environmental Sanitation Clearance	None	1 day	<i>Dr. Grace D. Amistoso, Chief RLED</i>
	7.3 Signs the Environmental Sanitation Clearance	None	4 days	<i>Dr. Annabelle P. Yumang, Regional Director</i>
8. Receives the Approved Environmental Sanitation Clearance	8.1 Releases the Approved Environmental Sanitation Clearance through RLED	None	15 minutes	Records Section <i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>



	TOTAL	Mobile: Php2,600.00 Stationary: Php2,800.00 Combined: Php 3,000.00 plus resurvey fee (if applicable)	17 days, 1 hour, 40 minutes	

Note: As per AO No. 2006-0036 if additional site visitations or surveys are required before the permit/clearance/certification can be granted, a re-survey fee that is equal to 100% of the permit/clearance/certification fee shall be charged to the applicant for each re-survey visit conducted by the CHD, over and above the original /clearance/certification.



014. Special Permit for Use of Human Remains for Medical Studies and Scientific Research

Special Permit is issued only by the DOH Davao Center for Health Development for the use of remains for scientific and/or medical purposes.

Office or Division:	Regulation, Licensing and Enforcement Division	
Classification:	Highly Technical	
Type of Transaction:	G2B – Government to Business and G2G – Government to Government	
Who may avail:	All entities/ Owners / Operators/ Researchers who wanted to use Human Remains for Medical Studies and Scientific Research	
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE
Application Form	Requesting Party *Secure application form from Regional Health Office	
Authorization issued by Commission on Higher Education (CHED) to offer courses in medicine, nursing, dentistry, physical therapy, midwifery and other paramedical courses.	Commission on Higher Education (CHED)	
Death Certificate with embalmer's signature at the back under the title of "Certificate Of Embalmers".	Funeral Establishment	
In case the person died from non-dangerous communicable disease, a Certification shall be secured by the scientific institution and/or medical school from the Director or Chief of Hospital certifying that the remains has been unclaimed for 48 hours after death and that the cause of death was that of the abovementioned disease.	Hospital	
Where remains involved has been donated, an Affidavit to this effect shall be required from the nearest of kin with two witnesses, subscribed and sworn before a notary public.	Requesting Party	
Where the remains is involved in a medico-legal case, Clearance shall be first secured from the Chief of Police or the prosecutor having jurisdiction on the case. Certification from the above officials that the remains has been advertised shall be required.	Police Station or Prosecutor's Office	
Copy of Transit Permit and Official Receipt	Local Health Office	
Accomplished Self-Assessment Tool for Storing and Disposal of Remains	Requesting Party	



Representative				
Authorization Letter (1 original)		Owners / Operators/ Developers		
Any government valid ID both from the owner and the representative (1 original, 1-photocopy)		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
1. Submits documentary requirements for Initial Permit Application at the RLED Office	1.1 Receives and evaluates the application for its correctness and completeness of the necessary documents submitted	None	40 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
	1.1.1 If incomplete, return the documents to the applicant for completion			
	1.2 Issues Order of Payment	None	10 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
2. Pays the amount due reflected in the Order of Payment to the Cashier's Office	2.1 Accepts and issue official receipt based on the amount reflected in the Order of Payment	<i>Permit Fee– PHP 350.00</i>	<i>20 minutes</i>	<i>Cashier</i>
3. Submits copy of Official Receipt of payment at the RLED office	3.1 Receives and logs	None	5 minutes	<i>Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
4. Await the schedule for inspection of health facility 4.1 Concur with the schedule for inspection	4.1 Table top evaluation of the application	None	5 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	4.2 Schedules the inspection/ evaluation and prepares Office Order/ travel documents and inform the establishment of the inspection	None	3 days	<i>Engr. Felvie B. Omnos</i>



	4.3 Conducts inspection/evaluation on visit	None	1 day (excludes travel time)	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
	4.4 Preparation of Inspection report	None	2 days	<i>Engr. Felvie B. Omnos Licensing Officer/s</i>
5. Await for the release of Special Permit	5.1 Prepares Special Permit	None	1 day	<i>Engr. Felvie B. Omnos</i>
	5.2 Recommends the Approval of Special Permit	None	1 day	<i>Dr. Grace D. Amistoso, Chief RLED</i>
	5.3 Signs the Special Permit	None	4 days	<i>Dr. Annabelle P. Yumang / Regional Director</i>
6. Receives the Approved Special Permit	6.1 Releases the Approved Special Permit through RLED	None	15 minutes	<i>Records Section Cresliza B. de Padua / Petronila Visitacion S. Bolaños / Melissa T. Sullano</i>
TOTAL		<i>Permit Fee– PHP 350.00 plus resurvey fee(if applicable)</i>	13 days, 1 hour, 40 minutes	

Note: As per AO No. 2006-0036 if additional site visitations or surveys are required before the permit/clearance/certification can be granted, a re-survey fee that is equal to 100% of the permit/clearance/certification fee shall be charged to the applicant for each re-survey visit conducted by the CHD, over and above the original /clearance/certification.



015. Recruitment and Selection Process for Plantilla Item

This process aims to improve the selection process for regular positions to meet the need of the organization of hiring the competent people.

Office or Division:	MSD –Human Resource Management Section			
Classification	Highly Technical			
Type of Transaction:	G2C-Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application letter		Applicant		
One (1) original copy of Duly accomplished Personal Data Sheet (PDS) with recent passport-size picture (CS Form No. 212, Revised 2017) and Work Experience Sheet		Civil Service Commission Website		
One (1) original Curriculum Vitae/ Resume		Applicant		
One (1) photocopy of Transcript of Records		School Graduated		
One (1) photocopy of Diploma		School Graduated		
One (1) photocopy of authenticated certificate of PRC/Board Rating and Certificate of Eligibility		Professional Regulation Commission (PRC) Civil Service Commission (CSC)		
One (1) photocopy of training certificate (if Applicable)		Applicant		
** Submission of Applications thru electronic mail: doh11@gmail.com				
Client Steps	Agency Actions	Fees to be Paid	Processing Time	Person Responsible
Applicant 1. Submits application requirements to the Office of the Regional Director thru the Records Section	1.1 Posting of notice of vacancy ;	None	Ten (10) days	H.R.M.O
	1.2. Office of the Regional Director receives and forwards application documents to the Human Resource Management Section;		10 minutes	Office of the Regional Director
	1.3. Human Resource Management Section receives application with necessary documents		10 minutes	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.4.Informs applicants whether they meet minimum requirements and the date of their initial interview and exam		5 days after completion of evaluation of all applications	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.5. Informs applicants of the result of their exam		1 week after initial interview and	H.R.M.O or HRM Section staff in



	and the date of their panel interview		exam of all applicants	charge of Hiring/Recruitment
	1.6. Conduct of panel interview by Selection Board		1 day	PSB Committee
	1.7. Forwards recommendation from results of Selection Board evaluation to Regional Director		Within 3 days after panel interview	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.8. Informs all applicants of the results: Accepted applicants to submit requirements for preparation of their appointment papers		Within 1 week	H.R.M.O or HRM Section staff in charge of Hiring/Recruitment
	1.9 Preparation of Contract Appointment			HRMO/RD
TOTAL			33 days and 20 minutes	

This qualifies for multi-stage process



016. Hiring of Contract of Service Personnel

This includes all activities in the hiring/recruitment of personnel at the DOH - Centers for Health Development to ensure that every applicant is aware of the process.

Office or Division:	Management Support Division – Human Resource Management Section			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen			
Who may avail:	All			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Application:				
1. Application letter		Applicant		
2. One (1) original copy of Duly accomplished Personal Data Sheet (PDS) with recent passport-size picture (CS Form No. 212, Revised 2017) and Work Experience Sheet		www.csc.gov.ph		
3. 1 photocopy each of Diploma and Transcript of Records		School graduated		
4. One (1) copy of authenticated certificate of PRC/Board Rating and Certificate of Eligibility		Professional Regulation Commission (PRC) Civil Service Commission (CSC)		
5. One (1) photocopy of training certificate (if Applicable)		Applicant		
** Submission of Applications thru electronic mail: doh11@gmail.com				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit the complete application requirements Only shortlisted applicants with complete requirements and applied within the application period will be contacted	1.1. Receive all documentary requirements and check for completeness	None	5 minutes	<i>Guard on Duty/ Office of the Regional Director Administrative Officer</i>
	1.1.1 Acknowledge receipt of application requirements			
	1.2. Forward to Human Resource	None	20 minutes	<i>Administrative Assistant</i>



for the formal assessment process.	Management Section for the hiring process			(PACD / MSD-Records Section)
	1.3. Conduct of screening of application (after the deadline of application)	None	5 days	Administrative Officer (MSD-Human Resource Management Section)
	1.4. Prepare summary report of shortlisted applicants and schedule for exam and interview	None	2 hours	Administrative Officer (MSD-Human Resource Management Section)
2. Receive result of application for shortlisted applicant, receive and confirm attendance to the scheduled date of exam and interview Note: <i>Failure to confirm attendance means not pursuing the application and shall be removed from the list of shortlisted applicants</i>	2. Notify the applicant whether or not he/she met the minimum requirements needed for the position being applied for For shortlisted applicant, inform the date of exam thru text message/phone call/email	None	1 hour	Administrative Officer (MSD-Human Resource Management Section)
3. Attend scheduled examination and interview	3.1. Administer the technical exam to shortlisted applicants	None	1 day	<i>Ms. Aivyrose Barrientos/ Ms. Angeline Astrid Cabello/ MSD Human Resource Management Administrative Officer</i>



<p>Note: Failure to attend the scheduled exam and interview means automatic disqualification of the position being applied for.</p>	3.2. Administer the interview to shortlisted applicants	None	1 day	<p>HRMPSB Member and/or Unit Head (Requesting Unit)</p> <p>Administrative Officer MSD-Human Resource Management Section</p>
	3.2.1 Administer Virtual Interview during pandemic			
	3.3. Tabulate and/or Evaluate the examination and interview	None	1 day	<p>Administrative Officer (MSD-Human Resource Management Section)</p>
	3.4. Prepare Comparative Assessment Report and submit to the head of office for review and approval	None	3 days	<p>Administrative Officer (MSD-Human Resource Management Section)</p>
	3.5. Review of Comparative Assessment Report and approve the recommended successful applicants	None	1 day	<p>Regional Director (Office of the Regional Director) and/or Personnel Selection Board)</p>
	3.6. Prepare job offer letter for successful applicants while regret letter for failed applicants	None	2 days	<p>Administrative Officer (MSD-Human Resource Management Section)</p>



<p>4. Receive result of exam and interview</p> <p>For successful applicants, respond to the text message, phone call, and/or email accepting the job offer within 3 working days upon receipt of result</p>	<p>4. Notify the applicant on the result of exam and interview</p> <p>4.1.1 Notify successful applicant through electronic mail with attached job offer letter and list of pre-employment requirements, congratulatory text message, and/or phone call</p> <p>4.1.2 Notify failed applicants through electronic mail with attached regret letter, text message, and/or phone call</p>	<p>None</p>	<p>1 day</p>	<p><i>Ms. Aivyrose Barrientos/ Ms. Angeline Astrid Cabello/ MSD Human Resource Management Administrative Officer</i></p>
<p>5. Submit pre-employment requirements for successful applicants</p> <p>Note: <i>Submission of pre-employment requirements should not be more than 1 month from the receipt of the result</i></p>	<p>5. Receive and review completeness of the submitted pre-employment requirements</p> <p>5.1.1. Inform the applicant for the scheduled date of contract signing</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Ms. Aivyrose Barrientos/ Ms. Angeline Astrid Cabello/ MSD Human Resource Management Administrative Officer</i></p>
	<p>5.2. Prepare of contract of service</p> <p>(use of template issued by Legal Service)</p>	<p>None</p>	<p>30 minutes</p>	<p><i>Ms. Aivyrose Barrientos/ Ms. Angeline Astrid Cabello/ MSD Human Resource Management Administrative Officer</i></p>



6. Return to the office and sign the contract of service	6. Provide the contract of service and assist on the signing of the contract of service	None	30 minutes	<i>MSD Human Resource Management Administrative Officer</i>
TOTAL		None	15 days, 4 hours, and 55 minutes	



017. Procurement of Goods and Services, Infrastructure Projects and Consulting Services

Perform procurement through Public Bidding to promote transparency, integrity, economic, openness, fairness, competition and accountability.

Office or Division:	Bids and Awards Committee			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	All interested bidders			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
<p><u>For Goods and Services, Infrastructure and Consulting Services:</u></p> <p>Legal Documents:</p> <p>(a) Valid PhilGEPS Registration Certificate (Platinum Membership) (all pages); or (b) Registration certificate from Securities and Exchange Commission (SEC), Department of Trade and Industry (DTI) for sole proprietorship, or Cooperative Development Authority (CDA) for cooperatives or its equivalent document, and (c) Mayor's or Business permit issued by the city or municipality where the principal place of business of the prospective bidder is located, or the equivalent document for Exclusive Economic Zones or Areas; and (d) Tax clearance per E.O. No. 398, s. 2005, as finally reviewed and approved by the Bureau of Internal Revenue (BIR)</p>		<p>Issuing Agency:</p> <p>a. Philippine Government Electronic Procurement System (PhilGEPS)</p> <p>b. Securities and Exchange Commission (SEC) Department of Trade and Industry (DTI) Cooperative Development Authority (CDA)</p> <p>c. City or Municipality where the principal place of business is located</p> <p>d. Bureau Internal Revenue (BIR)</p>		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Attend the scheduled Pre-Bidding Conference (Virtual or physical presence as	1. Conduct of Pre-Bidding Conference *At least 7 calendar days after posting	NONE	1 day	BAC, BAC Secretariat, TWG, End-user, Observers



<i>deemed appropriate)</i>				
2. Submit letter of intent to BAC Secretariat <i>(Either hard or electronic copy)</i>	2. Issue Order of Payment	See standard rates below for the acquisition of bidding documents	10 minutes	<i>Ms. Alyssa Beatrice Tanghal/ Ms. Marilou A. Lasmarias</i>
3. Pay the appropriate fee to Cashier Section	3. Issuance of Official Receipt	Standard rates of bidding documents fee	20 minutes	<i>Mr. Demetrio Lerin III</i>
4. Present the Official Receipt at BAC Secretariat	4. Issue Bidding Documents through electronic file	NONE	10 minutes	<i>Ms. Alyssa Beatrice Tanghal/ Ms. Marilou A. Lasmarias</i>
5.1. Submit the bidding documents 5.2. Attend the Opening of Bids (physical/virtual attendance)	5.1. Accept the Bidding Documents thru electronic submission and/or hard copies within the prescribed schedule /timeline <i>*At least 12 calendar days after pre-bidding conference</i> 5.2. Conduct opening of bids	NONE	1 day	<i>BAC, BAC Secretariat, TWG, Observers</i>
6. Receive Notice of Award	6. Require the winning bidder to submit Performance Bond within 10 calendar days upon receipt of Notice of Award <i>If applicable, bidders may clarify the LCRB notification within 3</i>	NONE	10 minutes	<i>Ms. Alyssa Beatrice Tanghal/ Ms. Marilou A. Lasmarias</i>



	<i>calendar days upon receipt of the notification</i>			
7. Submit the Performance Bond	7. Receives and validates the submitted Performance bond.	NONE	5 minutes	Ms. Alyssa Beatrice Tanghal/ Ms. Marilou A. Lasmarias
8. Receive/ sign the contract/ Purchase Order	8. Facilitates the signing of:	NONE		BAC Secretariat Supply Section HFDU (NTP for infrastructure)
A. Goods and Services – Notice to Proceed/ Purchase Order/ Contract of Services	A. Goods and Services - Notice to Proceed/ Purchase Order/ Contract of Services		A. 30 mins	
B. Infrastructure Projects - Contract of Agreement	B. Infrastructure Projects - Contract of Agreement		B. 30 mins	
C. Consulting Services - Contract of Agreement	C. Consulting Services - Contract of Agreement		C. 30 mins	
			Total Time:	
	A. Goods and Services (Earliest Time) (Maximum Time)		26 CDs 136CDs	In accordance with the recommended earliest possible and maximum period allowed for the procurement of Goods and Services, Infrastructure Projects and Consulting Services under Annex “C” of RA 9184 and its 2016 Revised IRR.
	B. Infrastructure Projects (Earliest Time) (Maximum Time)		26CDs 156CDs	
	C. Consulting Services (Earliest Time) (Maximum Time)		36CDs 180CDs	

Note:

Standard Rate:

Approved Budget of the Contract	Maximum Cost of Bidding
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	Documents (Php)
500,000 and below	500.00
More than 500,000 up to 1 Million	1,000.00
More than 1 Million up to 5 Million	5,000.00
More than 5 Million up to 10 Million	10,000.00
More than 10 Million up to 50 Million	25,000.00
More than 50 Million up to 500 Million	50,000.00
More than 500 Million	75,000.00



018. Issuance of Personnel Related Documents (External)

To facilitate the timely preparation and issuance of personnel related documents such as Service Record, Certificate of Employment, Evaluation in the Human Resource Unit, Certificate of Employment with Compensation, Certificate of Net Take Home Pay, Certificate of Leave Credits, and Service Record to DOH CHD officials and employees who retired/resigned/transferred to another agency for whatever purposes that they may intend.

Office or Division:	Management Support Division-Personnel/Human Resource Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen and G2G – Government to Government			
Who may avail:	CHD Retirees/Employees who resigned or transferred to other agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: Two (2) Original Duly accomplished request form		Personnel Section/Human Resource Section		
One (1) photocopy of a Valid Identification Card		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
Authorized representative: Two (2) Original Duly accomplished request form		Personnel Section/Human Resource Section		
One (1) photocopy of a 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		
One (1) original Authorization Letter		Requesting party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure request form from the MSD-Personnel/HRM/R ecords Section	1. Provide the Request Form to requesting party	None	5 minutes	<i>Administrative Assistant</i> MSD-Personnel/HRM/R ecords Section
2. Submit duly accomplished form and receive 2nd copy of the accomplished request form	2.1 Receive the accomplished Request form from requesting party and give 2nd copy to requesting party	None	5 minutes	<i>Administrative Assistant</i> MSD-Personnel/HRM/R ecords Section
	2.2 Retrieve and prepare the requested document	None	2 days and 4 hours	<i>Administrative Assistant</i> MSD-Personnel/HRM/R ecords Section



	2.3 Review and endorse the requested document for approval	None	1 hour	<i>Administrative Officer IV / Administrative Assistant MSD- Personnel/HRM/R ecords Section</i>
	2.4 Signs the requested document	None	1 hour	<i>Chief Administrative Officer / Administrative Officer V MSD- Personnel/HRM/R ecords Section</i>
3. Receive the requested document	3. Issue the requested document to requesting party	None	1 hour	<i>Administrative Assistant MSD- Personnel/HRM/R ecords Section</i>
TOTAL		None	2 days, 7 hours, 10 minutes	



019. Receipt of Payment - Issuance of Official Receipt

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

Office or Division:	MANAGEMENT SUPPORT DIVISION - Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Employees and Staff, Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Two (2) original copies of Order of Payment		Transacting Office (RLED/BAC SEC/Accounting/Dormitory)		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Proceeds to Cashier and submits Order of Payment	1. Receives order of payment and reviews and verifies the entries on the document presented	None	5 minutes	<i>Collecting Officer MSD</i>
2. Pay the amount due as reflected on the Order of Payment	2. Accepts payment	None	10 minutes	<i>Collecting Officer MSD</i>
3. Receives Official Receipt	3. Issues Official Receipt	None	5 minutes	<i>Collecting Officer MSD</i>
TOTAL		None	20 minutes	



020. Release of Payments - Checks

Claims of Suppliers, Employees and Staff, LGU's are sometimes made form of checks. Upon presentation of valid identification card and authorization letter, checks are released at the Cashier Section from 8:00AM to 5:00PM from Monday to Friday except during legal non-working holidays.

Office or Division:	Management Support Division – Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Employees and Staff, Suppliers, LGU's			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: One (1) Valid Identification Card		Requesting Party (Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR)		
Representative: One (1) Valid Identification Card of the principal and authorized representative				
One (1) original Authorization Letter		Principal		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Present valid ID and/or authorization letter	1. Validate the identity of the claimant	None	5 minutes per transaction	<i>Disbursing Officer</i> MSD – Cashier Section
2. Checks Disbursement Voucher amount 2.1 Issue Official Receipt 2.2 Signs box assigned for Claimant's Signature and	2. Present the approved DV to supplier 2.1 Receives and checks Official Receipt 2.2 Present the Check Registry Book and assists	None	1 hour	<i>Administrative Assistant</i> MSD – Cashier Section



affixes date received	the claimant where to sign			
3. Signs Check Registry Book	3. Check the Registry Book if properly signed	None	5 minutes	<i>Disbursing Officer MSD – Cashier Section</i>
4. Receives Check	4. Releases check	None	5 minutes	<i>Disbursing Officer MSD – Cashier Section</i>
TOTAL		None	1 hour and 15 minutes	



021. Release of Payments – LDDAP (External)

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

Office or Division:	Management Support Division - Cashier Section			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Suppliers, LGUs			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Any of the following: One (1) photocopy of Bank Certificate One (1) original copy of Letter of Introduction (use DBM form)		Bank Department of Budget Management		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits Letter of Introduction (LOI)/ Bank Certificate to Cashier	1. Accepts Letter of Introduction (LOI)/Bank Certificate	None	10 minutes	<i>Administrative Assistant – Cashier Section MSD</i>
2. Waits for the payment to be credited to bank account	2.1 Prepares LDDAP-ADA	None	2 hour	<i>Administrative Assistant – Cashier Section MSD</i>
	2.2 Reviews and Signs LDDAP-ADA	None	1 hour	<i>Administrative Officer V – Cashier Section MSD</i>
	2.3 Forwards to Accounting	None	10 minutes	<i>Administrative Assistant – Cashier Section MSD</i>
	2.4 Receives and records in the log book LDDAP-ADA from Cashier Section	None	10 minutes	<i>Administrative Assistant - Accounting Section MSD</i>
	2.5 Forwards LDDAP – ADA to Accountant III	None	10 minutes	<i>Administrative Assistant – Accounting Section MSD</i>
	2.6 Verifies and Signs LDDAP – ADA	None	1 hour	<i>Accountant III – Accounting Section</i>



				MSD
	2.7 Forwards LDDAP-ADA to Administrative Assistant	none	10 minutes	<i>Accountant III- Accounting Section MSD</i>
	2.8 Forwards LDDAP-ADA to Authorized Signatory	None	10 minutes	<i>Administrative Assistant – Accounting Section MSD</i>
	2.9 Receives and records in the logbook receipt of LDDAP ADA	None	10 minutes	<i>Administrative Assistant – Authorized Signatory (RD/ARD/Division Chiefs) MSD</i>
	2.10 Signs LDDAP – ADA	None	2 hours	<i>Authorized Signatory- (RD/ARD/Division Chiefs) MSD</i>
	2.11 Forwards LDDAP-ADA to Cashier Section	None	10 minutes	<i>Administrative Assistant – Authorized Signatory MSD</i>
	2.12 Receives LDDAP-ADA and records receipt in the log book	None	10 minutes	<i>Administrative Assistant – Cashier Section MSD</i>
	2.13 Submits LDDAP ADA to Bank	None	4 hours	<i>Disbursing Officer- Cashier MSD</i>
TOTAL		None	1 day, 3 hours and 30 minutes	

022. Gene Xpert MTB Rif/Assay

A primary diagnostic tests used to detect Mycobacterium Tuberculosis in both pulmonary and extra-pulmonary cases. It also detects Rifampicin- Resistant Tuberculosis. A real time PCR test which is free of charge being offered in designated Rapid TB Diagnostic Laboratory (RTDL). Under Department Memo 2021-0325, NTP MOP 6th Edition.

Office or Division:	DCHD- LHSD- DTRL/NTP			
Classification:	Simple			
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business			
Who may avail:	All patients who are in need of the laboratory services as defined in the NTP MOP 6 th edition.			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original National Tuberculosis Program (NTP) Referral Form per patient		Directly Observed Therapy (DOTS) Referring/ Providing Health centers/facilities		
One (1) NTP Form 2 Request forms (completely filled-up by the authorized personnel.)		Directly Observed Therapy (DOTS) Referring/ Providing Health centers/facilities		
Collected Specimen sample		Patient		
CLIENT STEPS	AGENCY ACTIONS	CLIENT STEPS	AGENCY ACTIONS	CLIENT STEPS
1. Submission of collected sputum sample from enrolled patients at PMDT-TC and STC and accomplish form 2A and laboratory specimen receiving form	1.1 Receive specimen and acknowledge laboratory specimen receiving form	None	10mins	Laboratory personnel
	1.2 Process sputum specimen and incubate	None	15mins	Trained Laboratory personnel
	1.3 Release result to Referring facility	None	a) 2 months for negative result b) 5 weeks to 2 months for positive result	Trained Laboratory personnel



			7 days for contaminated	
TOTAL		None	2 months and 15 minutes	



023. TB Culture Testing and Follow-up Specimens

Tuberculosis (TB) Culture Testing for baseline and follow up of specimens are used to monitor the progress of patients enrolled on TB treatment at Programmatic Management of Drug Resistant Tuberculosis Centers/STCs. The culture result is also used as a basis for the treatment outcome. Administrative Order No. 2008-0018 and Department Memo 2021-0325, NTP MOP 6th Edition.

Office or Division:	DCHD- LHSD- DTRL/NTP			
Classification:	Highly Technical – Processing timeline is > 7 working days)			
Type of Transaction:	G2C – Government to Government G2B – Government to Business			
Who may avail:	All MDR-TB Patient enrolled at PMDT treatment			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original RR TB GenXpert Result		Directly Observed Therapy (DOTS) Referring/ Providing Health centers/facilities		
One (1) duly filled out Form 2A and laboratory specimen receiving form		DOH TB Laboratory		
Collected Specimen sample		Patient		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submission of collected sputum sample from enrolled patients at PMDT-TC and STC and accomplish form 2A and laboratory specimen receiving form	1.1 Receive specimen and acknowledge laboratory specimen receiving form	None	10mins	Laboratory personnel
	1.2 Process sputum specimen and incubate	None	15mins	Trained Laboratory personnel
	1.3 Release result to Referring facility	None	c) 2 months for negative result d) 5 weeks to 2 months for positive result e) 7 days for contaminate d	Trained Laboratory personnel
TOTAL		None	2 months and 15 minutes	



024. Request for Data

This procedure is to standardize the provision of data to requesting internal and external stakeholders, such as but not limited to:

- FHSIS Data
- PIDSR Data
- Regulation and Licensing Division Data
- Administrative Data

Provision of FHSIS and PIDSR data will be in reference to the Epidemiology Bureau Memorandum: Guidelines on Data Requests.

Office or Division:	RD/ARD – Regional Epidemiology Surveillance Unit (RESU) MSD – Planning Section (PS) RLED, LHSD			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen G2B – Government to Business G2G – Government to Government			
Who may avail:	Clients, Public and Private Agencies			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original/scanned copy of letter of request addressed to the Regional Director		Client		
One (1) signed Data Request Form		RESU/PS		
If for research purposes:				
- One (1) scanned copy of Concept Note/ Abstract of the study stating the objectives and significance of the study		Client		
- (Upon request) One (1) scanned copy of ethics clearance/exemption from any Research Ethics Committee (REC)		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit one (1) signed original/ scanned copy of letter of request addressed to the Regional Director to the Director's Office (email to doh11davao@gmail.com)	1.1 Receive and acknowledge by the Office of the RD	None	5 minutes	Administrative Officer of the Office of the Regional Director
	1.2 Route to concerned Office - If for research purposes, route to Planning Section	None	1 day	Administrative Officer of the Office of the Regional Director

	<p>1.3.a Receive for initial screening and provide Data request Form and other research-related documents, if necessary, to the requesting party</p> <p>1.3.b If data is not available, contact and inform client via email or mobile</p>	None	1 day	RESU Technical Staff/ Statistician II
<p>2. Submit duly filled out Data Request Form (DRF)</p> <p>- If for research-purposes, submit concept note/abstract of the study and ethics clearance, if requested by DCHD staff</p>	<p>2.1 Receive and assign control number to DRF.</p> <p>2.1.a Receive other research-related requirements, if necessary.</p>	None	5 minutes	RESU Technical Staff Statistician II
	2.2 Process data request	None	4 days	RESU Technical Staff/ Statistician II/ Program Manager
	2.3 Prepare formal letter of response to data request	None	10 minutes	RESU Technical Staff/ Statistician II/ Program Manager
	2.4 Review and approve by concerned office	None	1 hour	RESU Section Head, RLED/LHSD/MS D Chief
	2.5 Approve and sign formal letter of response before release	None	1 day	Office of the Regional Director
3. Receive processed data and rate client experience through CSS Form 1.0	3. Send processed data and provide CSS 1.0 form/link to client	None	10 minutes	RESU Technical Staff/ Statistician II/ Program Manager
TOTAL		None	7 days, 1 hour, 30 minutes	



025. Provision of Medical Assistance

This Includes all activities in the preparation of Medical Assistance Indigent and Low Incapacitated Patient

Office or Division:	MANAGEMENT SUPPORT DIVISION - Medical Assistance for Indigent Patient Program			
Classification	Simple			
Type of Transaction	G2C – Government to Citizen G2G – Government to Government			
Who may avail:	Davao City			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) Request letter addressed to: DR. ANNABELLE P. YUMANG Regional Director		Client		
Contact Number		Client		
One (1) Original or Certified True Copy of medical abstract		Client - Hospital or Clinic admitted		
One (1) Original Barangay Certification of INDIGENT or Low Income		Client - Barangay home address		
One (1) Description with Amount – Medicine		Client - Hospital or Clinic		
One (1) Laboratory Request with Amount – Laboratory Test		Client - Hospital or clinic		
One (1) PWD ID if applicable		Client		
CLIENTS STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit all Requirements	1.1 Receive the requirements	None	10 minutes	Guard
	1.2 Evaluate the Documents	None	1 hour	Administrative Assistant MAIP Program
	1.3 For Regional Directors amount approval	None	2 hours	Regional Director
	1.4 Preparation of Guarantee Letter	None	30 minutes	Administrative Assistant MAIP Program
	1.5 For Regional Directors Signature	None	2 hours	Regional Director
	1.6 Encoding of Patients Information	None	10 minutes	Administrative Assistant MAIP Program
	1.7 Releasing of Guarantee Letter	None	10 minutes	Administrative Assistant MAIP Program
	TOTAL	None	6 hours	



026a. Release of Approved Requested Logistics, Pharmaceutical and Non-Pharmaceutical (Simple and Urgent Cases)

This service aims to provide proper procedure on how to efficiently dispense logistics classified as simple (1 – 5 items) or urgent cases such as vaccines. Pharmaceutical products such as medicines and vaccines and all other logistics (non-pharmaceutical).

Office or Division:	MANAGEMENT SUPPORT DIVISION - Supplies Section			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government G2B – Government to Business			
Who may avail:	Clients with approved release of requested logistics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) copy of approved request letter		CHD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	1.1 Receive and verify documents	None	5 minutes	<i>Pharma/Non-Pharma Staff MSD</i>
	1.2 Prepare five (5) copies of PTR (for approval)	None	15 minutes	<i>Pharma/Non-Pharma Staff MSD</i>
	1.3 Approve and sign PTRs	None	5 minutes	<i>Office of the Regional Director</i>
2. Sign the PTRs and resubmit to Supply Section	2.1 Receive signed PTRs and prepare requested logistics	None	1 hour	<i>Pharma/Non-Pharma Staff MSD</i>
	2.2 Release logistics and file document/ transaction	None	5 minutes	<i>Pharma/Non-Pharma Staff MSD</i>
TOTAL			1 hour and 30 minutes	



026b. Release of Approved Requested Logistics, Pharmaceutical and Non-Pharmaceutical (Bulk or Non-Urgent Cases)

This service aims to provide proper procedure on how to efficiently dispense logistics in bulk or non-urgent cases. Pharmaceutical products such as medicines and vaccines and all other logistics (non-pharmaceutical).

Office or Division:	MANAGEMENT SUPPORT DIVISION – Supplies Section			
Classification:	Highly Technical			
Type of Transaction:	G2C – Government to Citizen G2G – Government to Government G2B – Government to Business			
Who may avail:	Clients with approved release of requested logistics			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) copy of approved request letter		CHD		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit required documents	1. Receive and verify documents	None	1 day	<i>Pharma/Non-Pharma Staff MSD</i>
2. Allocation List	2.1 Prepares 5 copies of PTR (for approval)	None	2 days	<i>Pharma/Non-Pharma Staff MSD</i>
	2.2 Approve and sign PTRs	None	1 day	<i>Office of the Regional Director</i>
	2.3 Coordinate staff in DCHD warehouse to prepare logistics for release	None	2 days	<i>Pharma/Non-Pharma Staff MSD</i>
	2.4. Release logistics	None	2 days	<i>3rd party</i>
TOTAL			8 days	



INTERNAL SERVICES



027. Issuance of Personnel Related Documents (Internal)

To facilitate the timely preparation and issuance of personnel related documents such as Service Record, Certificate of Employment, Evaluation in the Human Resource Unit, Certificate of Employment with Compensation, Certificate of Net Take Home Pay, Certificate of Leave Credits, and Service Record to DOH CHD permanent/contractual/contract of service employees for whatever purposes that they may intend.

Office or Division:	Management Support Division-Personnel/Human Resource Section			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	CHD Permanent/contractual/contract of service			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Principal: Two (2) original copies of Duly accomplished request form		Personnel Section/Human Resource Section		
One (1) photocopy Valid Identification Card		Post Office, DFA, PSA, SSS, GSIS, Senior Citizen's Office, Pag-ibig, COMELEC, LTO, PRC, NBI, PhilHealth, BIR		
Authorized representative:				
One (1) original copy of Authorization Letter		Requesting party		
Two (2) original copies Duly accomplished request form		Personnel Section/Human Resource Section		
One (1) photocopy of 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		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Secure request form from the MSD- Personnel/HRM/Records Section	1. Provide the Request Form to requesting party	None	5 minutes	<i>Administrative Assistant</i> MSD- Personnel/HRM/Records Section
2. Submit duly accomplished form and receive 2nd copy of the accomplished request form	2.1 Receive the accomplished Request form from requesting party and give 2nd copy to requesting party	None	5 minutes	<i>Administrative Assistant</i> MSD- Personnel/HRM/Records Section
	2.2 Retrieve and prepare the requested document	None	2 days and 4 hours	<i>Administrative Assistant</i> MSD- Personnel/HRM/Records Section



	2.3 Review and endorse the requested document for approval	None	1 hour	<i>Administrative Officer IV / Administrative Assistant MSD- Personnel/HRM/R ecords Section</i>
	2.4 Signs the requested document	None	1 hour	<i>Chief Administrative Officer / Administrative Officer V MSD- Personnel/HRM/R ecords Section</i>
3. Receive the requested document	3. Issue the requested document to requesting party	None	1 hour	<i>Administrative Assistant MSD- Personnel/HRM/R ecords Section</i>
TOTAL		None	2 days, 7 hours, 10 minutes	



028. Payment of Petty Cash

Payment for small amount of expenses like toll fees, gasoline, repairs, office supplies and the like.

Office or Division:	Management Support Division - Cashier			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	CHD Permanent Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) copy of Petty Cash Voucher (PCV)		To spell out GAM (Appendix 48)		
One (1) copy of Official Receipt		Originating Agency/Establishment		
One (1) copy of trip ticket attachment for toll fee and gasoline		General Services Section (GSS) GSS Office		
One (1) copy each of Pre-post implementation and justification for repair for Repairs and Maintenance				
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submit approved form and other additional requirements accordingly at Cashier Office	1.1 Receive PCV with supporting documents	None	5 minute	Administrative Officer V Cashier Section
	1.2 Assign control number and sign the PCV	None	10 minutes	Administrative Officer V Cashier Section
	1.3 Release of fund	None	20 minutes	Administrative Officer V Cashier Section
2. Sign the "Received by" portion of the PCV	2. Receive signed PCV	None	10 minutes	Administrative Officer V Cashier Section
TOTAL		None	45 minutes	



019. Provision of Transport Service

Provision of transport service to DOH CHD employees in the conduct of program activities, attendance to trainings, seminars and meetings and delivery of supplies and commodities. Submission of vehicle request shall be 2 weeks prior to conduct of activity. Vehicle requests submitted one day before the actual date of activity shall be subject to availability of vehicle.

Office or Division:	Management Support Division – General Services Section			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	DOH CHD staff/employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) original Vehicle Request Form		General Services Section		
One (1) photocopy of Approved Authority to Travel (ATT) or Regional Personnel Order (RPO) or Pass Slip/Gate Pass (1 photocopy)		Requesting Party		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits the approved requirements to General Services Section	1.1 Receives the required documents and check for completeness and correctness	None	5 minutes	<i>Transport Officer General Services Section</i>
	1.2 Assigns vehicle based on the availability with regards to the requested date of travel and to the type and capacity of the vehicle needed to serve the request *if no vehicle available: indicate “No available Vehicle” accordingly and return one (1) photocopy of the vehicle request form to the requesting unit or section	None	1 hour	<i>Transport Officer General Services Section</i>



2. Receives feedback on the approval of the request	1.3 Approves the Vehicle Request	None	10 minutes	<i>Administrative Officer V</i> General Services Section
	1.4 Receives the approved vehicle request and prepares trip tickets and filling-out of fuel consumption request / fuel withdrawal slip	None	30 minutes	<i>Transport Officer</i> General Services Section
	1.5 Informs the requesting Unit/Section on the details of their request	None	5 Minutes	<i>Transport Officer</i> General Services Section
TOTAL		None	1 hour, 50 minutes	



030. Release of Payments – LDDAP (Internal)

This service is being availed by CHD end-user units for the release of payment for external clients.

Office or Division:	MANAGEMENT SUPPORT DIVISION			
Classification:	Simple			
Type of Transaction:	G2G – Government to Government			
Who may avail:	Employees and Staff			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
One (1) copy of Approved Disbursement Voucher		Agency Approving Authority		
Bank Account Number		Client		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Submits Bank Account Number to Cashier	1. Accepts Bank Account Number	none	10 minutes	<i>Administrative Assistant-Cashier Section MSD</i>
2. Wait for the payment to be credited to bank account	2.1 Encodes details of claim in the Financial Data Entry System	none	1 hour	<i>Administrative Assistant-Cashier Section MSD</i>
	2.2 Prepares LDDAP-ADA/ACIC			
	2.3 Reviews and Signs LDDAP-ADA/ACIC	none	4 hours	<i>Administrative Officer V – Cashier Section MSD</i>
	2.4 Forwards to Accounting	none	5 minutes	<i>Administrative Assistant – Cashier Section MSD</i>
	2.5 Receives and records in the log book LDDAP-ADA/ACIC from Cashier Section	none	10 minutes	<i>Administrative Assistant - Accounting Section MSD</i>
	2.6 Forwards LDDAP – ADA to Accountant III	none	10 minutes	<i>Administrative Assistant – Accounting Section MSD</i>
	2.7 Verifies and Signs LDDAP – ADA	none	5 minutes	<i>Accountant III – Accounting Section</i>



				MSD
	2.8 Forwards LDDAP-ADA to Administrative Assistant	none	10 minutes	<i>Accountant III- Accounting Section MSD</i>
	2.9 Forwards LDDAP-ADA to Authorized Signatory	none	10 minutes	<i>Administrative Assistant – Accounting Section MSD</i>
	2.10 Receives and records in the logbook receipt of LDDAP ADA	none	10 minutes	<i>Administrative Assistant – Authorized Signatory (RD/ARD/Division Chiefs) MSD</i>
	2.11 Signs LDDAP – ADA	none	2 hours	<i>Authorized Signatory- (RD/ARD/Division Chiefs) MSD</i>
	2.12 Forwards signed LDDAP-ADA to Cashier Section	none	10 minutes	<i>Administrative Assistant – Authorized Signatory MSD</i>
	2.13 Receives signed LDDAP-ADA and records receipt in the log book	none	10 minutes	<i>Administrative Assistant – Cashier Section MSD</i>
	2.14 Submits LDDAP ADA/SLIIE together with the FINDES to Authorized Depository Bank (ADB)	none	4 hours	<i>Disbursing Officer- Cashier MSD</i>
TOTAL		None	1 day, 4 hours & 30 minutes	



031. Processing of Claims - Internal

To carry-out a systematic processing of claims such as Payments for Honoraria, Board & Lodging, Training Activities, and Mandatory Expenses and other related financial concern for DOH-CHD Operations.

Office or Division:	MSD -Budget/ Accounting /RD's Office, Cash Section			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	CHD employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Three (3) copies of Disbursement Vouchers (DV) with Box A duly signed		End-user Unit		
One (1) copy of Obligation Request and Status, duly obligated and signed		End-user Unit		
Supporting documents (SD) in reference to COA Circular No. 2012-001 dated June 14, 2012 Revised Documentary Requirements for Common Government Transactions, RA 9184, and other issuances relative thereto with attached Checklist		End-user Unit		
Justification if applicable		End-user Unit		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1.Submits Disbursement Voucher with complete supporting documents	1.1 Receives and checks completeness of supporting documents, records in the logbook	None	4 hours	<i>Admin. Asst./aide-Budget Section MSD -Budget/ Accounting</i>
	1.2 Obligates funds and updates Registry of Allotment and Obligation	None	2 hours	<i>Admin. Asst./aide-Budget Section MSD -Budget/ Accounting</i>
	1.3 Certifies availability of funds and signs box b of Obligation Request Slip	None	1 hour	<i>Administrative Officer V-Budget Section MSD -Budget/ Accounting</i>
	1.4 Forwards documents to Accounting Unit	None	1 hour	<i>Admin. Asst./Aide-Budget Section MSD -Budget/ Accounting</i>



	1.5 Receives and records documents in the logbook	None	1 hour	<i>Admin. Asst./aide- Accounting Section MSD -Budget/ Accounting</i>
	1.6 Processes and prepares accounting journal entry	None	2 days	<i>Admin. Asst./aide- Accounting Section MSD -Budget/ Accounting</i>
	1.7 Reviews and certifies cash availability, records in monitoring of cash balance forwards to Division Chief for initial. Signs Box B of DV	None	2 days	<i>Accountant III- Accounting Section MSD -Budget/ Accounting</i>
	1.8 Recommends approval of payment, affixes initial - Box C. Forwards Documents to Approving Authority	None	4 hours	<i>CAO/Administrative Aide MSD -Budget/ Accounting</i>
	1.9 Receives and records in the logbook and forwards documents to Approving Authority	None	1 hour	<i>Admin. Asst./aide - Approving Authority MSD -Budget/ Accounting</i>
	1.10 Approves Disbursement Voucher - signs Box C	None	1 day	<i>Approving Authority MSD -Budget/ Accounting</i>
	1.11 Forwards Approved DV to Cashier	None	1 hour	<i>Admin. Asst./aide- Approving Authority MSD -Budget/ Accounting</i>
	1.12 Receives Approved DV with complete	None	1 hour	<i>Admin. Asst./aide- Cashier Section</i>



	supporting documents - Records receipt in the log book			MSD -Budget/ Accounting
TOTAL		None	7 days	



032. Maintenance of Computers/Peripherals, Internet/Network Connection, IPPBX connection, Virus Issues, Software Installations and Issues

Repair of ICT devices (desktops, laptops, and printers), connectivity issues (wireless, wired, router, etc) and security issues (virus, active directory, etc) in the DCHD.

Office or Division:	Management Support Division /IMS section			
Classification:	Complex			
Type of Transaction:	G2G – Government to Government			
Who may avail:	DOH-DCHD Employees			
CHECKLIST OF REQUIREMENTS		WHERE TO SECURE		
Job Request Form (signed by the End User)		IMS Office		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE
1. Make a Phone call/Chat online or Submit Letter of Request or Fill-Out Job Request Form (JRF) signed by the End User.	If Job Request Form 1.1 Assign to concerned staff If Phone call or Online Chat: 1.1 Accept phone call/ online chat and take the next step below, whichever is applicable	None	5 minutes	<i>CMT III/IMS Staff</i>
	If the problem is simple: 1.2 Guide client on how to solve the problem	None	10 minutes	<i>CMT III/IMS Staff</i>
	If the problem is software-related and client cannot follow the guide over phone: 1.2 Remote the Computer and troubleshoot/repair the problem	None	1 hour	<i>CMT III/IMS Staff</i>

	<p>If the problem cannot be solved over the phone and thru remote connection:</p> <p>1.2 Troubleshoot/ repairs the problem on-site or retrieve defective unit/device for repair</p> <p>If the problem cannot be solved because of defective parts:</p> <p>1.2 Draft a pre-inspection report and advise client for outside repair or procurement of defective parts.</p>	None	4 days	<i>CMT III/IMS Staff</i>
	<p>1.2 Draft a pre-inspection report and advise client for outside repair or procurement of defective parts.</p>	None	15 minutes	<i>CMT III/IMS Staff</i>
	1.3 Prepare post-inspection report and gate pass of the ICT equipment, if retrieved and repaired at IMS	None	1 day	<i>CMT III/IMS Staff</i>
2. Accomplish Client Satisfaction Form	3. Provide CSS Form	None	5 minutes	<i>CMT III/IMS Staff</i>
TOTAL	Minor	None	1 day, 1 hour and 20 minutes	
	Major	None	5 days, 10minutes	



FEEDBACK AND COMPLAINTS MECHANISMS

<p>How to send a feedback</p>	<p>Member of the public submits the complaint, recommendations, inquiry, or suggestion in person, by email, by mail, or by accomplished survey forms thru 8888 Citizen's Complaint Hotline, CSS drop box.</p> <p>For any concern/inquiries/clarifications, coordinate with the Integrity Development Committee, the Public Assistance Complaint Desk, the Grievance Committees.</p>
<p>How feedback is processed</p>	<p>A Monthly Customer Feedback Report in electronic copies and/or hard copies are submitted to the Integrity Management Committee (IMC) secretariat, CSS committee, Division Chief Complainant. Receives and acknowledgement notice and/or responses regarding the complaint.</p> <p>For any concern/inquiries/follow-ups, client may call the telephone numbers: call (082)221-6320 RD's Off. 305-1903 or 305-1904 connect to RLED or IMC</p>
<p>How to File Complaints?</p>	<p>The client/ complainant submits a letter addressed to the Regional Director:</p> <p>DR. ANNABELLE P. YUMANG Regional Director DOH-DavaoCHD Bajada, Davao City</p> <p>Or Via Email, you can submit your written complaints and send it to doh11davao@gmail.com. Make sure to include the following details:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name of Office Concerned <input type="checkbox"/> Name of Person Being Complained <input type="checkbox"/> Incident <input type="checkbox"/> Supplementary Evidences <input type="checkbox"/> Alternate Contact Details <p>For inquiries and follow ups, clients may contact the telephone number: (82) 305-1903 or may call/text the "SUMBUNGAN NG BAYAN" cellphone no. at 0908-881-6565; or call (082)221-6320 RD's Off.305-1903 or 305-1904connect to RLED or IMC</p>
<p>How are Complaints Processed?</p>	<p>Reply letter or a telephone call to client/complainant for instructions. Result of Investigation of Resolution is thru letter, as may be applicable: responsible officer Division Head of Regulatory, Licensing & Enforcement Division (RLED) & Legal Section Head & chairperson of Patient's Grievance & complaints Committee (PGCC); Officer-in-Charge Asst. Regional Director Chairperson of Integrity Mgt. Committee (IMC).</p>
<p>Contact Information</p>	<p>ARTA, PCC, CCB, DOH Call Center</p>