



Prepared by: OHSD-SPIS

Approved by: _____

Effectivity Date: November 2008

INSTRUCTION: To the applicant - Please fasten all attachments/documents neatly in a long plain folder and arranged according to the following order enumerated below. Submit 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

DOCUMENTARY REQUIREMENTS CHECKLIST

New applicants

- Application Form (DOLE-BWC-AF-PCN-A1)
 - must be duly signed
- Two (2) copies, most recent 1 x 1 ID picture
 - signed at the back.
 - red background
- Original Certificate of Employment
 - Indicate name, position and date of appointment at present position using the official letterhead of the company.
- Original of actual Duties and Responsibilities at present position
 - Signed by Personnel Manager or authorized official of the company, using letterhead of the company.
- Photocopy of certificate of employment from previous employer/s (if any)
 - Indicate position(s) and date(s) of appointment
- Photocopy of certificate of completion of the Bureau Prescribed Course (40-hr or 80-hr) on Occupational Safety and Health issued by accredited STO.
- Photocopy of certificate of attendance/participation on other OSH related trainings/seminars/activities.
- Photocopy of College Diploma, Transcript of Records and PRC License or Board Exam Certificate (if any).
- Proof/s of accomplishment or participation in OSH
 - ___ work accident reports ___ safety inspection/audit reports ___ HSC committee report
 - ___ OSH program prepared/ implemented
- Proof/s of company's compliance with report requirements of the OSHS (submission of WAIR, AEDR, RSO, Minutes of the meeting of the HSC)
 - Other reports prepared by the applicant, please specify _____

Renewal

- Two (2) copies of Application Form (DOLE-BWC-AF-PCN-A2) duly accomplished
 - Two (2) copies most recent 1 x 1 ID picture
 - signed at the back.
 - red background
 - Summary of Applicant's Accomplishments related to OSH
 - signed by the employer and supervisor using official letterhead of the company.
 - Photocopy of Certificate of Accreditation (last issued).
 - Photocopy of other OSH related trainings/seminars attended after last renewal
 - at least 16 hours per year or 48 hours of trainings for 3 years, earned from DOLE recognized/ accredited STO/institutions authorized by law.
 - Proof/s of accomplishment or participation in OSH
 - ___ work accident reports ___ safety inspection reports ___ safety audit reports
 - ___ HSC committee report ___ OSH program prepared/ implemented
 - ___ Other reports prepared by the applicant, please specify _____
 - Proof/s of compliance with report requirements of the OSHS.
- When There is a Change of Employer/position**
- Original Certificate of Employment
 - indicating name, position and date of appointment at present position, using official letterhead of the company.
 - Original of actual Duties and Responsibilities at present position,
 - use official letterhead of the company, signed by immediate supervisor and Personnel Manager or authorized official of the company.

Note: Originals will be required for presentation during interview if new applicant; during filing of application if renewal.

INITIAL EVALUATION / REMARKS:

- ___ 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 _____
- ___ Others, specify _____

Checked / Received by: _____ Date/Time: _____

