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 (CC: ssp_secretariat@yahoo.com). Tier 2 and 3 applicants must complete application via the WSO portal: 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	☐ Tier 1 (SSP-Certified ASRH) ☐ Tier 2 (Essential Stroke Center) ☐ Tier 3 (Advanced Stroke Center)
Application Type	☐ Initial Certification ☐ 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 ☐
Letter of Intent: signed by CEO/MD on official hospital letterhead	☐
Pre-Application Self-Assessment Checklist Form	☐
Hospital Application Certification Form	☐
Document submission Checklist Form	☐
All support documents compiled in one PDFs using the correct file naming convention	☐
Proof of certification fee payment	☐
[Tier 2 / 3] WSO portal submission confirmation and application reference number	☐
[Tier 2 / 3] Minimum 12 months of registry data uploaded to WSO portal	☐
[Tier 3 only] Minimum 12 months of registry data uploaded to WSO portal	☐

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)	