
**APPLICATION FOR REGISTRATION OF A PUBLIC MEDICAL
INSTITUTION (HEALTHCARE FACILITIES)**

YEAR _____

PART 1: BASIC FACILITY INFORMATION

1. Name of Public Health Facility: _____

2. Level of Care: (Tick one)

2.1. Primary Health Care Unit (PHCU)

2.2. Primary Health Care Centre (PHCC)

2.3. County Hospital

2.4. State Hospital

2.5. Teaching Hospital

2.6. National/Specialist Hospital

2.7. Other (Specify): _____

3. Physical Address (Location):

County: _____ Payam: _____ Boma: _____

Street/Block No: _____

Town: _____ State: _____

Telephone No. _____ Mobile: _____

Email: _____

4. Administrative Reporting Line:

4.1. Ministry of Health (National)

4.2. State Ministry of Health



4.3. County Health Department

4.4. Other: _____

5. Date of Facility Establishment by Government:

___/___/____ (DD/MM/YYYY) (Attach establishment circular/letter)

6. Facility In-Charge/Manager:

Name: _____

Title: _____

SSGMC Registration No: _____

Contact: _____ Email: _____

PART 2: GOVERNMENT AUTHORIZATION DOCUMENTS

7. The following documents are MANDATORY for public facilities (attach certified copies):

7.1. Government Establishment Letter/Circular: Official letter from MOH/State Health Ministry authorizing creation of facility.

7.2. County/State Health Department Cover Letter: Letter of transmittal from supervising health authority.

7.3. Facility Staff Establishment Structure: Approved staff positions from Public Service Commission.

7.4. Annual Work Plan and Budget Approval: Evidence of inclusion in government health sector plan.

7.5. Integration into Government Systems Confirmation:

Integrated into government payroll system

Receives supplies from Medical Stores

Part of HMIS reporting system



7.6. Public Asset Registration: Documentation showing facility is registered as government property.

PART 3: FACILITY SERVICE CAPACITY

8. Services Offered: (Tick all applicable)

- 8.1. Outpatient Services
- 8.2. Inpatient Admission
- 8.3. Maternal & Child Health
- 8.4. Immunization (EPI)
- 8.5. Laboratory Services
- 8.6. Pharmacy/Dispensary
- 8.7. Surgical Services
- 8.8. Emergency Services
- 8.9. TB Services
- 8.10. HIV/AIDS Services
- 8.11. Mental Health Services
- 8.12. Other: _____

9. Bed Capacity:

Word/ Type	Male	Female	Total	Remarks
General (OPD)				
Medical				
Surgical				
Maternity				
Pediatrics				
Nursery Incubators				



Isolation				
ICU/CCU				
Total				

PART 4: HUMAN RESOURCES

10. Staff Complement: (Attach detailed roster with names, qualifications, registration numbers, and deployment letters)

Cadre	Approved Establishment (Human Resources)	Currently Deployed	Vacant Positions	Remarks
Specialists				
Medical Doctors				
Dentists				
Pharmacists				
Clinical Officers				
Nurses/Midwives				
Lab Technologists				
Other Allied				
Support Staff				
Total				

PART 5: INFRASTRUCTURE AND EQUIPMENT

11. Physical Infrastructure Status:

- 11.1. [] Building owned by government
- 11.2. [] Adequate water supply
- 11.3. [] Power supply (grid/generator/solar)
- 11.4. [] Functional incinerator/waste pit
- 11.5. [] Functional latrines/toilets
- 11.6. [] Ambulance service available
- 11.7. [] Mortuary facilities

12. Key Equipment Inventory: (Attach detailed list)

- 12.1. [] Sterilization equipment functional
- 12.2. [] Laboratory equipment functional
- 12.3. [] Surgical sets complete
- 12.4. [] Delivery kits available
- 12.5. [] Emergency resuscitation equipment
- 12.6. [] Refrigerators for vaccines

PART 6: SUPPORTING DOCUMENTS CHECKLIST

13. All public facilities must attach the following:

A. GOVERNMENT DOCUMENTS:

- 13.1. [] Establishment/creation circular
- 13.2. [] Cover letter from supervising health authority
- 13.3. [] Staff deployment lists with letters
- 13.4. [] Proof of integration into government systems (payroll, supply chain)
- 13.5. [] Annual operating budget approval

B. PROFESSIONAL DOCUMENTS:

- 13.6. [] Staff registration certificates with the respective councils
- 13.7. [] Current practicing licenses for all professionals
- 13.8. [] Floor plan of facility

C. HEALTH SYSTEM DOCUMENTS:

- 13.9. [] HMIS reporting records (last 3 months)
- 13.10. [] Medical stores requisition and issue vouchers
- 13.11. [] Waste management plan
- 13.12. [] Infection prevention protocol

D. FACILITY DOCUMENTS:

- 13.13. [] Equipment inventory list
- 13.14. [] Ambulance registration (if applicable)
- 13.15. [] Public health clearance certificate

PART 7: DECLARATIONS

A. Declaration by Facility In-Charge:

I, _____, as the In-Charge of _____, hereby declare that:

- 1. All information provided in this application is true and correct.
- 2. This facility operates as part of the Government of South Sudan health system.
- 3. We comply with all MOH policies, guidelines, and reporting requirements.
- 4. We shall allow SSGMC officials to inspect the facility at any time.

Signature: _____

Date: _____

Stamp of Facility



B. Authorization by Supervising Health Authority:

This is to certify that the above-named facility is a legitimate government health facility under our supervision and is recommended for registration with SSGMC.

Name of Authority: _____

(County Health Department/State MOH)

Name of the Director: _____

Signature: _____

Date: _____

Official Stamp: _____

For Official Use:

Verified by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Recommended by:

Name: _____ Designation: _____

Signature: _____ Date: _____

Approved

Not Approved

Registration/License No: _____

Name: _____ Designation: _____

Signature: _____ Date: _____