



# HEALTH FACILITY REGISTRATION BUREAU

## APPLICATION FOR LICENSE TO OPERATE

Name of Health Facility or Service Provider: VISAYAS STATE UNIVERSITY HOSPITAL  
Address: Pangasugan

No. & Street Visca

City/Municipality Barangay  
Baybay City Leyte

Province Region

Type of Health Facility or Service: [ ] Ambulatory Surgical Clinic

Services:

- ☐ colorectal surgery  
☐ general surgery  
☐ ophthalmologic surgery  
☐ oral and maxillo-facial surgery  
☐ orthopedic surgery

- ☐ otolaryngologic surgery  
☐ pediatric surgery  
☐ plastic and reconstructive surgery  
☐ reproductive health surgery  
☐ thoracic surgery  
☐ urologic surgery

- ☐ Birthing Home  
☐ Blood Bank  
☐ Clinical Laboratory  
☐ Dental Laboratory  
☐ Dialysis Clinic  
☐ HIV Testing Laboratory  
☐ Hospital

Function:

- ☐ General ☐ Level 1 ☐ Level 2 ☐ Level 3  
☐ Specialty, Specify \_\_\_\_\_

- ☒ Infirmary  
☐ Psychiatric Care Facility

- ☒ Ambulance Service Provider ☐ acute chronic

☐ custodial

Telephone No.: 053-5639196 Fax No.: \_\_\_\_\_ E-mail Address: usher@vsu.edu.ph

Head of the Facility/Medical Director: ELWIN JAY V. YU, MD, MPH

Owner: VISAYAS STATE UNIVERSITY

Classification According to:

Ownership:  
Institutional Character:

- ☐ Government  
☐ Institution-based

- ☐ Private  
☐ Non Institution-based

Status of Application:

- ☐ Initial

- ☒ Renewal

Authorized Bed Capacity (ABC): 10 License No. 08-074-21-J-1  
Validity Jan 1- Dec 31, 2021

Please tick (x) the appropriate boxes below and provide necessary documents. Item shaded is not required.

	Documents	Initial	Renewal
1. Acknowledgement (notarized)			/
2. List of Personnel (use ANNEX A)			/
3. List of Equipment/Instrument (use ANNEX B)			/
4. List of Ancillary Services (ANNEX C - for Hospital)		NA	/
5. Application Form (for Medical X-ray Facility)			/
6. Application Form (for Hospital Pharmacy)			NA
7. Health Facility Geographic Form (Location Map)			XXXXXXXXXX
8. Photographs of the exterior and interior of the health facility			XXXXXXXXXX
9. Annual Statistical Report (where applicable)		XXXXXXXXXX	/

Note: Please refer to [www.mhsrb.doh.gov.ph](http://www.mhsrb.doh.gov.ph) Application Form for other ancillary services

ELWIN JAY V. YU, MD, MPH  
Name and Signature of Applicant

12-04-2021  
Date of Application