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|  | **Professional Regulation Commission** |
| **APPLICATION FORM FOR ACCREDITATION OF DENTAL SPECIALTY SOCIETIES / ORGANIZATIONS OF DENTAL SPECIALISTS** |

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| **Part I. General Information** | | | |
| Name of Dental Specialty / Organization of Dental Specialists: | | | |
| Address: | | | |
| SEC Registration No. | | Accreditation No.: (for renewal) | |
| Tel. No.: | | Fax No. | |
| Email Address: | | Website: | |
| Branches / Sub-Offices, if any: | | | |
| **Part II. Officers** (Pls. use additional sheet, if necessary) | | | |
| Full Name of Organizers / Officers | | Registration No. | Position in the Organization |
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| **Part III. Members**  (Pls. use additional sheet, if necessary) | |  |  |
| Full Name of Members | | Registration No. | Position in the Organization |
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| **Part IV. Acknowledgment** | | | |
| I HEREBY CERTIFY that the above information given are true and correct to the best of my knowledge and belief. I further authorize PRC and other agencies to investigate the authenticity of all the documents presented.  I agree to the PRC Privacy Notice and give my consent to the collection and processing of my personal data in accordance thereto.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name and Signature of President Date | | | |
| **Registration Section:**  (Verification of License/s listed above) | **Legal Service – Hearing and Investigation Division:**  (Clearance of no derogatory record) | | |
| **Cash Section:**  Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  O.R. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Regulation Division:**  Processed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Reviewed by:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Chief, Regulation Division, Region: \_\_\_\_\_ | | | |
| **ACTION BY THE BOARD OF DENTISTRY**  Approved  Disapproved  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_  Chairman  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Member Member  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Member Member | | | |

**PROCEDURE FOR ACCREDITATION OF DENTAL SPECIALTY SOCIETIES /**

**ORGANIZATIONS OF DENTAL SPECIALISTS**

Step 1. Secure application form at the Regulation Division of the nearest PRC Regional Office or download at [www.prc.gov.ph](http://www.prc.gov.ph).

Step 2. Fill-out application form then proceed to Regulation Division processing window for evaluation and assessment.

Step 3. Proceed to Registration Section for verification of license/s.

Step 4. Proceed to Legal Service – Hearing and Investigation Division for clearance of no derogatory record.

Step 5. Proceed to Cash Section for the payment of Accreditation Fee of P2,000.00

Step 6. Submit application form with all the required documents and official receipt to the Regulation Division designated window.

Step 7. Verify your application after \_\_\_\_\_\_ days form the time of submission.

**CHECKLIST OF REQUIREMENTS**

All organizers and members of the dental specialty society or the organization of specialty societies at the time of the filing of the applications for recognition must have the following:

1. Photocopy of valid certificates of registration.

2. Photocopy of valid Professional Identification Card/s (PICS)

All organizers and members of the organization of dental specialists at the time of filing of the application for recognition thereof shall be members of the accredited integrated national association of dentists, dental hygienists and dental technologists in the Philippines.

3. Photocopy of Member Card / Certificate of Good Standing

The organizers or officers applying for the specialty recognition shall submit necessary credentials pertaining to the specialty training beyond undergraduate level. This could be **any of the following**:

4. Authenticated copies of diploma/s for a Doctor of Philosophy pertaining to the specialty training in a recognized dental school / college / university in the Philippines or outside the Philippines.

5. Authenticated copies of diploma/s for a Master Degree pertaining to the specialty training in a recognized dental school / college / university in the Philippines or outside the Philippines.

6. Certificate attesting to a minimum of two years (2) training on the specific specialty in a recognized dental school / college / university or outside the Philippines.

7. Certificate attesting to a minimum of two (2) years training in a duly accredited dental school / college / university or hospital in the Philippines or outside the Philippines **AND**

7.1. Ten (10) years teaching experience in a recognized and duly accredited school / college/ university or hospital in the said field of specialty **AND**

7.2. At least five (5) recommendations given by recognized specialists in the field attesting to the competence **AND**

7.3. At least ten (10) years of practice of the bearer in the said specialty.

8. Certificate of Diplomat recognition given by a reputable and recognized national and/or local organization for the said specialty. There shall only be one specialty board for each specialty field of dentistry accredited by the Board of Dentistry subject to approval by the Professional Regulation Commission.

9. Authenticated copy of Articles of Incorporation and By-Laws approved by the Securities and Exchange Commission (SEC)

10. Payment of the accreditation fee in cash, postal money order, manager/s check or bank draft payable to the Professional Regulation Commission amounting to Two Thousand Pesos (P2,000.00)

**In case of Renewal:**

11. Renewal fee shall be paid on a yearly basis after the approval of the accreditation of the specialty board.

12. Authenticated copy of Articles of Incorporation and By-Laws approved by the Securities and Exchange

Commission (SEC)

13. List of new set of officers

14. Photocopy of current Professional Identification Cards (PICS)

15. Photocopy of Member cards to the accredited Integrated National Association of Dentists, Dental Hygienists and Dental Technologists

**Additional Requirements:**

16. Two (2) pcs. documentary stamps to be affixed to the Certificate of Accreditation.

17. Short Brown Envelope