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-07

Regional Certification Status Report

Submitted quarterly by the Regional Stroke Coordinator to the SSP Committee on Certification

FREQUENCY
Submit within 10 working days after the end of each quarter: Q1 (31 March), Q2 (30 June), Q3 (30 September), Q4 (31 December).

A REPORTING PERIOD

Quarter	☐ Q1 Jan–Mar	☐ Q2 Apr–Jun	☐ Q3 Jul–Sep	☐ Q4 Oct–Dec
Year				
Regional Stroke Coordinator Name				
Region				
Date of Report				

B HOSPITAL STATUS REGISTER

B1 – Hospitals with Active Applications

Hospital Name	Ref. No.	Tier Applied	Current Stage	Target Decision

B2 – Certified Hospitals Under Active Monitoring

Hospital Name	Tier	Cert. Date	Expiry	KPI Upload	Issues/Notes
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

B3 – Hospitals Due for Recertification (Next 6 Months)

Hospital Name	Current Tier	Expiry Date	Contacted?	Application Submitted?
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No

C ACTIVITIES THIS QUARTER

	Date(s)	Hospitals / Participants
Pre-application consultations conducted		
Preliminary assessment reports submitted		
Site visits participated in or observed		
Semi-annual hospital check-in calls completed		
BEST-PH trainings facilitated or attended		
Other activities (describe below):		

D ISSUES AND RECOMMENDATIONS

Regional challenges, concerns, or issues noted this quarter:
Recommendations to the SSP Committee on Certifications:

E RSC DECLARATION

RSC Signature over Printed Name	
Date Submitted	