



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

Documentary requirements for the conduct of Foreign Surgical and Medical Missions

1. Letter of Request

Indicate type (medical, surgical, dental), date and exact venue of mission.

Please address the letter to:

ANNA CELINA MARIE G. GARFIN, MD, MM

Director IV

Bureau of International Health Cooperation

Building 3, San Lazaro Compound, Sta.

Cruz Manila, Philippines

Contact details:

Telephone No. (63 2) 8651 7800 local 1315-1316

Email address: bihc@doh.gov.ph, cc: fdsmm@doh.gov.ph

2. Mission Plan or Schedule

Indicate program and/or list of areas where the activities will be conducted

3. Special Temporary Permits (STPs)

Provide copies of STP Resolutions as issued by the Professional Regulation Commission

4. Letter of Acceptance/Confirmation from the Local Partner

Confirm to DOH-BIHC the place, date and duration of mission. Include a list of all members of the mission. Please address the letter to:

ANNA CELINA MARIE G. GARFIN, MD, MM

Director IV

Bureau of International Health Cooperation

5. Post Mission Report

Submit to DOH Representative (Regional Office) a post-mission report within 15 days after the mission for onward transmittal to DOH-BIHC