LIST OF LEGAL REQUIREMENTS OF MIDWIVES IN PRIVATE PRACTICE / FACILITY (PHILIPPINE SETTING)
Issued by the Professional Regulation Commission (PRC) to a midwife who passed the licensure examination given by the Board of Midwifery, PRC. It is also one of the requirements needed in opening a birthing home and is required by Philhealth in order to avail the Maternity Care Package for normal spontaneous delivery. License is valid for three (3) years. This year renewal fee is Php 540 pesos.
A six (6) week comprehensive training course which entitles the midwives to offer services such as IUD insertion, removal, pill dispensing, natural family planning and Depomedroxy-acetate (DMPA) injectable.
The Bureau of Health Facilities, Department of Health (DOH) gives accreditation to birthing home regardless of bed capacity. As defined in the inspection tool it is a health facility that provides maternity services or pre-natal and post-natal care, normal spontaneous delivery and care of new born babies. Birthing home and lying-in can be used interchangeably but for the purpose of using inspection tool the former was given preference.

Schedule of fees for Birthing Home

1. Permit to construct : Php 300
2. License : Php 750 (initial)
   Php 375 (renewal)
A licensure standard incorporated in the inspection tool of birthing home enjoins all directors of Center for Health Development, regulating officers, owners, administrators of Birthing Homes and others concerned, issued last July 3, 2005.

Inspection tools includes renewal information, service capability, required personnel, equipment/instruments needed, physical plant waste management, signage, sanitation etc including requirements for new health facility, (Bldg. permit, plumbing, electrical and mechanical permits), fire safety, sanitary permit among others.
Philhealth Certificate of Accreditation

Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Certificate of Accreditation
No. M00108

The Philippine Health Insurance Corporation, by virtue of the powers and authority vested in it by the National Health Insurance Act of 1995, hereby grants accreditation to

VIOLETA R. VICENCIO WELL FAMILY MIDWIFE CLINIC
Calumpang, Binangonan, Rizal

To render Maternity Care Benefits

This accreditation shall be valid from September 16, 2005 to September 15, 2006 unless otherwise suspended or revoked earlier after due process.

Granted this 18th day of September in the year of our Lord, Two Thousand and Five at Pasig City, Philippines.

Eduardo R. Bellar, M.D., M.Bc.
Vice-Chairman, Accreditation Committee

Lorna G. Fajardo, CEO
Office-In-Charge
Office of the President and CEO
Philhealth Accreditation ID

Issued to a midwife once application for accreditation has been approved. Accreditation entitles the midwives, the Philhealth maternity care. Package for Normal Spontaneous Delivery (NSD). A case rate of 4,500 pesos shall be paid to a midwife. This package shall only be limited to the first two (2) normal deliveries.
**PHILHEALTH APPLICATION FOR ACCREDITATION (Front)**

<table>
<thead>
<tr>
<th>Column 1</th>
<th>Column 2</th>
<th>Column 3</th>
<th>Column 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A midwife shall submit as accomplished application for accreditation and all required documents to the Accreditation Department either to the Regional or Phil Health Central Office. A fee of 500 pesos shall be paid upon initial or renewal of accreditation. The validity period of accreditation shall be for three (3) years renewable on the anniversary date. For renewal of accreditation application shall be filed within 31 calendar days before the ninety (90) calendar days prior to the examination of the existing accreditation.
<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Address</th>
<th>City</th>
<th>Province</th>
<th>Contact Person</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHILHEALTH Application for Accreditation of Midwives</td>
<td>123 Main Street, Anytown USA</td>
<td>Anytown</td>
<td>AnyProvince</td>
<td>Dr. Jane Doe</td>
<td>555-123-4567</td>
</tr>
</tbody>
</table>

... (more rows and columns)
PHILHEALTH APPLICATION FOR ACCREDITATION OF MIDWIVES (Page 2)
Permit / License issued by the Local Government Unit (Included is the Inspection Tool for Birthing Home)

Building Permit

- Plumbing, electrical, and mechanical permits
- Fire Safety Permit
- Fire Safety Inspection Certificate
- Sanitary Permit
- Certificate of Occupancy
- Water Source Analysis

Building permit is issued by the engineering department of the Local Government Unit. Certificates and permits are renewable yearly. Fee is more or less 600 pesos. The Municipal Health Officer (MHO) issues sanitary permit.

Certificate of occupancy is given after and ocular inspection on the site to verify whether the application confirms the actual specification of the building applied for.
**Building Permit**

**Front**

[Image of a Building Permit form]

<table>
<thead>
<tr>
<th>Application No.</th>
<th>Permit No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF APPLICATION**

**DATE ISSUED**

**BOX 1**

<table>
<thead>
<tr>
<th>FOR CONSTRUCTION OWNED</th>
<th>LOCATION OF INSTALLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>BY AN ENTERPRISE</td>
<td>NO. STREET. BARRANGAY. CITY/MUNICIPALITY</td>
</tr>
<tr>
<td></td>
<td>NO. STREET. BARRANGAY. CITY/MUNICIPALITY</td>
</tr>
</tbody>
</table>

**SCOPES OF WORK**

<table>
<thead>
<tr>
<th>NEW INSTALLATION</th>
<th>USE OR TYPE OF OCCUPANCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ADDITION.</td>
<td>1. SINGLE</td>
</tr>
<tr>
<td>2. REPAIR.</td>
<td>2. APARTMENT</td>
</tr>
<tr>
<td>3. RENOVATION.</td>
<td>3. TOWNHOUSE</td>
</tr>
<tr>
<td>4. NEW CONSTRUCTION</td>
<td>4. ROWHOUSE/BUNGALOW.</td>
</tr>
<tr>
<td>5. DEMOLITION.</td>
<td>5. OTHERS (SPECIFY)</td>
</tr>
</tbody>
</table>

**USE OR TYPE OF OCCUPANCY**

<table>
<thead>
<tr>
<th>RESIDENTIAL</th>
<th>COMMERCIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. SINGLE</td>
<td>21. FACTORY/PLANT</td>
</tr>
<tr>
<td>12. DUPLIA</td>
<td>22. OFFICE BUILDING</td>
</tr>
<tr>
<td>13. ROWHOUSE/BUNGALOW</td>
<td>23. HOTEL, MOTEL, ETC.</td>
</tr>
<tr>
<td>14. OTHERS (SPECIFY)</td>
<td>24. OFFICE CONDOMINIUM/BUSINESS OFFICE BUILDING</td>
</tr>
<tr>
<td>15. STORE</td>
<td>25. RESTAURANT</td>
</tr>
<tr>
<td>16. BAR/STATION</td>
<td>26. SHOP (w.GRESS DOOR, MIRROR DOOR, BARRIER)</td>
</tr>
<tr>
<td>17. MARKET</td>
<td>27. MARKET</td>
</tr>
<tr>
<td>18. DINER/CAFE/OTHER LODGING HOUSE</td>
<td>28. OTHERS (SPECIFY)</td>
</tr>
<tr>
<td>19. OTHERS (SPECIFY)</td>
<td>29. OTHERS (SPECIFY)</td>
</tr>
<tr>
<td>20. OTHERS (SPECIFY)</td>
<td>30. OTHERS (SPECIFY)</td>
</tr>
</tbody>
</table>

**BOX 2**

<table>
<thead>
<tr>
<th>BUILDING DOCUMENTS</th>
<th>MECHANICAL PLANS &amp; SPECIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOGBOOK (1 COPY)</td>
</tr>
<tr>
<td></td>
<td>OTHERS (SPECIFY)</td>
</tr>
</tbody>
</table>

**BOX 3**

<table>
<thead>
<tr>
<th>ACTION TAKEN</th>
<th>MECHANICAL PLANS &amp; SPECIFICATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOGBOOK (1 COPY)</td>
</tr>
<tr>
<td></td>
<td>OTHERS (SPECIFY)</td>
</tr>
</tbody>
</table>

**ARCH. ROMEO E. GONZALEZ**

Building Official

Date

**NOTE:** This permit may be cancelled or revoked pursuant to Section 56 & 59 of "The National Building Code."
Building Permit
(Back)
Plumbing, electrical, and mechanical permits (Front)
Plumbing, electrical, and mechanical permits (Back)
# ELECTRICAL PERMIT

**(FRONT)**

---

**Republic of the Philippines**  
**Municipality of San Juan**  
**Metropolitan Manila Development Authority**  
**OFFICE OF THE MUNICIPAL ENGINEER**

**AREA CODE** 7405-A  
**DATE OF APPLICATION FILED**

#### BOX 1: To be accomplished by a duly qualified Electrical Engineer or Master Electrician

<table>
<thead>
<tr>
<th>NAME OF OWNER/APPLICANT</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>TAX ACCT. NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>NO. STREET, BARANGAY, CITY/MUNICIPALITY</td>
<td>TELEPHONE NO.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**LOCATION OF INSTALLATION**  
NO. STREET, BARANGAY, CITY/MUNICIPALITY

**SCOPE OF WORK:**  
- NEW INSTALLATION  
- ALTERATION OF EXISTING INSTALLATION  
- REPAIR OF EXISTING INSTALLATION  
- REMOVAL OF EXISTING INSTALLATION

**TYPE OF OCCUPANCY OR USE:**  
- INDUSTRIAL  
- RESIDENTIAL  
- COMMERCIAL  
- AGRICULTURAL

**NUMBER OF DEVICES AND EQUIPMENT TO BE INSTALLED:**

- LIGHTS
- SWITCHES
- BELL SYSTEM
- ELECTRIC RANGE
- WATER HEATER
- AIRCONDITIONING UNIT
- TELEPHONE SET
- MOTOR
- OTHERS

**DATE OF PROPOSED START OF INSTALLATION**  
**APPROXIMATE COST OF ELECTRICAL INSTALLATION**

**EXPECTED DATE OF COMPLETION**

**ESTIMATED BY**

#### BOX 2: (Person who prepared sketch for installation up to 20 outlets or 4 kw, 220V)

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROFESSIONAL EE</th>
<th>ASSOCIATE EE</th>
<th>ASSISTANT EE</th>
<th>MASTER ELECTRICIAN</th>
</tr>
</thead>
</table>

**ADDRESS**

**PTR. NO.**

**SIGNATURE**

**DATE ISSUED**

**PLACE ISSUED**

**TAN**

#### BOX 3: (Person who signed and sealed plans and specifications for installations exceeding 20 outlets or kw)

**NAME**

**P.E.E. REG. NO.**

**ADDRESS**

**PTR. NO.**

**SIGNATURE**

**DATE ISSUED**

**PLACE ISSUED**

**TAN**

#### BOX 4: (Person in charge of installation)

<table>
<thead>
<tr>
<th>NAME</th>
<th>PROFESSIONAL EE</th>
<th>ASSOCIATE EE</th>
<th>ASSISTANT EE</th>
<th>MASTER ELECTRICIAN</th>
</tr>
</thead>
</table>

**ADDRESS**

**PTR. NO.**

**SIGNATURE**

**DATE ISSUED**

**PLACE ISSUED**

**TAN**

#### BOX 5 (Owner)

**SIGNATURE**

**TAN**

**RES. CERT. NO.**

**DATE ISSUED**

**PLACE ISSUED**

#### BOX 6: (To be received by Receiving/Recording Section)

- ELECTRICAL DOCUMENTS TO BE SUBMITTED (6M or 6 SETS EACH)
  - ELECTRICAL PLANS & SPECIFICATIONS
  - ELECTRICAL SKETCHES
**ELECTRICAL PERMIT**  
*(BACK)*

---

**Republic of the Philippines**  
**Municipality of San Juan**  
**Metropolitan Manila Development Authority**  
**OFFICE OF THE MUNICIPAL ENGINEER**

---

**PERMIT NO.**  
**AREA CODE:**  
**APPLICATION NO.**  

**DATE ISSUED:**

---

**BOX 7 (To be completed by a duly qualified Electrical Practitioner):**  
**NAME OF OWNER/APPLICANT:**  
**LAST NAME:**  
**FIRST NAME:**  
**MIDDLE INITIAL:**  
**TAX ID NO.:**

---

**ADDRESS:**  
**NO. STREET, BARANGAY, CITY/MUNICIPALITY:**  
**TELEPHONE NO.:**

**LOCATION OF INSTALLATION:**  
**NO. STREET, BARANGAY, CITY/MUNICIPALITY:**

---

**BOX 8 (To be completed by Division/Section concerned):**  
**PROGRESS FLOW:**

**CHIEF PROCESSING DIVISION/SECTION:**  
**NOTED IN:**  
**TIME:**  
**DATE:**

**RECEIVED AND RECORDING:**  
**ACTION:**  
**REMARK:**  
**PROCESSED BY:**

---

**BOX 9 (To be completed by Division/Section concerned):**  
**ASSIGNED FEES:**  
**AMOUNT DUE:**  
**ASSESSED BY:**  
**O. R. NUMBER:**  
**DATE PAID:**

**RECEIVED:**  
**CHIEF PROCESSING:**

---

**BOX 10 (To be completed by the Building Official):**

**ACTION TAKEN:**

1. **PERMIT IS HEREBY GRANTED TO INSTALL THE ELECTRICAL WIRING, DEVICES AND EQUIPMENT ENUMERATED IN BOX 1 SUBJECT TO THE FOLLOWING CONDITIONS:**
   1. THAT THE PROPOSED INSTALLATION BE IN ACCORDANCE WITH APPROVED SKETCHES/PLANS FILED WITH THIS OFFICE AND IN CONFORMITY WITH THE PROVISIONS OF THE PHILIPPINE ELECTRICAL CODE.
   2. THAT A DUTY LICENSED ELECTRICAL PRACTITIONER BE IN CHARGE OF THE INSTALLATION/CONSTRUCTION. SEE BOX 4.
   3. THAT A CERTIFICATE OF COMPLETION Duly SIGNED BY THE ELECTRICAL PRACTITIONER IN CHARGE OF THE INSTALLATION BE SUBMITTED NOT LATER THAN SEVEN (7) DAYS AFTER COMPLETION OF THE INSTALLATION.
   4. THAT A CERTIFICATE OF FINAL ELECTRICAL INSPECTION BE SECURED PRIOR TO THE ACTUAL OCCUPANCY OF THE BUILDING.

**NAME OF BUILDING OFFICIAL:**  
**SIGNATURE:**  
**DATE:**

---

Note 1: Electrical permit shall be issued within (20) days from the payment of the required fees provided the building official is entitled with the work and, the plans and specifications conform to the requirements of the Building Code and other pertinent rules and regulations (Section 304, National Building Code).

Note 2: This permit may be cancelled or revoked pursuant to Section 305 and 306 of the National Building Code.
FIRE SAFETY INSPECTION CERTIFICATE

for BUSINESS PERMIT

Control No.: 

By virtue of the provisions of the FIRE CODE OF THE PHILIPPINES (PD-1185), 

(Name of Individual or Concern) 

with postal address at 

is hereby granted the FIRE SAFETY INSPECTION CERTIFICATE for BUSINESS OPERATION after said building or occupancy has been duly inspected for fire safety with the finding that it has substantially complied with the fire safety and protection requirements of the Fire Code of the Philippines (PD-1185) and its implementing rules and regulations. This certificate is issued on condition that all Fire Code provisions now adopted, or shall hereafter be adopted, shall continue to be complied with. 

This certificate is valid for 

Violation of the Fire Code provisions shall IPSO FACTO immediately cause this certificate to become null and void, and shall hold the owner of the building liable to the penalties provided for by the said Fire Code (PD-1185). 

BFP Fund Code: D2531-151 

Amount: ____________________________ 

O.R.No.: ____________________________ 

Date Issued: ________________________ 

Previous Certificate No.: ________________________ 

Inspector’s: ________________________ 

Signature over printed name 

This certificate does not take the place of any license required by law and is not transferable, and must be posted under glass at the building premises.
SANITARY PERMIT TO OPERATE

Issued to

Registered Name

Type of Establishment

Address

Sanitary Permit No.    Date Issued

Date of Expiration December 31, 19

This permit is not transferable and will be revoked for violation of the Sanitary Rules, Laws or Regulation of P.D. 522 & P.D. 856 and Pertinent Local Ordinances.

Sanitarian

Victor A. Lacandola
Municipal Health Officer
Certificate of Occupancy

Republic of the Philippines
Municipality of San Juan
Metropolitan Manila Development Authority
OFFICE OF THE BUILDING OFFICIAL

Certificate of Occupancy

This certifies that the building/structure which has been designed and constructed as
under Bidg. Permit No. _______________

Submitted for inspection, dated _______________

has been inspected and found to be in conformity with the approved plans and specifications
on file in this office and the provisions of the National Building Code (P.D. 1096) and its
implementing rules and regulations and therefore the building/structure may now be occupied
or used.

The owner shall properly maintain this building to enhance its architectural well-being,
structural stability, sanitation and fire-protective properties and shall not be occupied or used
for purposes other than its intended use as stated above.

This Certificate is issued in accordance with section 309, Chapter 3 of P.D. 1096.

ARHC. ROMEO B. GONZALES
Municipal Architect &
Concurrent Building Official

NOTE:
A certified copy hereof shall be posted within the premises of the building and shall not be removed
without authority from the Building Official. The official number(s) assigned to the building(s) in/are

Certificate of Occupancy
### Water Source Analysis

**SERVICE REPORT**

**Requesting Party:** Waters Unlimited  
**Service Requested:** Potability Testing

**SAMPLE:** Distilled 0422071110 Exp. Jul'2006

**METHODOLOGY:**  
The sample was analyzed using the standard Multiple-Tube Fermentation Technique for the Members of the Coliform Group (APHA, 1985).

**RESULTS:**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>No. of Positive tube (out of 5 tubes)</th>
<th>Most Probable Number (MPN) per 100ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Coliform</td>
<td>0</td>
<td>Less than 2.2</td>
</tr>
<tr>
<td>Fecal Coliform</td>
<td>0</td>
<td>Less than 2.2</td>
</tr>
</tbody>
</table>

*Philippine National Standards for Drinking Water*  
Note: Test results were based on sample as labeled and submitted by the client.

**REMARKS:**

The sample conforms with the Philippine National Standards for Drinking Water with respect to coliform bacteria.

**REFERENCES:**


**Service done by:** Sonia B. Ibaonog  
**Checked by:** Maria Auxilla T. Birigan
PERMIT TO CONSTRUCT

Republic of the Philippines
Department of Health
BUREAU OF HEALTH FACILITIES AND SERVICES
Bldg. 13, Ben Lomond Compound, Mindanao Ave., Davao, Mindanao

No. 85-146

PERMIT TO CONSTRUCT
is hereby granted to
BATANGAS CITY MATERNITY HOUSE AND PUERICULTURE CENTER
located at
No. 1 Pandan Street, Batangas City
Pursuant to R.A. 4226: Hospital Licensing Act

Scope of Work:
- New construction of a birthing house with 9 beds capacity.

Terms and Conditions:
1. That the construction, alteration, expansion or renovation of a hospital or other health facility is implemented in accordance with:
   1.1. Floor plans prepared by a duly licensed Architect and/or Civil Engineer and approved by the Bureau of Health Facilities and Services;
   1.2. Architectural and engineering drawings (based on approved floor plans by the Bureau of Health Facilities and Services), specifications, building permits and fire safety permit prepared by a duly licensed Architect and/or Civil Engineer and approved by the Office of the Building Official and the Bureau of Fire Protection in the locality;
2. That the permit to construct and approved floor plans ensure observance of appropriate professional practices, prescribed functional relationships and applicable codes in the layout of a hospital;
3. That the permit to construct and approved floor plans are available for ready reference at the construction site;
4. That the permit to construct is considered lapsed and fee paid is refunded when the work authorized by the permit does not commence with 365 days from date of issuance, or is abandoned during the period specified; in which case, another application shall be filed;
5. That any addition and/or alteration of scope of work shall be reported immediately to the Bureau of Health Facilities and Services for appropriate action;
6. That any unauthorized deviation from approved floor plans, or any violation of the above conditions, will be sufficient ground for the revocation of this permit.

ENGR. HERMINIO E. DIONCO, CESO IV
Director III

Date Issued: June 28, 2005
A government employee under the Civil Service Law has to work eight (8) hours a day or forty (40) hours a week.

A midwife with government position can engage in private practice after office hours. They can also attend home delivery. However there are local government official (isolated cases) who wants a midwife on call after office hours without remuneration. There are also midwives who owns lying-in or birthing home (one to two bed).

According to the Civil Service Commission they are now in the process of preparing guidelines regarding the practice of health professionals beyond office hours.