



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT

Region 9

3rd Floor, QNS Building, Veterans Avenue Extension
 Tumaga Road, Zamboanga City



DOLE-BWC-AF-CHK-PC
 Revision code: 0803

**CHECKLIST OF REQUIREMENTS ON ACCREDITATION OF
 OSH PRACTITIONER/CONSULTANT**

Applicant Name and Address		Contact No					
Authorized Rep. and Address		Contact No					
Received By:							
Received Date:		Status:	<table border="1"> <tr> <td>Complete</td> <td></td> </tr> <tr> <td>Incomplete</td> <td></td> </tr> </table>	Complete		Incomplete	
Complete							
Incomplete							
Remarks:			Returned Date:				

INSTRUCTION: To the applicant – Please fasten all attachment/documents neatly in a long plain folder and arranged according to the following order enumerated below. Application may be submitted directly to BWC or to concerned R.O. Documents submitted must be signed in all pages.
To DOLE receiving personnel – Please (√) or (X) mark in the appropriate column below when receiving application. Application with incomplete documents shall be returned to the applicant together with this checklist indicating requirements for compliance

Name of Applicant: _____ **as:** OSH Practitioner OSH Consultant

DOCUMENTARY REQUIREMENTS CHECKLIST		Submitted		Remarks
		YES	NO	
NEW APPLICANTS:				
1.	Two (2) copies of duly accomplished Application Form (DOLE-BWC-AF-PCN-A1) with 2 copies most recent 1 x 1 ID picture signed at the back. (red background for SP, blue background for SC)			
2.	Original Certificate of Employment indicating name, position and date of appointment at present position using the official letterhead of the company.			
3.	Original copy of actual Duties and Responsibilities at present position, signed by the immediate supervisor and Personnel Manager or Authorized Official of the company, using letterhead of the company.			
4.	Photocopy of certificate of employment from previous employer/s indicating position(s) and date(s) of appointment (if any and necessary in support of actual experience in OSH). May submit actual functions and proof of accomplishments, duly certified by the employer.			
5.	Photocopy of certificate of completion of the Bureau Prescribed Course (40-hr or 80-hr) training on Occupational Safety and Health issued by accredited STO.			
6.	Photocopy of certificate of attendance/participation on other OSH related trainings/seminars/activities.			
7.	Photocopy of College Diploma or Transcript of Records and Board Exam Certificate or PRC License (if any).			
8.	Proof/s of accomplishment or participation in OSH ___ accident reports ___ safety inspection/audit reports ___ HSC committee report ___ OSH program prepared/implemented ___ other reports prepared by the applicant, please specify _____			
RENEWAL OF ACCREDITATION:				
1.	Two (2) copies of duly accomplished Application Form (DOLE-BWC-AF-PCN-A2) with 2 copies most recent 1 x 1 ID picture signed at the back. (red background for SP, blue background for SC)			
2.	Summary of Applicant's Accomplishments as OSH Practitioner/Consultant related to OSH signed by the employer and supervisor using official letterhead of the company. Consultant with more than one client – establishments shall submit an accomplishments report certified by the clients.			
3.	Photocopy of Certificate of Accreditation (last issued)			
4.	Photocopy of other OSH related trainings/seminars attended after last renewal of at least 16 hours per year or 48 hours of trainings for 3 years, earned from DOLE recognized/accredited STO/institutions authorized by law.			
5.	Proof/s of accomplishment or participation in OSH ___ accident reports ___ safety inspection/audit reports ___ HSC committee report ___ OSH program prepared/implemented ___ other reports prepared by the applicant, please specify _____			

<i>When there is a change of Employer/position</i>				
6.	Original Certificate of Employment indicating name, position and date of appointment at present position using the official letterhead of the company.			
7.	Original copy of actual Duties and Responsibilities at present position, signed by the immediate supervisor and Personnel Manager or Authorized Official of the company, using letterhead of the company.			
INITIAL EVALUATION/REMARKS: <input type="checkbox"/> Complete documents submitted, signed in all pages <input type="checkbox"/> With incomplete documents, for compliance of the above stated deficiencies with mark "X" <input type="checkbox"/> For interview on _____ at _____, please call 991-2673 <input type="checkbox"/> Others, specify _____			Note: Originals will be required for presentation during interview if new applicant; during filling of application if renewal	
Checked / Received by:		Date/Time:		