

Hospital Accreditation and Re-Accreditation Application Form

HA Form 1



PHILIPPINE OBSTETRICAL AND GYNECOLOGICAL SOCIETY (Foundation), INC.

PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY

No. 56 Malakas St, Diliman, Quezon City.

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E-mail Address: pogsinc@gmail.com; Website: <http://www.pogs.org>

APPLICATION FOR ACCREDITATION OF RESIDENCY TRAINING PROGRAM

() New Application () Renewal () Reinstatement Date of Application: _____

Name of Hospital/Institution: _____

Address: _____

Prequalification fee Official Receipt No. _____ Date of Payment: _____

Type of Hospital: () General () Subspecialty () Government () Private

Total Bed Capacity: _____ Private beds: _____ Service beds: _____

	YES	NO	
Is the hospital at least Level IIA-accredited for service by POGS? (for new RTPs)	attach certificate		Level: _____ Validity Period: _____
Is the hospital at least Level II accredited by DOH? (License to Operate)	attach certificate		Service Capability Level: _____ Validity Period: _____
Has the department complied with submission of PNSS reports for the past 4 years to POGS?	attach certificates		
Has the department complied with submission of REF reports for the past 4 years to CREED?	attach certificates		
Is the Department Chairman a fellow of POGS?			
Is the Department Residency Training Officer a fellow of POGS?			
Are there at least 3 board-certified consultants in the department?			Number. of Board-Certified Consultants: _____
Are 80% of the active staff consultants board-certified?			Percentage of Board-certified consultants: _____
Is the department Active Consultant:Resident ratio at least 1:3?			Active Consultant:Resident Ratio _____
Are at least 3 resident year-levels filled?			
Do the OB-Gyn residents rotate in:			Hospital/Duration of Rotation
Pathology?			_____
Maternal-Fetal Medicine?			_____
OB-Gyn Ultrasound?			_____
Minimally Invasive Surgery?			_____

Number of Residents: First Year _____ Average Daily Bed Census: OB _____
 Second Year _____ Gyne _____
 Third Year _____ Ratio OB-GYN Service Beds:Residents _____
 Fourth Year _____
 TOTAL _____ Ratio Active Consultants:Residents _____

Number of Active/Faculty/Full time Consultants/Consultants with appointments: _____

Number of FPOGS Staff: _____ Number of DPOG Staff: _____

4-Year Home Hospital Statistics:

	200__				200__				200__				200__				
	TOTAL		DONE BY RES		TOTAL		DONE BY RES		TOTAL		DONE BY RES		TOTAL		DONE BY RES		
	PVT	SVC	PVT	SVC	PVT	SVC	PVT	SVC	PVT	SVC	PVT	SVC	PVT	SVC	PVT	SVC	
TOTAL ADMISSIONS																	
TOTAL Deliveries																	
Vaginal Deliveries																	
C. SECTION																	
Major GYN operation																	
TAH/BSO																	
Adnexal Surgeries																	
Minor GYN operation																	

I, _____, hereby certify to the correctness of the information stated above and confirm my consent to the POGS to process information/data for the purpose stated on the privacy policy of the Society. In witness whereof, I hereunto set my signature this ____ day of _____, 20__.

 SIGNATURE OVER PRINTED NAME
 TRAINING OFFICER, Dept. of OB-Gyn

Noted by:

 CHAIRMAN, Dept. of OB-Gyn

 (For PBOG use only)

Evaluated by:

 Chairman, Committee on Hospital Accreditation
 Philippine Board of Obstetrics and Gynecology

Disposition: _____ QUALIFIED FOR VISIT
 _____ NOT QUALIFIED FOR VISIT

Revised 2022

