

The Ondo State Contributory Health Scheme HealthCare Providers form is divided into 4 sections namely; **Health Care Facility, Health Facility Details, Staff Complement and Scope of Services**. Kindly fill out every section with all accuracy. This form and every other necessary attachments/document should be submitted via <https://odchc.on.gov.ng/form-submission/>

EVERY SECTION MUST BE FILLED USING CAPITAL LETTERS

Attach a Recent Passport of the **Proprietor**

Important Note

- A. In a situation where you have more staffs than the space provided, kindly compile their names with their respective qualifications and registration number, and scan it alongside this form.
- B. Scan and attach a copy of attestation letter from professional bodies (NMA, PCN, MLSN, NNAMN etc.)
- C. If you are registered with the Corporate Affairs Commission body, also, attach your certificate

Section A | Health Care Facility

The starred (*) questions means that you must answer those particular questions.

1. *Name of the Health Facility

2. *Type of Health Facility (tick the appropriate one that applies to you)

Government Owned

Private for Profit

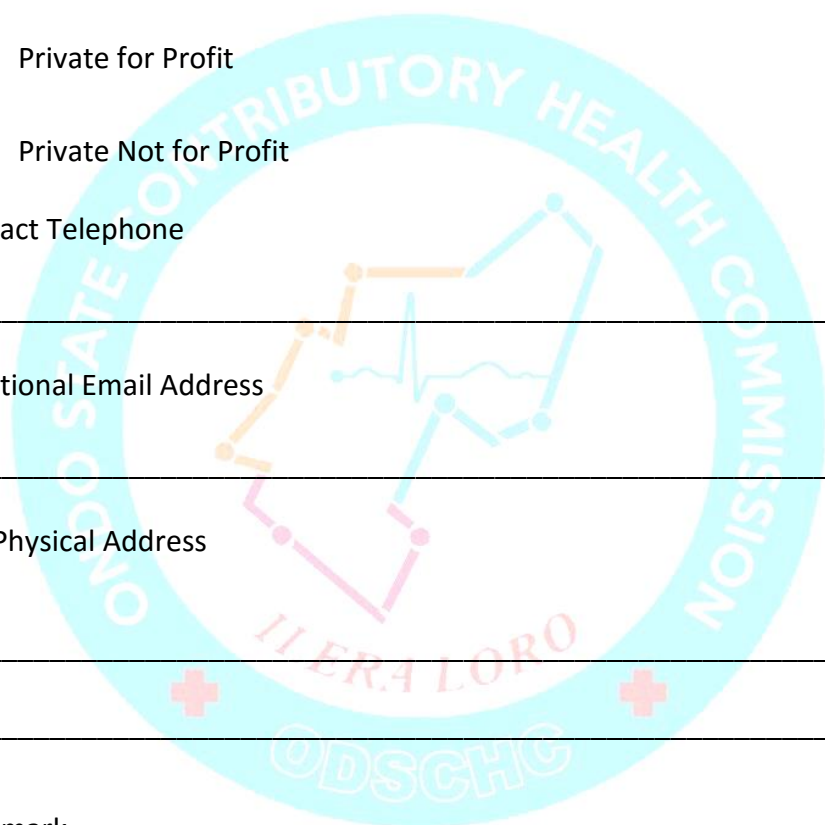
Private Not for Profit

3. *Contact Telephone

4. *Functional Email Address

5. *Full Physical Address

6. *Landmark



7. *Local Government Area [Thick the only applicable **ONE**]

Akoko North East Akoko North West Akoko South East Akoko South West

Akure North Akure South Ese-Odo Ese-Odo Idanre Ifedore Ilaje

Ile-Oluji Irele Odigbo Okitipupa Ondo East Ondo West Ose Owo

8. *Category of Care Applying For (Tick as Applicable)

Primary Health Care Secondary Health Care Tertiary Health Care

9. Name and Composition of Governing Body/Trustee (If Any)

Section B | Health Facility Details

The starred (*) questions means that you must answer those particular questions.

10. *Full name of Proprietor

11. *Highest Qualification of Proprietor

12. *Opening Hours of Business

13. *Type of Building (E.g. Bungalow, Storey Building)

14. *Area of the Building Available for the Institution

15. *Attach 4 Pictures (Premises and Inside) – Use <https://odhc.on.gov.ng/form-submission/> to get this done when you are about to submit your form.

16. *Are there any other Use(s) of the Premises?

Yes No

17. Date of Establishment of the Institution or Proposed Date

Section C | Staff Complement (Please, Fill as Applicable)

The starred (*) questions means that you must answer those particular questions.

18. *Full Name of Health Professional In-Charge

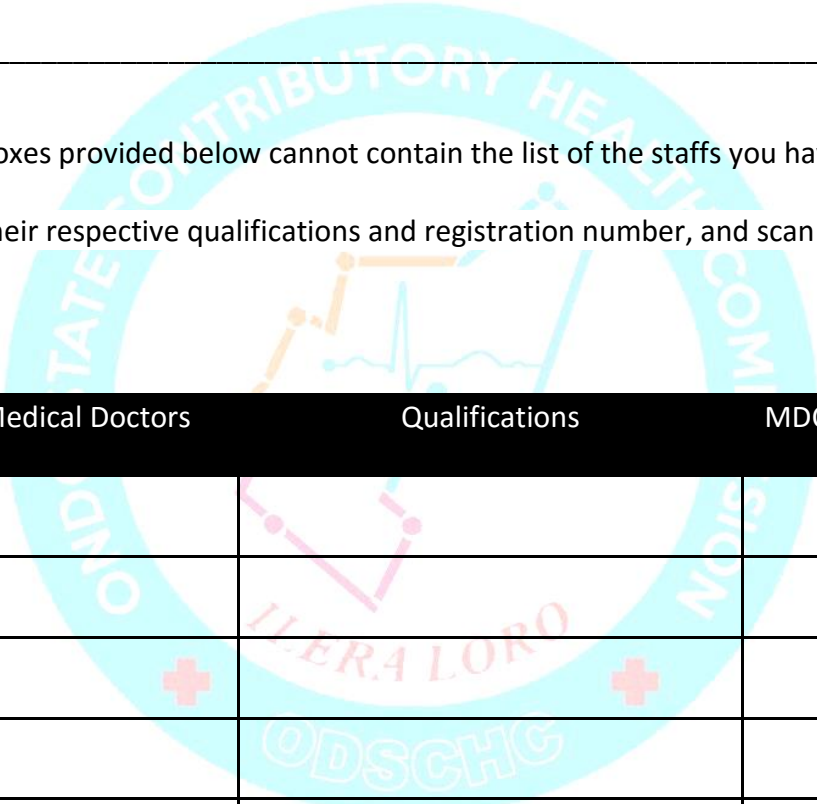
19. *Qualification of Health Professional In-Charge

20. *Date and Registration Number with Relevant Approving Bodies (e.g. MDCN, N & MCN, PCN, Institute of Medical Laboratory Technologist etc.)

21. *Nationality of the Health Professional In-Charge

22. How Many Medical Doctors Do You Have?

Note: If the boxes provided below cannot contain the list of the staffs you have, compile their names with their respective qualifications and registration number, and scan it alongside this form.



No	Names of Medical Doctors	Qualifications	MDCN Registration No. (with Dates)

23. How Many Nurses/Midwives Do You Have?

No	Names of Nurses/Midwives	Qualifications	Registration No with Nursing & Midwifery Council (with Dates)

24. How Many Pharmacists Do You Have?

No	Names of Pharmacists	Qualifications	Registration No. with the Pharmacy Board of Nigeria (with Dates)

25. How Many Laboratory Scientists/Technologists Do You Have?

No	Names of Laboratory Scientist/ Technologists	Qualifications	Registration No. (with Dates)

26. How Many Radiographers Do You Have?

No	Names of Radiographers	Qualifications	Registration No. (with Dates)

27. How Many Physiotherapists Do You Have?

No	Names of Physiotherapists	Qualifications	Registration No. (with Dates)

28. How Many Optometrists Do You Have?

No	Names of Optometrists	Qualifications	Registration No. (with Dates)

29. How Many Hospital Orderlies Do You Have?

No	Names of Hospital Orderlies	Qualifications	Registration No. (with Dates)

30. How Many Attendants Do You Have?

No	Names of Attendants	Qualifications	Registration No. (with Dates)

31. How Many Security Staffs Do You Have?

No	Names of Security Staffs	Qualifications	Registration No. (with Dates)

Section D | Scope of Services to be Rendered (Please, Provide Detailed Information)

The starred (*) questions means that you must answer those particular questions.

32. *Do You Provide Emergency Services?

Yes No

33. *Are Ambulance Services Available?

Yes No

34. *Total Number of Beds in the Facility

35. *Fill in Facility's Distribution of Bed in the Table Below

	Male	Female
Medical		
Surgical		
Maternity		
Pediatrics		
Isolation		

36. *Are Dental Facilities Available?

Yes No

37. *Do You Have a Physiotherapy Clinic?

Yes No

38. *Is there a Gymnasium?

Yes No

39. If YES Above, State the Facilities Available.

40. *Do You Have Medical Laboratory Services?

Yes No

41. If YES Above, Select the Disciplines Available.

A. Hematology

B. Microbiology

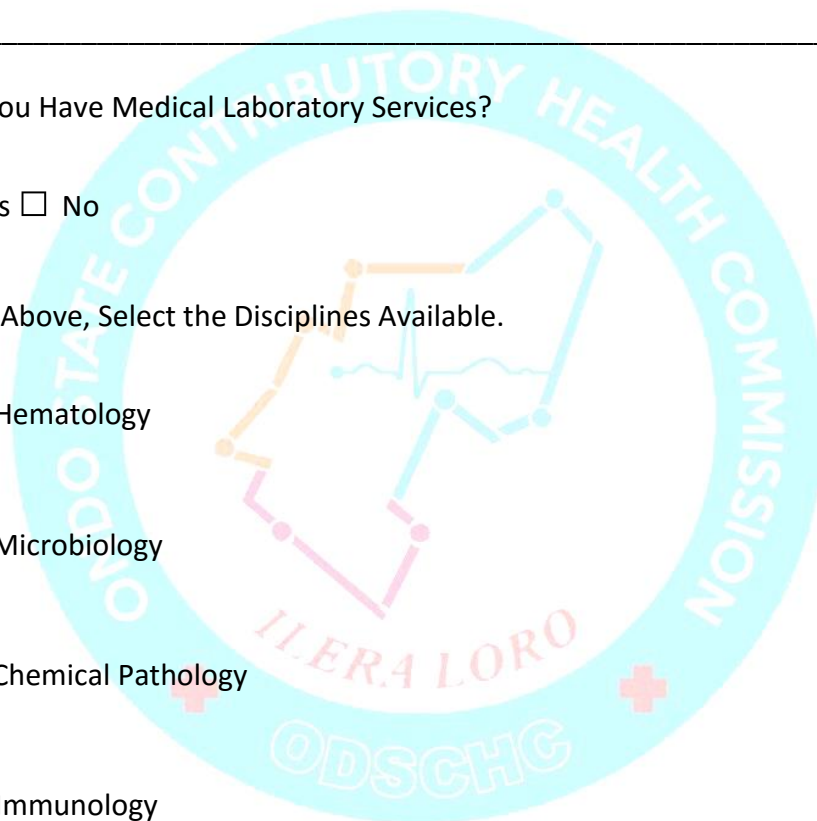
C. Chemical Pathology

D. Immunology

E. Molecular Biology

42. *Is there Provision for Staff Protection?

Yes No



43. If YES Above, State them/it

44. *Do You Render Eye Care Services?

Yes No

45. If YES Above, Please List the

46. *Do You Have Radio-Diagnostics Center?

Yes No

47. If Yes, State the Facilities Available

48. Also, State the Protective Measures Available Regarding Question 46 & 47

49. *Do You Have Radiotherapy Center?

Yes No

50. If Yes, State the Facilities Available

51. Also, State the Protective Measures Available Regarding Question 49 & 50

52. *What Are the Total Number of Toilets Available Within Your Facility?

53. *Facility's Source of Water Supply

54. *Facility's Source of Electricity Supply

55. *Method of Disposal Used

Human Waste _____

Medical Waste _____

Refuse _____

56. *Are You Registered with the Ondo State Ministry of Health?

Yes No

57. If YES Above, Provide Your Registration Number

58. *Do You Have Indemnity Policy Cover?

Yes No

59. If YES Above, Provide Policy Number

60. Provide Us with Your Account Details Below (Optional)

Account Name _____

Account Number _____

**After filling your form with detailed information, scan it, convert it to PDF and submit it at

<https://odhc.on.gov.ng/form-submission/>

Please, do not forget to upload the following as well:

1. Letter of Attestation from Professional Bodies
2. Corporate Affairs Commission Certificate

You should therefore note that **PDF** is the only accepted format for form submission. Any other format will **NOT** be accepted by our system**