

 DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Intramuros, Manila				CHECKLIST OF DOCUMENTARY REQUIREMENTS ON ACCREDITATION OF OSH PRACTITIONER/CONSULTANT		DOLE-BWC-AF-CHK-PC		
Document No: FM 5.2.6-04	Revision No: 0	Effectivity Date: July 29, 2013		Revision Code: 0803-0				
Prepared by: OHSD-SPIS				Approved by:		Effectivity Date:		
<p>Instruction: To the applicant – 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.</p> <p>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.</p>								
Name of Applicant: PIO EUGENIO O. BUENAFE as: <input type="checkbox"/> OSH Practitioner <input type="checkbox"/> OSH Consultant								
DOCUMENTARY REQUIREMENTS CHECKLIST						Submitted		Remarks
New Applicants:						YES	No	
1. Two (2) copies duly accomplished Application Form (DOLE-BWC-AF-PCN-A1) with 2 copies most recent 1x1 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 employer/s indicating position/s and dates 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) 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: Policies on Drug Free Workplace & Fire Prevention in the Workplace								
Renewal of Accreditation:								
1. Two (2) copies duly accomplished Application Form (DOLE-BWC-AF-PCN-A1) with 2 copies most recent 1x1 ID picture signed at the back. (red background for SP, blue background for SC).								
2. Summary of Applicant's Accomplishment Form 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.								
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								
When There is a Change of Employer/position								
6. Original Certificate of Employment indicating name, position and date of appointment at present position, using official letterhead of the company.								
7. 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.								
INITIAL EVALUATION / REMARKS ___ Complete documents submitted in all pages. ___ With complete document, for compliance of the above stated deficiencies with mark "X". ___ For interview on _____ at _____, please call 5273000 loc. 407 ___ Others, specify _____						Note: Originals will be required for presentation during interview if new applicant; during filing of application if renewal.		
Checked / Received by: _____						Date/Time: _____		