



EGUIDE: MAKING CHANGES / AMENDMENTS TO A HEALTHCARE INSTITUTION (HCI) LICENCE

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What you need to do before making changes or amendments to a HCI licence

1. The Authorised Person can make the following changes to a licence issued under the Private Hospitals and Medical Clinics Act for his/her HCI:
 - ✓ HCI Name
 - ✓ Personnel (i.e. Licensee, Authorised Person, MedAlert Responsible Person, Manager / Deputy Manager and Practising Doctors / Dentists)
 - ✓ Location
 - ✓ Cessation

2. Do note that changes can be made at renewal if your licence is due for renewal.

3. If you would like to update information on HCI Directory and HealthHub websites, please refer to our eGuide on [Updating Information on HCI Directory and HealthHub websites](#). If you would like to check licence application status or view e-licence, please refer to our eGuide on [Checking Licence Application Status and Viewing the E-Licence](#).

4. Read through the step-by-step guide in the following pages to familiarise yourself with the information you will be asked to provide.

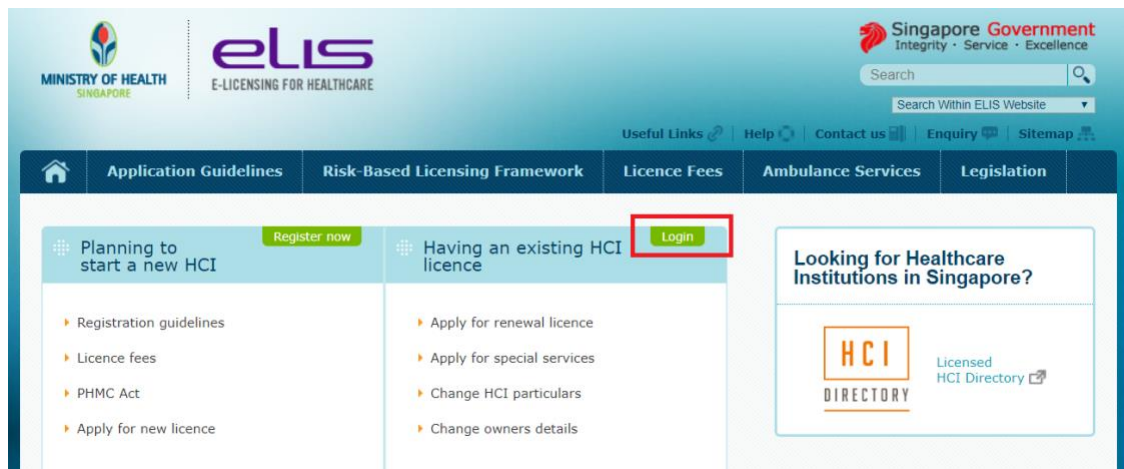
SUPPORT

Technical issues submitting the application online: elishelpdesk@dxc.com.

All other enquiries: eLis@moh.gov.sg.

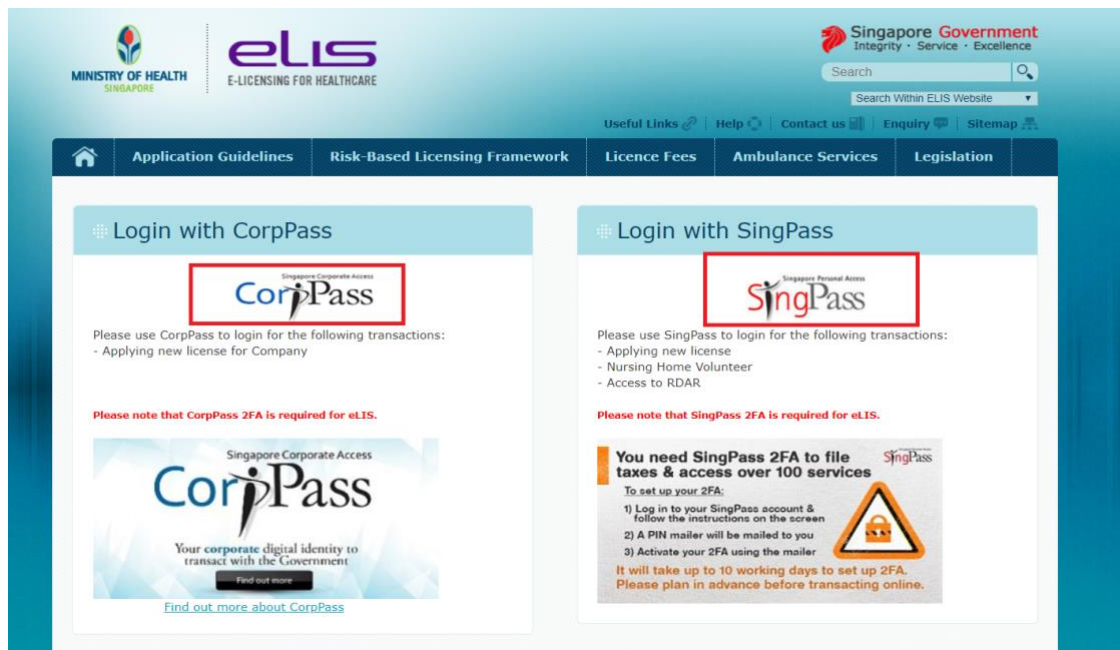
Logging into eLis

1. Go to the eLis website (<https://elis.moh.gov.sg/elis/>) and click “Login”.



2. Log in using CorpPass / SingPass

- a) If you don't have a CorpPass, log in with your SingPass.
- b) Successful applicants will receive a Unique Entity Number (UEN) to apply for a CorpPass account.

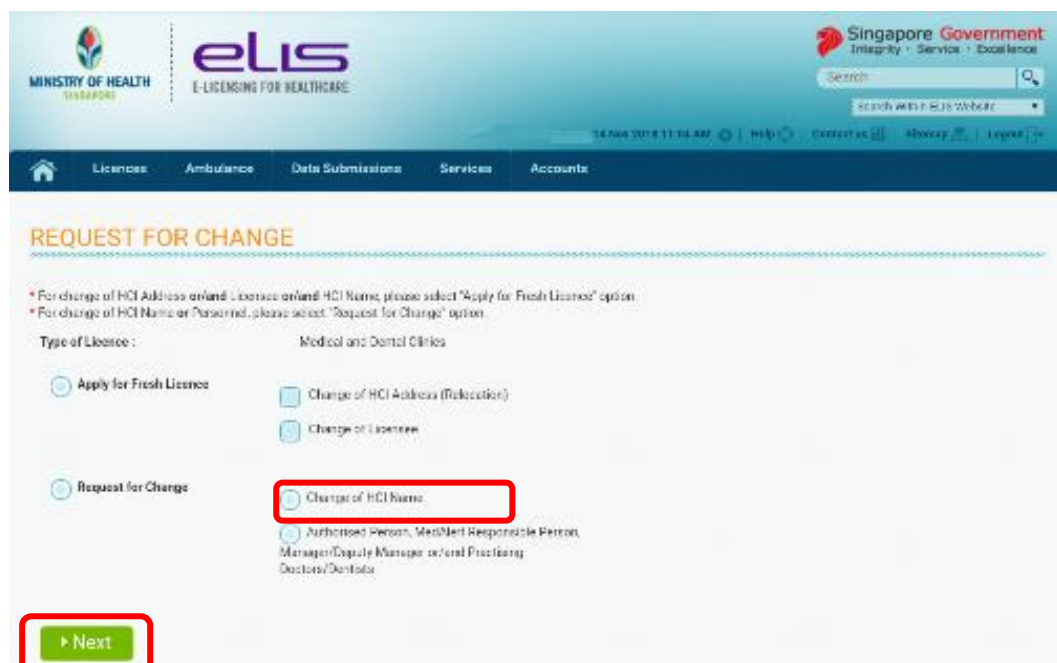


Section A: Request for Change of HCI Name

Step 1: Click on “**Services**” from the top navigation bar and select “**Request for Change**”.



Step 2: Select “**Change of HCI Name**” under “**Request for Change**” and click on “**Next**” at the bottom of page to proceed.



Step 3: Enter the new HCI name under “**Proposed New Name of Premise**” and state the reason of the change, then tick the checkboxes before you click on “**Submit**” at the bottom of the page to complete the change request.

CHANGE OF HCI NAME

Estimated time of completion: 1 - 2 Minutes

HCI Code : 1000000

Name of Premise : Medical

Address of Premise : BLK 1 L 41 1 5,730402

Licensee : The Medical

Authorised Person : Dr Dr. Prasad Khan

Licence Period : 16/02/2016 - 30/02/2018 (two years)

Licence No. : 1000000/01/782

For the requirements for premises name, please read the "Important Information Before Applying A Licence" on [ELIS website](#).

You are also advised to check the [HCI Directory](#) for similar/same HCI name. In the event that your proposed HCI name is similar to those of the existing HCI or is already being used by the existing HCI, you would be required to obtain consent from these HCIs for the use of your proposed HCI name. Please also note that your proposed HCI name submitted at ELIS is subjected to MOH's approval.

Proposed New Name of Premise *

Please provide the reason for requesting this change in the text box provided. *

I understand that it is my responsibility to ensure that I have the legal right to use the chosen HCI premises name. I am also fully aware that if any disputes arise over the use of similar or identical HCI name arises in future, the concerned parties shall have to settle the disputes (whether by litigation in court or otherwise) between themselves.

This is to confirm that apart from the proposed change of HCI name indicated above, there are no other changes in the licensing information in respect of the above HCI, including the licensee and/or management, address of premises and services provided.

Submit

Step 4: You will be directed to the Acknowledgment page to make payment for the change / amendment.

Do submit your payment in order to complete your application. You can make payment through the payment methods described on the payment page.

ACKNOWLEDGEMENT (IN-PROCESS)

To rate our e-Service, click [here](#)

Your application has been submitted successfully on 14/11/2018

The Acknowledgement Number is : 181114000131

To print your application click on the link below :

[Print Schedule](#)

[Supplementary Form](#)

We will be processing your application and may contact you if necessary.

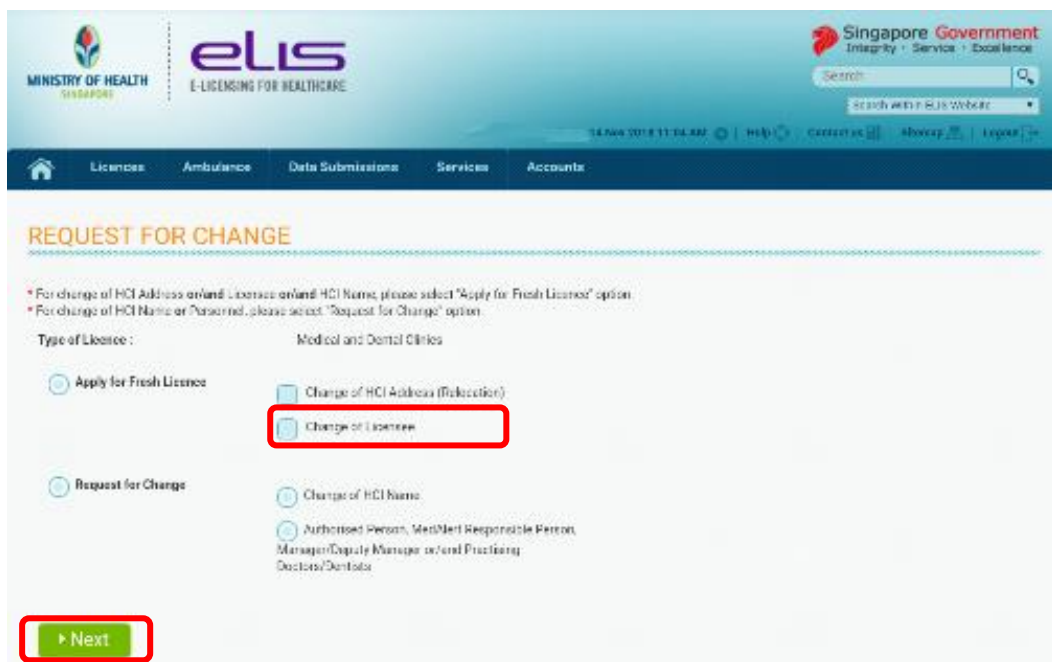
Fee Type	Amount for 2 Year(s)
Change of HCI Name Fee	S\$XXX
Total Licence Fee	S\$XXX

Section B: Request for Change of Licensee

Step 1: Click on **“Services”** from the top navigation bar and select **“Request for Change”**.



Step 2: Select **“Change of Licensee”** under **“Apply for Fresh Licence”** and click on **“Next”** at the bottom of page to proceed.



Step 3: Update the section on “**Licensee Particulars**”, and click “**Next**” at the bottom of the page of each section to proceed on with the application. You may click on “**Save as Draft**” at any of the sections to save what you have done so far.

Note: For sections which require Supporting Documents, click on “**Upload**” to upload documents before proceeding to the next section.

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MEDICAL CLINIC - LICENSEE

Estimated time of completion: 5 11 Minutes

Licence Type

Licensee

Applicant/Authorized Person

MedAlert Responsible Person

Manager/Deputy Manager

Premise

Supporting Documents

Supplementary

Licensee Particulars

Who is the Licensee? : Select

UEN (ACRA/ROS) No. :

Name of Company :

Company Address :

Postal Code :

Address Type : No. :

- Select - 4

Floor No. : Unit No. :

Street Name :

Building Name :

Next Save as Draft

Click on “**Submit**” to complete the updating of Licensee application.

Submit Save as Draft

Step 4: At the end of the form, you are required to make a declaration, complete the declaration form, “**Tick**” on the checkbox and click “**Accept**” to proceed on with the application.

Record(s) has been saved successfully

MEDICAL CLINIC - DECLARATION

Click on the link below to review your application :

First Schedule
Supplementary Form

Reason for Change of Licensee

Please provide the reason for requesting this change in the text box provided.*

Reason

Declaration

Have you been convicted by any professional body, tribunal or court of law, whether in Singapore or elsewhere, of any offences?
 Yes No

I declare the information in my application to be true, to the best of my knowledge. I also understand that approval of the license is dependent on full compliance with the relevant requirements under the Private Hospitals and Medical Clinics Act, Regulations and Directives.

Penal Code (CHAPTER 224)

182. Whoever gives to any public servant any information which he knows or believes to be false, intending thereby to cause, or knowing it to be likely that he will thereby cause, such public servant to use the lawful power of such public servant to the injury or annoyance of any person, or to do or omit anything which such public servant ought not to do or omit if the true state of facts respecting which such information is given were known by him, shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to \$5,000, or with both.

Accept Back

Step 5: You will be directed to the Acknowledgment page to make payment for the change / amendment.

Do submit your payment in order to complete your application. You can make payment through the payment methods described on the payment page.

ACKNOWLEDGEMENT (IN-PROCESS)

To rate our e-Service, click [here](#)

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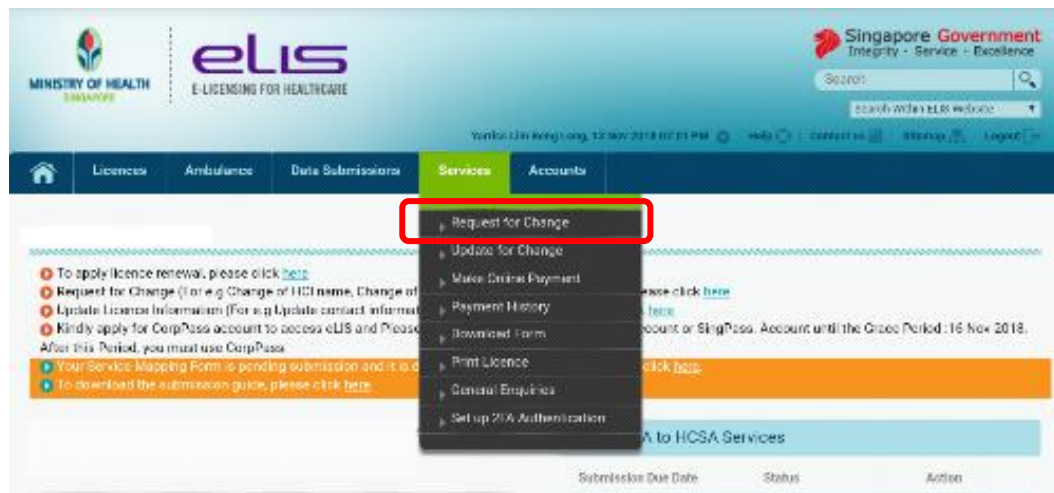
To view your application click on the link below :

First Schedule
Supplementary Form

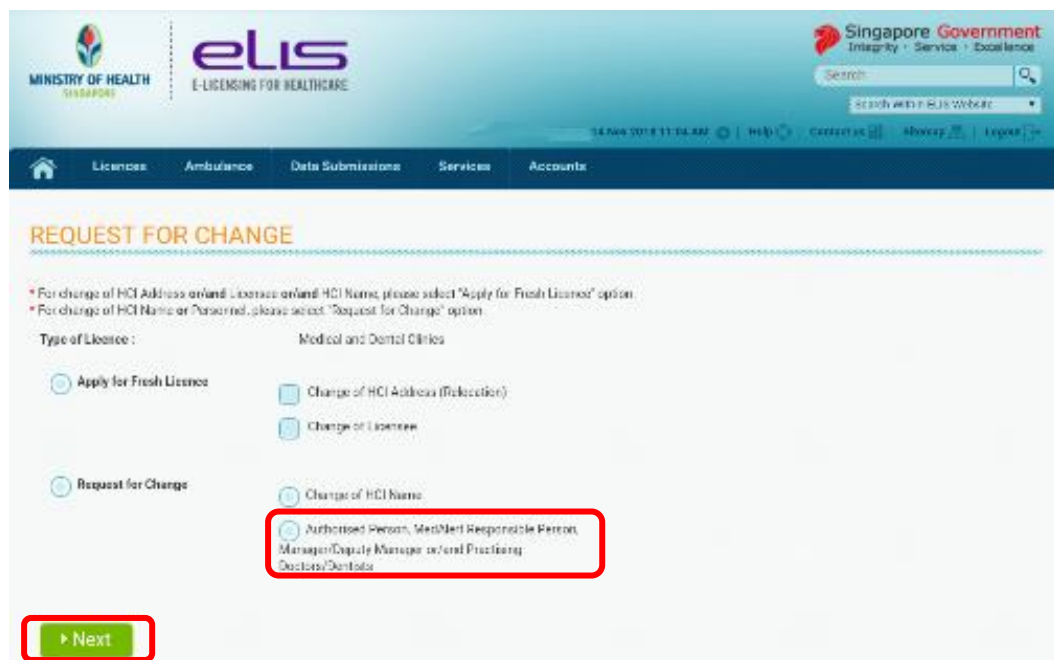
We will be processing your application and may contact you if necessary.

Section C: Request for Change of Authorised Person, MedAlert Responsible Person, Manager / Deputy Manager and Practising Doctors / Dentists

Step 1: Click on “Services” from the top navigation bar and select “Request for Change”.



Step 2: Select “Request for Change” under “Authorised Person, MedAlert Responsible Person, Manager / Deputy Manager and Practising Doctors / Dentists” and click on “Next” at the bottom of page to proceed.



Step 3: Update the information in the relevant sections accordingly.

AUTHORISED PERSON, MEDALERT RESPONSIBLE PERSON, MANAGER/DEPUTY MANAGER OR/AND PRACTISING DOCTORS/DENTISTS
 + Estimated time of completion: 3 - 5 Minutes

Authorized Person Particulars

Name of Authorized Person*:

Professional Regn No.:

ID No.*:

Designation*:

Residential Address*: Postal Code:

Address Type: No.:

Room No.: Unit No.:

Street Name:

Building Name:

Gender*:

Deputy Manager Particulars

Professional Regn No.:

ID No.:

Name of Deputy Manager:

Gender:

Address: Postal Code:

Practising Doctors/Dentists Particulars

You are only required to input/key in the column headers highlighted in red. The information for the rest of the column headers will be auto-populated from the System.

Professional Regn No.	NRIC/FIN No.	Date of expiry (dd/mm/yyyy)	Type of Registration	Name	Speciality registered with SMC/SDC
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click on **“Submit”** to complete the updating of personnel application.

Submit

Step 4: You will be directed to the Acknowledgment page.

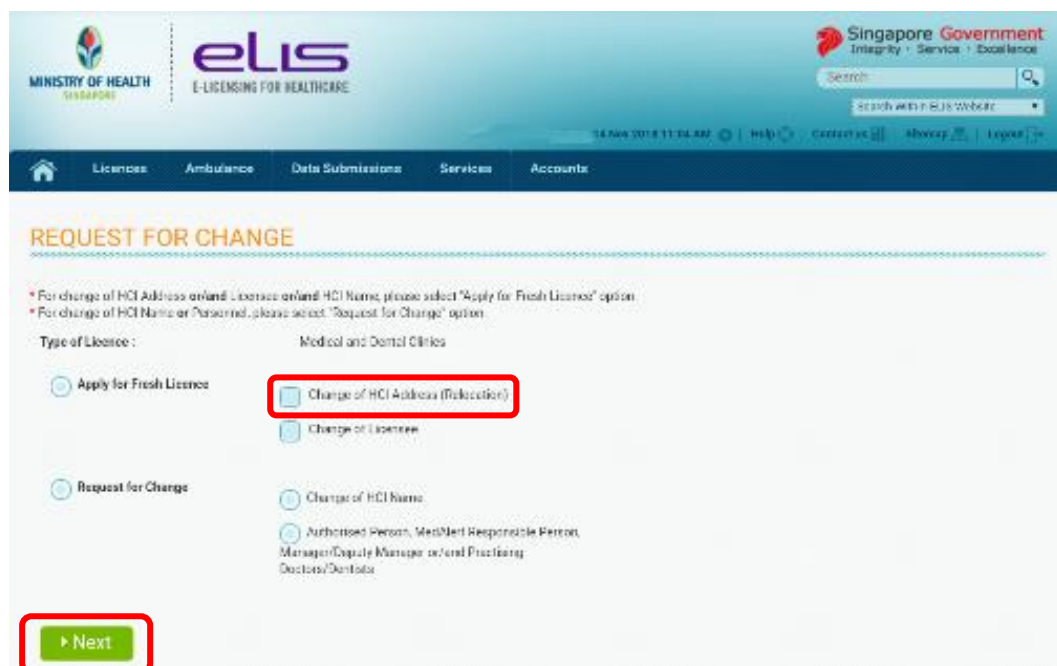


Section D: Request for Change of Location

Step 1: Click on “**Services**” from the top navigation bar and select “**Request for Change**”.



Step 2: Select “**Change of HCI Address (Relocation)**” under “**Apply for Fresh Licence**” and click on “**Next**” at the bottom of page to proceed.



EGUIDE: MAKING CHANGES/AMENDMENTS TO A HCI LICENCE

Step 3: Update the sections on “**Premises**” and “**Co-location of Services**” in the Supplementary Form accordingly. Click “**Next**” at the bottom of the page of each section to proceed on with the application. You may click on “**Save as Draft**” at any of the sections to save what you have done so far.

Note: For sections which require Supporting Documents, click on “**Upload**” to upload documents before proceeding to the next section.

MEDICAL CLINIC - PREMISE
Estimated time of completion: 30 - 45 Minutes

Premise Particulars

Fire Safety Shelter Bureau Ref. No.* :

Name of Premises (to appear on licence)* :

Address* :

Postal Code :

Telephone No. (landline)* :

Fax No.* :

Premises Status* :

Gross Floor Area (GFA)* : m²

I have read and understood the New Guidelines on the Change of Use of Commercial Spaces to Medical Clinics under the URA Planning Act at the following link, I declare the information in my application to be true to the best of my knowledge.

Click on “**Submit**” to complete the change of HCI address application.

(13) CO-LOCATION OF SERVICES

1. Clinic shares premises with another clinic but has its own consultation room Yes No

Please Upload the Floor plan

4. Clinic co-locate with another non-medical entity with separate entrances Yes No

Please Specify type of co-located services

Step 4: At the end of the form, you are required to make a declaration, complete the declaration form, “**Tick**” on the checkbox and click “**Accept**” to proceed on with the application.

Record(s) has been saved successfully

MEDICAL CLINIC - DECLARATION

Click on the link below to review your application :

First Schedule
Supplementary Form

Reason for Change of HCI Address

Please provide the reason for requesting this change in the text box provided.*

Declaration

Have you been convicted by any professional body, tribunal or court of law, whether in Singapore or elsewhere, of any offences?

Yes No

I declare the information in my application to be true, to the best of my knowledge. I also understand that approval of the licence is dependent on full compliance with the relevant requirements under the Private Hospitals and Medical Clinics Act, Regulations and Directives.

Penal Code (CHAPTER 224)

182. Whoever gives in any public servant any information which he knows or believes to be false, intending thereby to cause, or knowing it to be likely that he will thereby cause, such public servant to use the lawful power of such public servant to the injury or annoyance of any person, or to do or omit anything which such public servant ought not to do or omit if the true state of facts respecting which such information is given were known by him, shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to \$5,000, or with both.

Step 5: You will be directed to the Acknowledgment page to make payment for the change / amendment.

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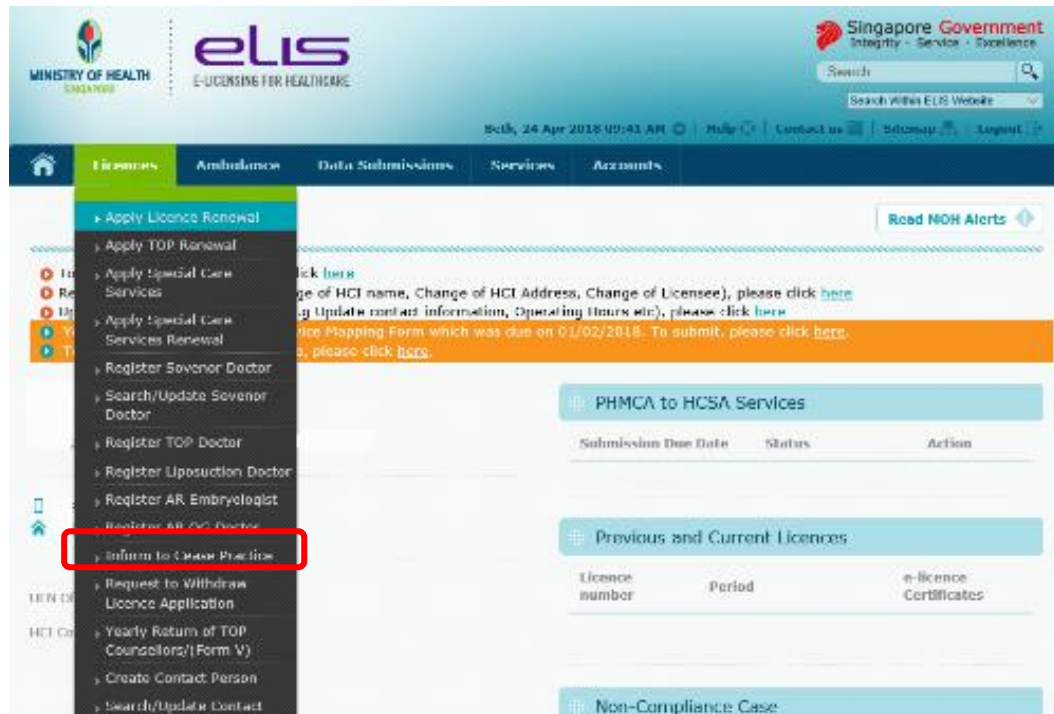
To print your application click on the link below :

First Schedule
Supplementary Form

We will be processing your application and may contact you if necessary.

Section E: Cessation

Step 1: Click on “**Licences**” from the top navigation bar and select “**Inform to Cease Practice**”.



Step 2: Read the information on this page and “**Tick**” on the checkbox below. Click on “**Proceed**” to continue with the application.



Step 3: Complete the section, and click “**Submit**” to complete the cessation application.

The screenshot shows the 'INFORM TO CEASE PRACTICE' form in the eLis system. The form is titled 'INFORM TO CEASE PRACTICE' and is for a user registered under 'Inform to cease practice registered under'. The form includes a 'Subject' dropdown menu with 'Licence' selected. Below this is a table with columns for 'Select*', 'Licence No.', 'Licence Type', and 'Licence Period'. The 'Licence Type' is 'Medical Clinic'. There are input fields for 'Effective Date of Cessation*', 'Reason*', and 'Who will take over your patients case records?'. The 'Who will take over your patients case records?' section has radio buttons for 'HCI Name' and 'Professional Regn No.', and a dropdown menu with '- Select -'. A green 'Submit' button is highlighted with a red box.

Step 4: Once completed, you will be directed to the Acknowledgment page.

Note: MOH may contact you for further clarifications. It may take up to 14 working days for the updated information to be reflected in eLis, HCI Directory and HealthHub websites.

The screenshot shows the 'INFORM TO CEASE PRACTICE - ACKNOWLEDGEMENT (IN-PROCESS)' page. The page has a title 'INFORM TO CEASE PRACTICE - ACKNOWLEDGEMENT (IN-PROCESS)'. Below the title, there is a message: 'By regulation, you should inform MOH within 1 month from the Cease Date. We will be processing your application and may contact you if necessary.' There are two expandable sections: 'Submission Details' and 'Details'. The 'Submission Details' section shows 'Submitted By:', 'Date of Submission:', and 'Acknowledgement No. :'. The 'Details' section shows a table with columns for 'Licence No.', 'Licence Type', and 'Licence Period'. The 'Licence Type' is 'Medical Clinic'. Below the table, there are input fields for 'Effective Date of Cessation:', 'Reason:', and 'Who will take over your patients case records?'. The 'Who will take over your patients case records?' field has a dropdown menu.

- END OF EGUIDE -