

 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Intramuros, Manila	<b>CHECKLIST OF DOCUMENTARY REQUIREMENTS ON ACCREDITATION OF OSH PRACTITIONER/CONSULTANT</b>	<b>DOLE-BWC-AF-CHK-PC</b>	
		Revision Code: 0803-0 Page 1 of 1	
Prepared by: OHSD-SPIS	Approved by: Director TERESITA R. MANZALA, CESO III	Effectivity Date: August 2003	
<b>INSTRUCTION: To the applicant</b> - Please fasten all attachments/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. <b>To DOLE receiving personnel</b> - 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.			
<b>Name of Applicant:</b> _____ as : <input type="checkbox"/> OSH Practitioner <input type="checkbox"/> OSH Consultant			
<b>DOCUMENTARY REQUIREMENTS CHECKLIST</b>		Submitted	Remarks
<b>New Applicants:</b>		YES	NO
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 of actual Duties and Responsibilities at present position, signed by 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 on 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) 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 _____			
<b>Renewal of Accreditation:</b>			
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 accomplishment report certified by the client's.			
4. Photocopy of Certificate of Accreditation (last issued).			
5. 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.			
6. Proof/s of accomplishment or participation in OSH ___ accident reports ___ safety inspection reports ___ safety audit reports ___ HSC committee report ___ OSH program prepared/ implemented ___ Other reports prepared by the applicant, please specify _____			
<b>When There is a Change of Employer/position</b>			
7. Original Certificate of Employment indicating name , position and date of appointment at present position, using official letterhead of the company.			
8. Original of actual Duties and Responsibilities at present position, using official letterhead of the company, signed by immediate supervisor and Personnel Manager or authorized official of the company.			
<b>INITIAL EVALUATION / REMARKS:</b> ___ Complete documents submitted, signed in all pages. ___ With incomplete documents, for compliance of the above stated deficiencies with mark "x". ___ For interview on _____ at _____, please call 5273483 or 5275496. ___ Others, specify _____		<b>Note: Originals will be required for presentation during interview if new applicant; during filing of application if renewal.</b>	
Checked / Received by: _____		Date/Time: _____	