



Republic of the Philippines
Department of Health
Food and Drug Administration
**CENTER FOR DEVICE REGULATION,
RADIATION HEALTH, AND RESEARCH**



**CHECKLIST OF REQUIREMENTS FOR INITIAL ISSUANCE / RENEWAL OF
A CERTIFICATE OF REGISTRATION (COR) OF A MAGNETIC RESONANCE IMAGING FACILITY**

<input type="checkbox"/>	1.	Duly accomplished MRI registration form (2 copies).
<input type="checkbox"/>	2.	Registration application fee (PHP 2000.00/machine for initial and PHP 1000.00/machine for renewal). For mailed applications, Company's Check or Manager's Check shall be payable to the FOOD AND DRUG ADMINISTRATION (PMO Address: Alabang, Muntinlupa City) .
<input type="checkbox"/>	3.	Photocopy of the <i>VALID</i> Professional Regulation Commission (PRC) license of all the radiologist/s and radiologic technologist/s.
<input type="checkbox"/>	4.	Photocopy of the certificate of all the radiologist/s for being a Fellow of the Philippine College of Radiology (FPCR) or Diplomate of the Philippine Board of Radiology (DPBR). (FOR RENEWAL APPLICATION WITH NO CHANGES ON CURRENT RADIOLOGIST/S, THIS REQUIREMENT IS OPTIONAL)
<input type="checkbox"/>	5.	Photocopy of the PRC board certificate of all the radiologic technologist/s. (FOR RENEWAL APPLICATION WITH NO CHANGES ON CURRENT RADIOLOGIC/X-RAY TECHNOLOGIST/S, THIS REQUIREMENT IS OPTIONAL)
<input type="checkbox"/>	6.	Photocopy of valid notarized contract of employment of all the radiologist/s and radiologic technologist/s. The CDRRHR recommends that the contract be valid for at least one year.
<input type="checkbox"/>	7.	Photocopy of the business/mayor's permit or SEC/DTI registration of the facility. (FOR INITIAL/VARIATION APPLICATION ONLY)
<input type="checkbox"/>	8.	Photocopy of the latest Certificate of Registration. (FOR RENEWAL APPLICATION ONLY)
<input type="checkbox"/>	9.	Radiofrequency/Magnetic Field map. (FOR INITIAL APPLICATION ONLY)

Notes:

1. The surcharge/penalty for late filing of the renewal of LTO will be assessed pursuant to the Implementing Rules and Regulations (Book II, Article I Section 3.A.2) of RA 9711 and to the FDA Circular No. 2011-004 as follows:

"An application for renewal of an LTO received after its date of expiration shall be subject to a surcharge or penalty equivalent to twice the renewal licensing fee and an additional 10% per month or a fraction thereof of continuing non-submission of such application up to a maximum of one hundred twenty (120) days. Any application for renewal of license filed thereafter shall be considered expired and the application shall be subject to a fee equivalent to the total surcharge or penalty plus the initial filing fee and the application shall undergo the initial filing and evaluation procedure."

2. Pursuant to FDA Circular No. 2011-003, a Legal Research Fee (LRF) amounting to "one percent (1%) of the filing fee imposed, but in no case lower than ten pesos" shall be collected.
3. Incomplete requirements shall not be processed.
4. For initial/renewal application, fee paid shall be forfeited when the facility fails to comply with the licensing requirements within 60 days upon proper notice from the CDRRHR.



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**APPLICATION FORM FOR A CERTIFICATE OF REGISTRATION OF A
 MAGNETIC RESONANCE IMAGING FACILITY**

General Instructions: Write legibly and in BLOCK letters. Put an "x" mark on appropriate tick box. Completely fill-up the required information and signatures. The CDRRHR will not receive and process unduly filled-up application forms. For requirements, please refer to the attached checklist.

TYPE OF AUTHORIZATION <input type="checkbox"/> New application <input type="checkbox"/> Renewal of COR <input type="checkbox"/> Amendment to existing COR# _____ Reason/s for amendment: _____		<i>For CDRRHR use</i> DTN No: _____ <input type="checkbox"/> Thru mail <input type="checkbox"/> Walk-in Fee Paid PHP: _____ O.R # _____ Date Paid _____ Assessed by: _____ Date : _____ Evaluated by: _____ Date: _____ Status of the Facility: _____ _____ Action taken : _____ _____ _____ _____ _____ Checked by: _____ Date: _____ Printed by: _____ Date: _____ Recommending Approval: _____ Date: _____ Encoded by: _____ Date: _____
I General Information Name of Facility : _____ Facility Address : _____ Contact No./s : _____ Name and Address of the Applicant, Legal Person, Company, Organization, etc. Name : _____ Position/Designation : _____ Address : _____ Contact No./s: _____ Email Address : _____		
II Name and qualifications of the personnel working in the MRI facility		
Head of the Facility (Radiologist) : Name : _____ Qualification : <input type="checkbox"/> FPCR <input type="checkbox"/> DPBR <input type="checkbox"/> Others: _____ PRC ID#/ Validity : _____ SIGNATURE: _____	Chief Radiologic Technologist : Name : _____ PRC ID#/Validity : _____ SIGNATURE: _____	
III Declaration of the veracity of information: To be signed by the legal person/owner I hereby declare that all the information provided on the form and in support of this application is to the best of my knowledge complete and true in every particular. <div style="text-align: right;"> _____ Printed Name and Signature Position: _____ Date: _____ </div>		



IV Equipment Specifications

Manufacturer	Model	Magnetic Field Strength (Tesla)	System Serial No.	Location

V Name and qualifications of other radiologists and radiologic technologists working in the MRI facility

Name	Designation	Qualification	PRC License	Validity	Signature

Please use separate sheet if necessary