



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

May 14, 2020

DEPARTMENT CIRCULAR
No. 2020 - 0224

FOR : ALL DIRECTORS OF CENTERS FOR HEALTH DEVELOPMENT (CHD), HEADS OF HOSPITALS, CHIEFS OF THE REGULATION, LICENSING AND ENFORCEMENT DIVISION (RLED), CHIEFS OF HEALTH FACILITIES AND SERVICES REGULATORY BUREAU (HFSRB), MINISTER OF HEALTH OF THE BANGSAMORO AUTONOMOUS REGION IN MUSLIM MINDANAO (MOH-BARMM), ALL REGULATORY OFFICERS AND ALL OTHER CONCERNED STAKEHOLDERS

SUBJECT : Guidelines in the Issuance of Certificate of Accreditation (COA) to Drug Rehabilitation Practitioners

I. RATIONALE

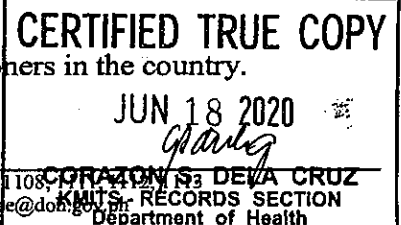
Pursuant to Republic Act No. 9165, "Comprehensive Dangerous Drugs Act of 2002," the Department of Health (DOH) is mandated to accredit physicians who shall conduct the drug dependency examination of a drug dependent, as well as the after-care and follow-up program for the said drug dependent.

Hence, the Dangerous Drugs Board (DDB), the government agency overseeing all the policies and activities related to drug abuse prevention and treatment, issued out Board Regulation No. 4, Series of 2003, "Implementing Rules and Regulations Governing Accreditation of Drug Abuse Treatment and Rehabilitation Centers and Accreditation of Center Personnel," and Board Regulation No. 5, Series of 2013, "Amendment of Board Regulation No. 4, Series of 2003 entitled "Implementing Rules and Regulations Governing Accreditation of Drug Abuse Treatment and Rehabilitation Centers and Accreditation of Center Personnel," as policies on accreditation of physicians and other personnel.

In Board Regulation No. 1, Series of 2019, "Implementing Rules and Regulations Governing the Accreditation of Drug Rehabilitation Practitioners," the mandate to grant formal authorization through accreditation of the center personnel, now called the drug rehabilitation practitioners, was given to Health Facilities and Services Regulatory Bureau (HFSRB) and the Center for Health Development-Regulation, Licensing and Enforcement Division (CHD-RLED).

II. SCOPE

These guidelines shall apply to all drug rehabilitation practitioners in the country.



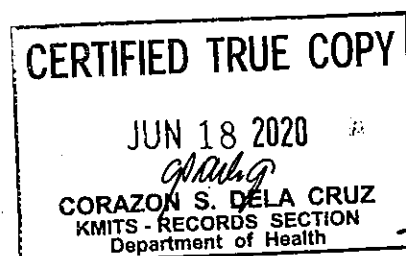
III. DEFINITION OF TERMS

1. **Accreditation** – refers to a formal authorization issued by the DOH to an individual as a drug rehabilitation practitioner after meeting the requirement prescribed under this circular.
2. **Drug rehabilitation practitioners** - are those working for the treatment and rehabilitation, aftercare and follow-up of people who use drugs (PWUD). They are classified as follows:
 - a. **Physician** – a medical practitioner who shall conduct the Drug Dependency Examination (DDE) and provide treatment to PWUDs; and
 - b. **Non-physicians** – are individuals who are engaged in the day-to-day operations of the treatment and rehabilitation facility.
3. **Full Accreditation** – refers to the authorization issued by the HFSRB/CHD- RLED to a physician who will conduct DDE and will manage PWUDs.
4. **Permanent Official Station** - the geographic location or address where the official/ employee normally reports for duty and/or spends the majority of his/her practice, which must be designated as such in writing by the employer.
5. **Provisional Accreditation** – refers to the temporary authorization issued by the CHD- RLED to a physician for the conduct of DDE.

IV. IMPLEMENTING GUIDELINES

A. General Guidelines

1. All drug rehabilitation practitioner shall be accredited by HFSRB/CHD-RLED.
2. The trainings of drug rehabilitation practitioners shall be provided by the Dangerous Drug Abuse Prevention and Treatment Program (DDAAPT) of the DOH, the CHD or any DOH-recognized training provider.
3. The timeline for the processing of complete application to issuance of the Certificate of Accreditation (COA) shall follow the citizen's charter timeline prescribed by the Bureau.
4. The COA of drug rehabilitation practitioner shall be secured from HFSRB/CHD-RLED.
5. The COA shall be signed by the Director IV of HFSRB or CHD, or his/her designate.
6. The validity of the Certificate of Full Accreditation for Physicians and Certificate of Accreditation for Non-physicians is five (5) years.



7. The Provisional Certificate of Accreditation is valid for two (2) years and is non-renewable. The physician can only apply for provisional accreditation once and must obtain a Certificate of Full Accreditation before it expires, for him/her to be able to continue conducting DDE.
8. In case of transfer to another permanent official station, the accredited physician shall inform the HFSRB/CHD-RLED through writing within 7 days. A corresponding sanction/penalty shall be given for failure to do so.
9. The names, official clinic address, and contact details of DOH-accredited physicians and drug rehabilitation practitioners shall be uploaded to the HFSRB website for accessibility.

B. Specific Guidelines

1. Applications shall be filed in the following offices, in line with the provisions in **Section V. A and B of Administrative Order No. 2020-0009, "Complementary Guidelines to Dangerous Drugs Board Regulation No. 1 and 2 Series of 2019 on the Roles of the Health Facilities and Services Regulatory Bureau (HFSRB) and Center for Health Development (CHD) through the Regulation Licensing Enforcement Division (RLED), in the Accreditation of Drug Rehabilitation Practitioners and Drug Abuse Treatment and Rehabilitation Center (DATRC)":**

a. HFSRB

- 1) For Initial Full Accreditation of Physicians
- 2) For Initial Certificate of Accreditation of Other Drug Rehabilitation Practitioners/Non-physician

b. CHD-RLED

- 1) For Provisional Accreditation of Physicians
- 2) For Renewal of Certificate of Accreditation of Fully Accredited Physicians
- 3) For Renewal of Certificate of Accreditation of Other Drug Rehabilitation Practitioner/Non-physician

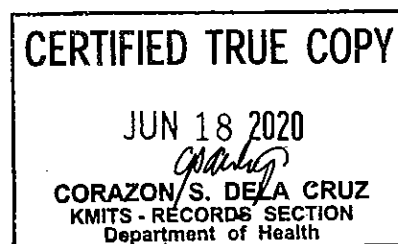
2. For initial application, complete documentary requirements shall consist of the following:

a. Physician

- 1) Duly accomplished application form (available at HFSRB and CHDs website) with proof of payment;
- 2) Certified True Copy (CTC) of valid Professional Regulation Commission (PRC) Identification Card (ID);
- 3) Training Certificates:

3.1. For Provisional Accreditation:

- 3.1.1. Certificate of Training on the Training Course on the Provisional Accreditation of Physicians on the Screening and



Assessment of Drug Dependence (Module 1.0)
(synonymous to Assessment and Management of Drug Dependents for Physicians)

3.2. For Provisional Accreditation TO Full Accreditation:

3.2.1. Certificate of Training on the Training Course on the Provisional Accreditation of Physicians on the Management and Rehabilitation of Drug Dependence (Module 2.0) issued by DDAPTP/CHD/DOH-recognized training provider

3.3. For Full Accreditation:

3.3.1. Certificate of Training on the standard training course on Basic Training Course on the Assessment and Management of Drug Dependence for Physicians issued by DDAPTP/CHD/DOH-recognized training provider

3.3.2. **For Psychiatrist and Addiction Medicine Specialist:**

3.3.2.1. Attendance to the orientation seminar on the laws, procedures, and programs related to drug dependency prevention, assessment and management facilitated by DDAPTP (synonymous to (Orientation) Training on Drug Rehabilitation-related Policies for Psychiatrist and Addiction Medicine Specialists)

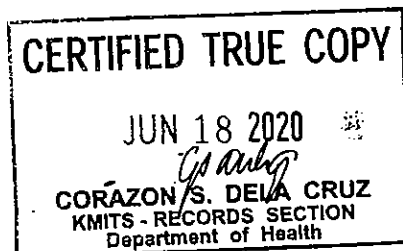
3.3.2.2. Board Certificate from Philippine Psychiatric Association or Certificate of Completion of the Residency Training for Board Eligible graduates of the training OR Board Certification from Philippine College of Addiction Medicine, whichever is applicable.

4) Certificate of employment, if applicable.

b. Other Drug Rehabilitation Practitioner/Non-physician

- 1) Duly accomplished application form (available at HFSRB and CHDs website) with proof of payment;
- 2) CTC of valid PRC ID, if applicable;
- 3) Certificate of the Basic Training Course on Rehabilitation Management of Drug Dependents (synonymous to Basic Training Course on the Assessment and Management of Drug Dependence for Rehabilitation Practitioners);
- 4) Certificate of employment or its equivalent that the practitioner is actively involved in the program/clinical management of PWUDs for at least one (1) year.

3. For renewal of application, complete documentary requirements shall consist of the following:



a. Physician

- 1) Duly accomplished application form (available at HFSRB and CHDs website);
- 2) CTC of valid PRC ID;
- 3) Certificate(s) of continuing education/training related to treatment or management of PWUDs provided by DDAPTP/CHD/DOH-recognized training providers

b. Other Drug Rehabilitation Practitioner/Non-physician

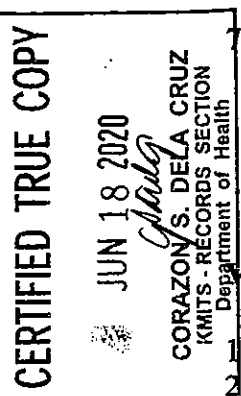
- 1) Duly accomplished application form (available at HFSRB and CHDs website);
- 2) CTC of valid PRC ID, if applicable;
- 3) Certificate (s) of continuing education/training related to treatment or management of PWUDs provided by DDAPTP/CHD/DOH-recognized training providers.

4. The schedule of fees based on DDB Board Regulation No. 1 Series of 2019 shall be followed:
 - a. Physician: Two thousand pesos (Php 2,000.00)
 - b. Other Drug Rehabilitation Practitioner: One thousand pesos (Php 1,000.00)
 - c. No fees shall be collected for the provisional accreditation of physicians.
5. After the evaluation of a complete application, the applicant shall pay the amount reflected in the Order of Payment at the DOH/CHD cashier. The application and other documentary requirements with a copy of the official receipt shall be submitted to HFSRB/CHD. The DOH-COA shall be issued within seven (7) working days.
6. If the application is not complete, the applicant shall be given thirty (30) days to submit all the lacking documents. However, in the event that the applicant failed to comply within the given period, it shall be a ground for denial of application and the payment shall also be forfeited.

Annual cut-off dates for the application for initial and renewal of Certificate of Accreditation shall follow the provisions prescribed in **Administrative Order No. 2019-0004** dated April 30, 2019, titled "*Guidelines on the Annual Cut-off Dates for Receipt of Complete Applications for Regulatory Authorizations Issued by the Department of Health*".

TRANSITORY PROVISION

1. A new accreditation number shall be issued to all drug rehabilitation practitioners.
2. All physicians and other center personnel/drug rehabilitation practitioners previously accredited by the Dangerous Drugs Abuse and Prevention Treatment Program (DDAPTP) of the Department of Health, shall apply at the HFSRB until November 15, 2020.
3. A registry of the accredited drug rehabilitation practitioner shall be maintained by the Bureau.



VI. VIOLATIONS AND SANCTIONS

Violations of the guidelines stated herein, and related policies or laws shall be the bases for suspension/revocation of the DOH-COA.

Violation	Sanction
1. Failure to inform HFSRB/CHD through writing within 7 days, in case of transfer to another permanent official station	1 st offense - Stern warning 2 nd offense - Suspension of accreditation for six (6) months to (1) one year 3 rd offense - Revocation of accreditation
2. Issuance of Pre-signed DDE by the drug rehabilitation physician	1 st offense - Stern warning 2 nd offense - Suspension of accreditation for six (6) months to (1) one year 3 rd offense - Revocation of accreditation
3. Issuance of False or Fraudulent DDE	Immediate revocation of accreditation
4. Allows other drug rehabilitation practitioner to use his/her COA	Immediate revocation of accreditation
5. Failure to renew COA on time.	
Less than or equal to three (3) months expired	For processing of renewal upon payment of 100% surcharge and gap in the validity of authorization
More than three months expired	Non-renewal of COA but can apply as initial.

Once revoked, the DRP is prohibited from applying for accreditation for a period of one (1) year.

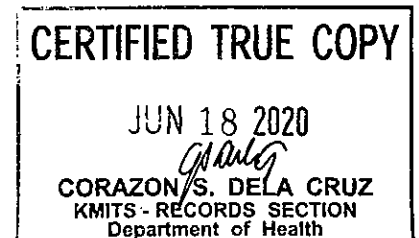
VII. APPEAL

Any drug rehabilitation practitioner aggrieved by the decision of HFSRB or CHD may, within fifteen (15) days after receipt of the notice of decision file a notice of appeal to the Head of Office of the Health Regulation Team (HRT). All pertinent documents and records of the applicant shall then be elevated by the HFSRB or CHD to the HRT. The decision of the Head of HRT if still contested maybe brought on a final appeal to the Secretary of Health whose decision shall be final and executory.

VIII. VALIDITY

The validity of the issued certificate shall be as follows:

1. Physician
 - a. Provisional COA - two (2) years
 - b. Certificate of Full Accreditation - five (5) years
2. Other drug rehabilitation practitioners/Non-physicians - five (5) years.



IX. REPEALING CLAUSE

Issuances that are inconsistent with or contrary to the provisions of this Circular are hereby rescinded or modified accordingly.

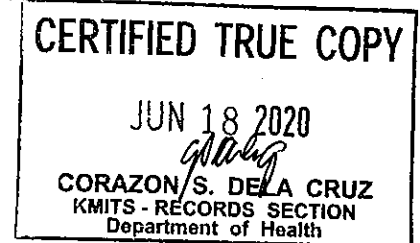
X. EFFECTIVITY

This guideline shall take effect immediately.

Dissemination of the information to all concerned is requested.

By Authority of the Secretary of Health

gr
MARIA ROSARIO SINGH-VERGEIRE, MD, MPH, CESO IV
OIC-Undersecretary of Health
Health Regulations Team





Application for the Accreditation of Drug Rehabilitation Practitioners

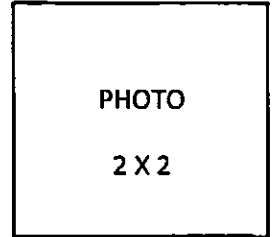
Republic of the Philippines
Department of Health
HEALTH FACILITIES AND SERVICES REGULATORY BUREAU

Name: _____
Last Name First Name Middle Name

Sex: Male Female

Address: _____
No. & Street Barangay District

City/Municipality Province



Business Address/
Permanent Official Station*: _____

Contact Number: _____ E-mail Address: _____

Highest degree/educational completed: _____

Type of Application:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Type of Drug Rehabilitation Practitioner:	<input type="checkbox"/> Physician	<input type="checkbox"/> Non-physician
	<input type="checkbox"/> Full Accreditation	<input type="checkbox"/> Provisional Accreditation

Documents	New	Renewal
Physician		
1. Acknowledgement (notarized)		
2. Certificate of Training: Provisional Accreditation: "Training Course on the Provisional Accreditation of Physicians on the Screening and Assessment of Drug Dependence (Module 1.0)" Full Accreditation: "Training Course on the Provisional Accreditation of Physicians on the Management and Rehabilitation of Drug Dependence (Module 2.0)" or "Basic Training Course on the Assessment and Management of Drug Dependence for Physicians" For Psychiatrist & Addiction Medicine Specialist: "Training on Drug Rehabilitation-related Policies for Psychiatrists and Addiction Medicine Specialists"		XXXXXXX
3. Certified True Copy of valid PRC ID		XXXXXXX
4. Certificate of Employment (if applicable)		
5. For Psychiatrist: Photocopy of Board Certificate from Philippine Psychiatric Association For Board Eligible: Photocopy of Certificate of Completion of the Residency Training For Addiction Medicine Specialist: Photocopy of Board Certificate from the Philippine College of Addiction Medicine		XXXXXXX
6. Certificate(s) of Continuing Education/Training related to Treatment or Management of Drug Dependents	XXXXXXX	
Non-physician		
1. Acknowledgement (notarized)		
2. Certificate of Basic Training Course on the Assessment and Management of Drug Dependents for Rehabilitation Practitioners		XXXXXXX
3. Certified True Copy of valid PRC ID, if applicable		
4. Certificate of Employment or its equivalent that the practitioner is actively involved in the program/clinical management of drug dependents for at least one (1) year		XXXXXXX
5. Certificate(s) of Continuing Education/Training related to Treatment or Management of Drug Dependents	XXXXXXX	

Note: Please refer to www.hfsrb.doh.gov.ph for other details of the requirements.

*Permanent Official Station is the geographic location or address where the official/employee normally reports for duty and/or spends the majority of his/her practice and must be designated as such in writing by the employer.

Acknowledgement

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____)S.S.

I, _____, of legal age, _____, a resident of
Name Civil Status Age

_____, after having been sworn in accordance with law
Address

hereby depose and say that I am executing this affidavit to attest the completeness and truth of the foregoing information and the attached documents required for the accreditation pursuant to existing rules and regulations. That the undersigned is aware and informed that any misrepresentation, falsification/deception herein can cause the denial of my application.

Signature

Before me, this _____ day of _____, 20__ in the City/Municipality of _____, Philippines, personally appeared the above afficant with Community Tax Certificate No. _____ issued on _____ at _____. Known to me to be the same person who executed the foregoing instrument and he/she acknowledge to me that the same is their free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hands this _____ day of _____, 20__.

Doc No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC
My Commission Expires
Dec. 31, 20__