

**PSN CERTIFICATE OF ATTESTATION FOR HDC/ PDC
PROCEDURE**

- I. Purpose: The 'Certificate of Attestation' will be issued by PSN to all Hemodialysis (HD) and Peritoneal Dialysis (PD) Centers or Clinics (who are applying for the license to operate (LTO) from DOH-BFHS or seeking accreditation from Philhealth).
- II. Procedure:
 - A. Fill-up the Information Sheet for the Certificate of Attestation (kindly call PSN office for instruction at telephone # (02) 82616364, (02) 86871187).
 - B. Submit the information sheet to PSN office located at 24/F, Unit 2406 One San Miguel Avenue Condominium, San Miguel Avenue corner Shaw Boulevard, Ortigas Center, Pasig City, together with the following:
 - current contract / appointment paper of the head of the HDC / PDC specifying the responsibilities / benefits / incentives / compensation. The appointment paper shall have the conforme signature of the appointee.
 - photocopy of Non-Nephrologist Physicians on Duty certificate issued by PSN
 - proof of Fire and Earthquake drill
 - C. Pay the processing fee of P1, 000 to the PSN office or you may deposit at any BDO branch under the account name: The Philippine Society of Nephrology (PSN), account #: 000-288-063-441 and attach deposit slip to your application.
 - D. Allow at least 7 working days for PSN to verify, approve, and issue the certificate of attestation.
- III. The DOH-BHFS and Philhealth shall require all HDCs / PDCs to secure 'certificate of compliance' directly from REDCOP without passing through PSN.
- IV. PSN recommends that Board-certified PSN members can be appointed as medical director/dialysis unit head of three (3) dialysis centers.
- V. PSN recommends that this revised procedure take effect on January 1, 2020.

**PSN INFORMATION SHEET
 CERTIFICATE OF ATTESTATION FOR HEMODIALYSIS CENTERS (HDC)/PERITONEAL DIALYSIS CENTERS (PDC)**

I. Name, address, email and contact numbers of HDC/PDC:

II. Purpose of PSN Certificate of Attestation and period being covered:

<input type="checkbox"/> DOH license	Inclusive Dates _____
<input type="checkbox"/> Philhealth accreditation	Inclusive Dates _____

III. Classification of HDC/PDC: Check appropriate box:

A. According to ownership: B. According to Institutional Character Gov't

<input type="checkbox"/> Gov't	<input type="checkbox"/> Hospital based
<input type="checkbox"/> Private	<input type="checkbox"/> Non-hospital based

IV. Name of Owner/President/CEO:

(Signature over Printed Name and Designation)

V. Name of Dialysis Unit Head/Head Nephrologist (Please attach Certificate of Dialysis management training):

(Signature over Printed Name and Designation)

VI. Printed Names of all 'Physicians on Duty' and validity of certificate of training for non- nephrologist PODs issued by PSN. Specify category. Write after each name the following: (1) PSN diplomate/fellow, (2) PCP/PPS diplomate/fellow, (3) PSN board- eligible, (4) PCP/PPS board-eligible, (5) Family Medicine (6) General Practitioner, (7) others: Specify. Attach additional sheets if necessary.

Name of Physician on Duty	Category	Validity Of training

I hereby certify that the above information is true.

(Dialysis Unit Head, HDC/PDC)
 (Signature over Printed Name) / Date

PSN CHECKLIST/REQUIREMENTS FOR CERTIFICATE OF ATTESTATION
(For PSN Committee on HD/PD / Secretariat)

i. Is there completely filled up form YES NO

- Name/Address Type of Facility
- Covered Period of Accreditation
- Classification of Facility
- Owner's Name and Signature
- Dialysis Unit Head Name and Signature
- Name and Signature of Board-Certified In-House Nephrologist Name and
- Category of Physician on Duty
- Name and Signature of HD/PD Unit Head

ii. Is there a Current Appointment/Contract of Dialysis Unit Head with YES NO

- Duties and Responsibilities
- Benefits
- Incentives
- Compensation
- Effectivity
- Conforme Signature

iii. Is the Dialysis Unit Head a Diplomate or Fellow of PSN YES NO

iv. Is there a Certificate of Training of the Dialysis Unit Head from PSN (if Dialysis Unit Head is a Non-Nephrologist) YES NO

v. Other HDCs/PDCs being handled by the Dialysis Unit Head:

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

vi. Is there a regular Fire / Earthquake Drill (attached proof of drill) YES NO

Remarks: Approved Pending

Name and Signature

Committee Chair, HD / PD

Date _____