



**CHECKLIST OF DOCUMENTARY  
REQUIREMENTS ON ACCREDITATION  
OF OSH PRACTITIONER**

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 \_\_\_\_\_

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Checked / Received by: \_\_\_\_\_ Date/Time: \_\_\_\_\_