

PHILIPPINE HOSPITAL ASSOCIATION
#14 Kamias Road, Quezon City 1102

APPLICATION FOR REGULAR MEMBERSHIP
(For Level 1 and Level 2 Hospitals)

Name of Hospital		Date Established											
Address		Tel. No.											
Owner		Chairman of the Board (for corporation)											
Medical/Hospital Director		Administrator											
Chief of Hospital (for Government Hospital)		Or Provincial Health Officer											
Type of Hospital (General or Special, ex. Maternity, etc.)													
Bed Capacity (Excluding Newborn Bassinets)		Number of Newborn Bassinets											
Category (Level 1, Level 2)													
Average Daily Census (Inpatient)		Average Daily Consultants (Outpatient)											
Ownership: <input type="checkbox"/> Government (National, Provincial, City, Others) <input type="checkbox"/> Medicare Community Hospital <input type="checkbox"/> Private (Proprietary, Religious, Military, Corporation, Foundation) <input type="checkbox"/> Others (Specify) _____													
DOH License No.		Issued on:											
Clinical Services, Diagnostic & Therapeutic Facilities available: (PLEASE CHECK) <table border="0"> <tr> <td><input type="checkbox"/> Medicine</td> <td><input type="checkbox"/> X-ray, Diagnostic</td> </tr> <tr> <td><input type="checkbox"/> Surgery</td> <td><input type="checkbox"/> Clinical Laboratory</td> </tr> <tr> <td><input type="checkbox"/> Obstetrics and Gyn</td> <td><input type="checkbox"/> Pharmacy</td> </tr> <tr> <td><input type="checkbox"/> Pediatrics</td> <td><input type="checkbox"/> Outpatient Service</td> </tr> <tr> <td><input type="checkbox"/> Others Specify _____</td> <td></td> </tr> </table>				<input type="checkbox"/> Medicine	<input type="checkbox"/> X-ray, Diagnostic	<input type="checkbox"/> Surgery	<input type="checkbox"/> Clinical Laboratory	<input type="checkbox"/> Obstetrics and Gyn	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Outpatient Service	<input type="checkbox"/> Others Specify _____	
<input type="checkbox"/> Medicine	<input type="checkbox"/> X-ray, Diagnostic												
<input type="checkbox"/> Surgery	<input type="checkbox"/> Clinical Laboratory												
<input type="checkbox"/> Obstetrics and Gyn	<input type="checkbox"/> Pharmacy												
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Outpatient Service												
<input type="checkbox"/> Others Specify _____													
Total Number of Personnel (Excluding those not in hospital payroll) (PLEASE INDICATE IN FIGURES/NUMBERS)													
<input type="checkbox"/>	Physicians	<input type="checkbox"/>	Midwives										
<input type="checkbox"/>	Resident Physicians	<input type="checkbox"/>	X-ray Technicians										
<input type="checkbox"/>	Nurses	<input type="checkbox"/>	Aids										
<input type="checkbox"/>	Medical Technologists	<input type="checkbox"/>	Other workers										
<input type="checkbox"/>	Pharmacists												
<input type="checkbox"/>	Dietitians												
Consulting or Visiting Staff: <input type="checkbox"/> Physicians (Including those not in the hospital payroll)													
Number of inpatients during the previous year (excluding newborn)	Number of outpatient consultations during the previous year	Number of newborn during the previous year											
Total operating expenses for the previous year		Gross payroll for the previous year											
P		P											

In applying for membership, the Management of the Hospital shall abide by the Constitution and By-Laws of the Association, and its official representatives of the Association and help promote the objectives and purpose for which it stands.

The following are hereby designated as the official representatives of the hospital to the Association.

Name/Position

Name of Hospital

BY:

Name/Position
(Alternate)

Medical Director/Administrator/Chief of Hospital

Enclosure:
DOH License (1) Xerox copy
Evaluation Report of Chapter's/Council's President

FOR PHA CHAPTER/COUNCIL

Date: _____

Endorsed by: _____
PRESIDENT (PHA Chapter/Council – Specify)

FOR PHA BOARD

Date: _____

Recommending Approval: _____
CHAIRMAN, Membership & Accreditation Committee

Approved

Action Deferred

Disapproved

By the Board of Directors at the meeting held on _____ 200_____

Secretary