

**STROKE SOCIETY OF THE PHILIPPINES AND  
WORLD STROKE ORGANIZATION  
STROKE CENTER CERTIFICATION PROGRAM**

*"Strengthening the Nation Through Certified Excellence in Stroke Care."*



SSP-CERT-FORM-05

**Hospital Certification Application Form**

*Completed by the applying hospital and submitted with the full application package*

**PURPOSE**

Formal application for SSP ASRH and SSP–WSO Stroke Center Certification. Must be completed in full and signed by the Chief Executive Officer / Medical Director.

**SUBMISSION**

Email to [certifications.ssp@gmail.com](mailto:certifications.ssp@gmail.com) (CC: [ssp\\_secretariat@yahoo.com](mailto:ssp_secretariat@yahoo.com)). Tier 2 and 3 applicants must complete application via the WSO portal: [world-stroke.org/stroke-center-certification](http://world-stroke.org/stroke-center-certification).

**A HOSPITAL INFORMATION**

Hospital Name

Complete Hospital Address

City / Municipality

Province / Region

Hospital License Number

PhilHealth Accreditation Number

DOH Accreditation Level

Hospital Type

Government / Public

Private

Other: \_\_\_\_\_

Total Number of Hospital Beds

Number of ICU Beds

Number of Stroke Unit Beds (if any)

**B CONTACT PERSONS**

Role/Position	Name	Contact Number / Email Address
Chief Executive Officer		
Hospital Stroke Coordinator		
Medical Director / Chief of Medical Staff		
Head of Emergency Department		
Lead Neurologist / Head of Acute Stroke Team		

## C CERTIFICATION DETAILS

Certification Tier Applied	<input type="checkbox"/> Tier 1 (SSP-Certified ASRH)
	<input type="checkbox"/> Tier 2 (Essential Stroke Center)
	<input type="checkbox"/> Tier 3 (Advanced Stroke Center)
Application Type	<input type="checkbox"/> Initial Certification <input type="checkbox"/> Recertification
Previous Certification Expiry Date	
BEST-PH Level I Training Date	
BEST-PH Level II Training Date (Tier 2 / 3)	
WSO Portal Application Reference No. (Tier 2 / 3)	

## D DOCUMENT SUBMISSION CHECKLIST

Tick each item to confirm it is included in the application package.

Document Required	Included <input type="checkbox"/>
Letter of Intent: signed by CEO/MD on official hospital letterhead	<input type="checkbox"/>
Attestation Letter: signed by CEO/MD, confirming accuracy of all submitted documents	<input type="checkbox"/>
Completed Hospital Certification Application Form (this form)	<input type="checkbox"/>
Proof of certification fee payment	<input type="checkbox"/>
All Key Element documents	<input type="checkbox"/>
[Tier 2 / 3] WSO portal submission confirmation and application reference number	<input type="checkbox"/>
[Tier 2 / 3] Minimum 12 months of registry data uploaded to WSO portal	<input type="checkbox"/>
[Tier 3 only] Minimum 12 months of registry data uploaded to WSO portal	<input type="checkbox"/>
All files compiled as PDFs using the correct file naming convention	<input type="checkbox"/>

## E DECLARATION AND ATTESTATION

**I, the undersigned Chief Executive Officer/Medical Director, hereby declare and confirm that:** (1) all information and documents submitted are true, accurate, and current; (2) the hospital meets the requirements for the tier applied for; (3) I authorize the SSP and WSO to verify submitted documents and conduct a site visit; and (4) the hospital commits to maintaining all required standards throughout the full certification validity period. I understand that submission of false information may result in immediate disqualification or revocation of certification.

Signature over Printed Name	
Date	
Position / Title	
Official seal (affix here)	