

AMBULATORY CLINIC

DOCUMENTARY REQUIREMENTS	
NEW APPLICATION	RENEWAL
Valid Mayor's Permit and/or Business License from the Local Government Unit (REQUIRED: YES)	Valid Mayor's Permit and/or Business License from the Local Government Unit (REQUIRED: YES)
If Single Proprietorship, valid DTI Business Name Certificate If Corporation/Partnership, SEC Registration Certificate and Articles of Incorporation and its By-Laws If Cooperative, Articles of Cooperation and its By-Laws (Upload only the following pages: 1 st page with seal, page with primary purpose, list of incorporators, and capitalization.) (REQUIRED: YES)	Renewed DTI Business Name Certificate, if expired Amendment to Articles of Incorporation, if applicable Amendment to Articles of Cooperation, if applicable (Upload only the following pages: 1 st page with seal, page with primary purpose, list of incorporators, and capitalization.) (REQUIRED: NO)
Notarized List of Names of all Officials and employees (with office designation and Nationality) (REQUIRED: YES)	
Valid License to Operate from the Health Facility Services Regulatory Bureau (HFSRB) of the Department of Health (DOH) or its equivalent (REQUIRED: YES)	Valid License to operate from the HFSRB of the DOH or its equivalent (if expired) (REQUIRED: NO)
Other documents as deemed necessary by DOT (e.g. In case of employed foreign nationals, valid working permit from DOLE and valid visa from Bureau of Immigration and Deportation, etc.) (REQUIRED: NO)	Other documents as deemed necessary by DOT (e.g. In case of employed foreign nationals, valid working permit from DOLE and valid visa from Bureau of Immigration and Deportation, etc.) (REQUIRED: NO)