HEALTHCARE ORGANIZATION PROCUREMENT EXCELLENCE ASIA (HOPE ASIA) INC.
3RD Floor, NBS Building, Quezon Avenue, Quezon City, Philippines
Mobile No. +63-9207531711 / Viber : +63-9665302424

ACCREDITATION APPLICATION FORM

Date: _____202__

Name of Company _____

Address _____ Tel No. _____
Mobile No. _____ Fax No. _____

Date Established _____ Email Address: _____

President/CEO _____

Administrator _____

Type of Hospital _____ General _____ Specialty _____

Category/Level: _____ Bed Capacity _____ Average Daily Census _____

Occupancy Rate _____ Yearly Admission _____

DOH License No. _____ Issued On _____202__

Do you have a school of _____ Nursing _____ Midwifery _____ Medicine _____ Others _____

*** Kindly list at least 10 top consumables in your hospital for procurement purposes (use separate sheet of paper) ***

UNDERTAKING: As a member of the association, the management of the hospital/Clinic promises to abide by the Constitution and By-Laws of HOPE ASIA INC. Official representative/s from the member institution shall take an active part in the activities of the Association and help promote the objective and purpose for which it stands.

Member acknowledges that – (a) HOPE ASIA INC., may obtain, examine, process and store copies of this membership form and any personal information obtained relative to the membership requirement/s herein required but shall be kept strictly confidential. The extent of the collection and processing shall be necessary and incidental to the performance of the association (b) HOPE ASIA INC., may disclose information herein specified in the form for legitimate purpose, including but not limited to outsourced processing of transaction, profiling or historical statistical analysis, training seminars and conventions, providing advice on information which HOPE ASIA INC., believes maybe of interest to us to communicate with member hospitals, clinics and other healthcare facilities and other government agencies, such as Department of Health (DOH), Phil. Health Insurance Corp. (PhilHealth), the Bureau of Food and Drug Administration (FDA) and accredited Medical Suppliers and Manufacturers domestic and international.

Members and accredited medical suppliers and manufacturers and other healthcare providers related to the procurement collaboration acknowledges that it understands its rights and obligations under the Data Privacy Act and its IRR, and asserts its right to be informed, to access, communication and object to the processing of personal information as well as its right to submit a complaint to the National Privacy Commission.

By:

_____
Signature over Printed Name
(Authorized Hospital / Clinic Representative)

NOTE: Please email to eulama@yahoo.com copy of DOH LTO and deposit slip of Membership Fee for the following category level: Infirmary and Level 1-P 1,000, Level 2 – P2,000 and Level 3-P 3,000, Payment payable to:

***** HEALTHCARE ORGANIZATION PROCUREMENT EXCELLENCE ASIA, INC. *****
or HOPE ASIA, INC.
You may also deposit your payment directly to: HOPE ASIA BANK ACCOUNT
CHINA BANK CKG ACCT.#: _____
and email deposit slip to eulama@yahoo.com