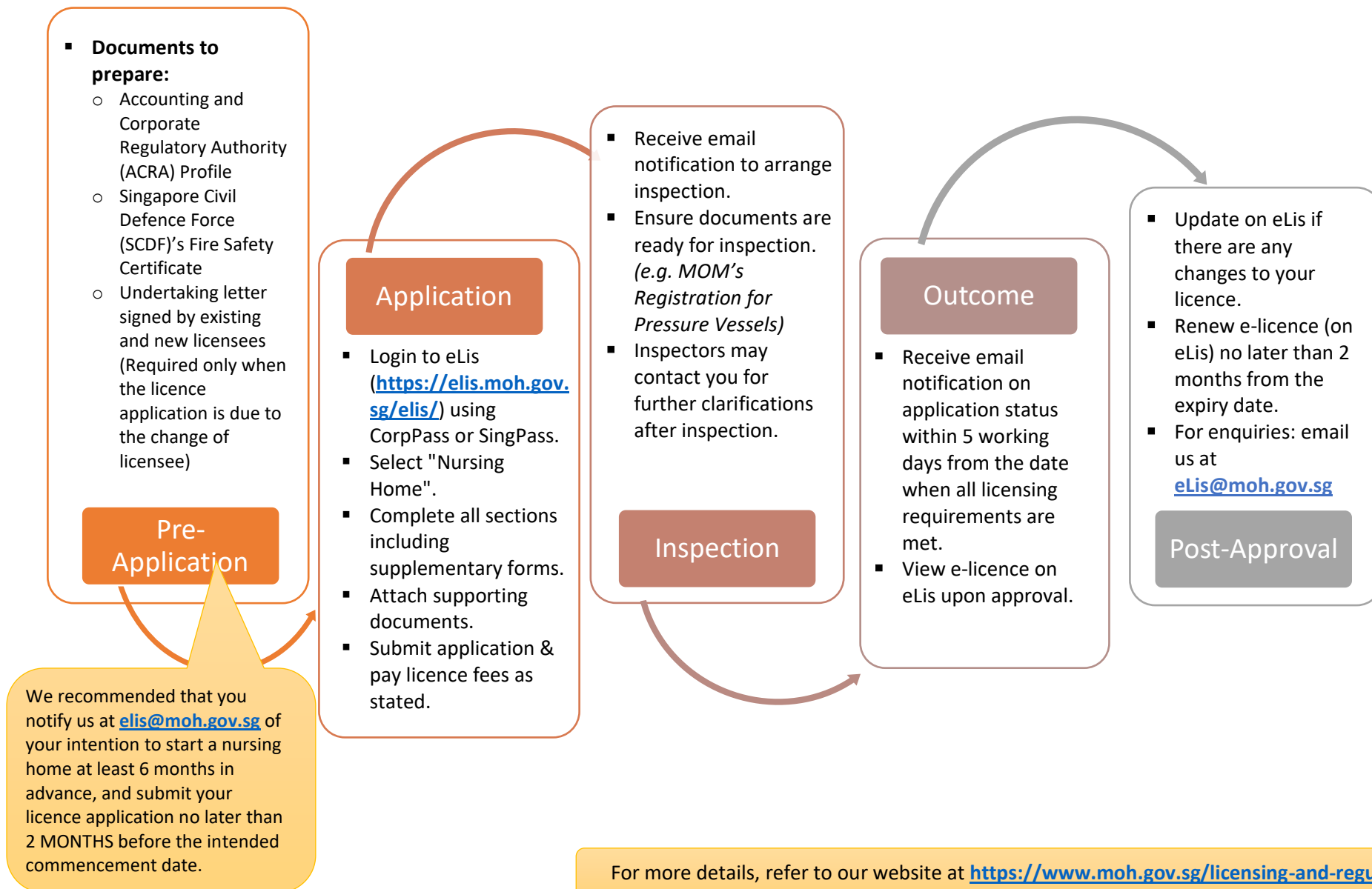




MINISTRY OF HEALTH
SINGAPORE

EGUIDE: APPLYING FOR A NEW NURSING HOME LICENCE

Quick Overview: Applying for a new nursing home licence



What you need to do before applying for a new nursing home licence

1. Read the following documents:
 - ✓ [Private Hospitals and Medical Clinics \(PHMC\) Act](#)
 - ✓ [PHMC Regulations](#)
 - ✓ [PHMC \(Advertisement\) Regulations](#)
 - ✓ [PHMC \(MedAlert System\) Regulations](#)
 - ✓ [Guidelines under PHMC Act and Regulations](#)
 - ✓ [Licensing Terms and Conditions \(LTC\) on enhanced Nursing Home standards](#)
 - ✓ [Addendum to Licensing Terms and Conditions on Nursing Homes imposed under Section 6\(5\) of the Private Hospitals and Medical Clinics Act \[CAP 248\]](#)

Note: Besides the documents above, you are advised to go through all other important documents relevant to the service(s) that you will be providing. Please refer to [website](#) for the full list of documents.

2. Have the following documents ready **for submission**:
 - ✓ Accounting and Corporate Regulatory Authority (ACRA) Profile
 - ✓ Singapore Civil Defence Force (SCDF)'s Fire Safety Certificate
 - ✓ Undertaking letter signed by existing and new licensees (Required only when the licence application is due to the change of licensee)
3. Read through the step-by-step guide in the following pages to familiarise yourself with the information you will be asked to provide.
4. **Notify MOH at elis@moh.gov.sg of your intention to start a hospital at least 6 months in advance** so that we can work with you in advance to smoothen all approval and inspection processes.
5. Submit the licence application no later than 2 MONTHS before the intended commencement date.

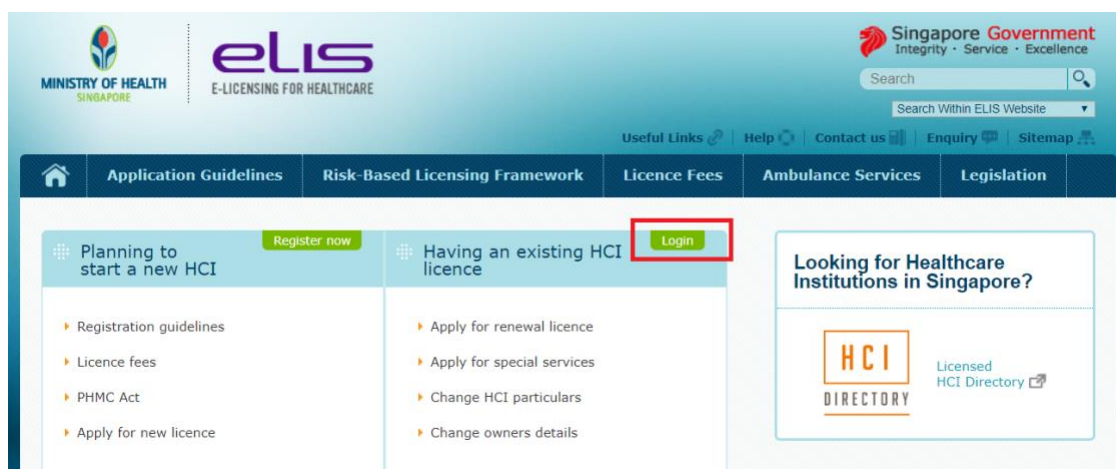
SUPPORT

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

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

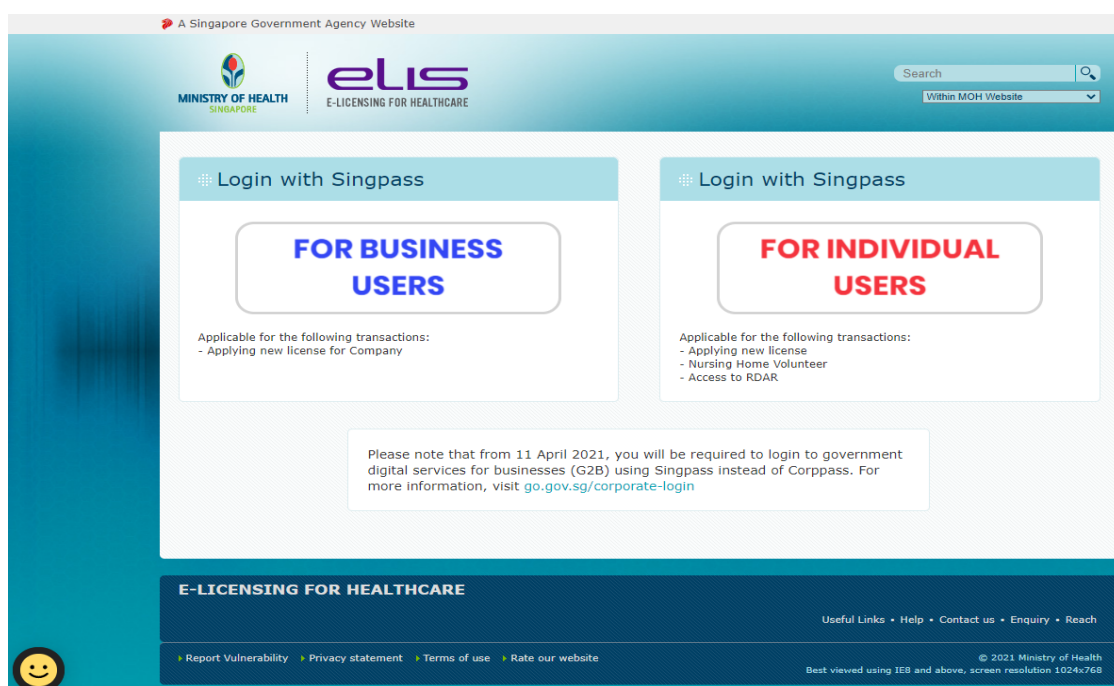
Logging into eLis

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



2. Log in using SingPass

- a) If you are a corporate entity, please login as a Business User.
- b) If you are not a corporate entity, please login as a Individual User.
- c) Successful applicants will receive a Unique Entity Number (UEN) to apply for a CorpPass account.

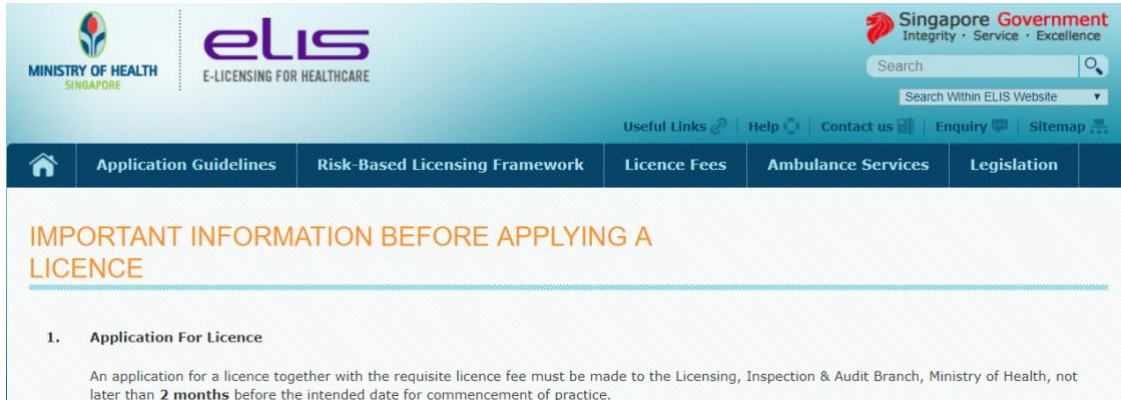


- **Do you wish to set up a charity or attain Institution of a Public Character (IPC) status for your company?** Find out more on the [Charities Portal](#).

Step 1: Reading the Important Information before applying the licence

Note: This form will take about 30 to 45 minutes to complete

1. Read the important information before applying the licence.




The screenshot shows the ELIS (E-Licensing for Healthcare) website. The header includes the Ministry of Health Singapore logo, the ELIS logo, and the Singapore Government logo with the tagline 'Integrity · Service · Excellence'. A search bar is present in the top right. Below the header is a navigation menu with links for 'Application Guidelines', 'Risk-Based Licensing Framework', 'Licence Fees', 'Ambulance Services', and 'Legislation'. The main content area is titled 'IMPORTANT INFORMATION BEFORE APPLYING A LICENCE' and contains the following text:

1. Application For Licence

An application for a licence together with the requisite licence fee must be made to the Licensing, Inspection & Audit Branch, Ministry of Health, not later than **2 months** before the intended date for commencement of practice.

2. “**Tick**” the declaration/consent box and click “**Proceed**” at the bottom of the page.



The screenshot shows a consent declaration box with the following text: I am giving consent to auto-retrieve the above details from the Singapore Medical/Dental Council for my application. I have read the information.

Below the text are two buttons: a green button labeled 'Proceed' and a green button labeled 'Cancel'. The 'Proceed' button is highlighted with a red rectangular box.

Step 2: Selecting Licence Type

1. Select the “Nursing Home Licence” from the “Type of Licence” dropdown box, then click “Save and Next” to proceed.

NURSING HOME - LICENCE TYPE

Estimated time of completion: 30 - 45 Minutes

Type of Licence* : Nursing Home

A. Types of healthcare institution's licences under the Private Hospitals & Medical Clinics Act. Click on link to view explanation.

- [Hospital Licence](#)
- [Nursing Home Licence](#)
- [Medical Clinic Licence](#)
- [Dental Clinic Licence](#)
- [Community Health Centre Licence](#)
- [Clinical Laboratory Licence](#)
- [X-ray Laboratory Licence](#)
- [Other healthcare establishment](#)

B. Licences under the Termination of Pregnancy (TOP) Act

[Termination of pregnancy \(TOP\) Approval](#)
For premises to be an approved institution to carry out treatment to terminate pregnancy by authorised medical practitioner.

Save and Next

Step 3: Filling up Licensee Particulars

1. Select the “**Who is the Licensee**” and fill up the required fields in the form. Do note that the Licensee can be an individual or an entity. If the licensee is an entity, please select “**Company**” under the “**Who is the Licensee**” dropdown box.

Estimated time of completion: 30 - 45 Minutes

- ▶ Licence Type
- ▶ Licensee
- ▶ Applicant/Authorized Person
- ▶ MedAlert Responsible Person
- ▶ Manager/Deputy Manager
- ▶ Premises
- ▶ Supporting Documents
- ▶ Supplementary

Licensee Particulars

Who is the Licensee ?* : Company

UEN (ACRA/ROS) No.* :

Name of Company* :

Company Address* :

Postal Code :

Address Type : No. :

- Select -

Floor No. : Unit No. :

Street Name :

Building Name :

Company Telephone No.* :

Company Fax No.* :

Email Address* :

Chief Executive Officer/Director Particulars

ID No.* : NRIC

Name* : - Select -

Address* :

Postal Code :

Address Type : No. :

- Select -

2. After filling up the form, click “**Next**” at the bottom of the page to proceed with the application. You may click on “**Save as Draft**” to save what you have done so far.

Step 4: Filling up Applicant / Authorised Person Particulars

1. The Authorised Person is the person appointed to liaise with MOH on licensing matters. This can be the licensee or an appointed staff member.

Estimated time of completion: 30 - 45 Minutes

- ▶ Licence Type
- ▶ Licensee
- ▶ Applicant/Authorized Person
- ▶ MedAlert Responsible Person
- ▶ Manager/Deputy Manager
- ▶ Premises
- ▶ Supporting Documents
- ▶ Supplementary

Applicant/Authorised Person Particulars

Name of Applicant/Authorised Person* :

Professional Regn No. :

ID No.* :

Designation* :

Residential Address* :

Postal Code :

Address Type : No. :

Floor No. : Unit No. :

Street Name :

Building Name :

Gender* :

Mobile No.* :

Home Telephone No. :

Office Telephone No.* :

Fax No. :

Email Address* :

2. After filling up the form, click “**Next**” at the bottom of the page to proceed on with the application. You may click on “**Save as Draft**” to save what you have done so far.

Step 5: Filling up MedAlert Responsible Person Particulars

1. MedAlert Responsible Person is the person appointed to receive the medical alert notifications and circulars issued by MOH.

Estimated time of completion: 30 - 45 Minutes

- ▶ Licence Type
- ▶ Licensee
- ▶ Applicant/Authorized Person
- ▶ MedAlert Responsible Person
- ▶ Manager/Deputy Manager
- ▶ Premises
- ▶ Supporting Documents
- ▶ Supplementary

MedAlert Responsible Person Particulars

Is the authorised person also responsible to receive the MedAlert ?* (If No, please specify MedAlert Person particulars) Yes No

ID No.* : NRIC

Name of MedAlert Person* : Ms

Mobile No.* :

Fax No. :

Email Address* :

Preferred Mode of Receiving MedAlert* :

Select All
 EMAIL
 FAX

▶ Next
▶ Save as Draft

2. After filling up the form, click “**Next**” at the bottom of the page to proceed on with the application. You may click on “**Save as Draft**” to save what you have done so far.

Step 6: Filling up Manager / Deputy Manager Particulars

1. Do note that the Manager / Deputy Manager must be a medical practitioner or registered nurse.

Estimated time of completion: 30 - 45 Minutes

- ▶ Licence Type
- ▶ Licensee
- ▶ Applicant/Authorized Person
- ▶ MedAlert Responsible Person
- ▶ Manager/Deputy Manager
- ▶ Premises
- ▶ Supporting Documents
- ▶ Supplementary

Manager Particulars

Is licensee also Manager ? (If No, please specify Manager particulars)
 Yes No

Professional Regn No. :

ID No.* :

Name of Manager* :

Gender* :

Address* : Postal Code :

Address Type : No. :

Floor No. : Unit No. :

Street Name :

Building Name :

Mobile No.* :

Home Telephone No. :

2. After filling up the form, click “**Next**” at the bottom of the page to proceed on with the application. You may click on “**Save as Draft**” to save what you have done so far.

Step 7: Filling up Premises Information

1. Fill in the details of your premises.

Please upload your Fire Safety Certificate for your premises.

Estimated time of completion: 30 - 45 Minutes

- ▶ Licence Type
- ▶ Licensee
- ▶ Applicant/Authorized Person
- ▶ MedAlert Responsible Person
- ▶ Manager/Deputy Manager
- ▶ Premises
- ▶ Supporting Documents
- ▶ Supplementary

Premises Particulars

Fire Safety Shelter Bureau Ref. No. :

Name of Premises (to appear on licence)* :

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 HCIs or is already being used by the existing HCIs 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.

Address* :

Postal Code :

Address Type : **No. :**

- Select -

Floor No. : **Unit No. :**

Street Name :

Building Name :

Telephone No. (landline)* :

Fax No.* :

2. After filling up the form, click “**Next**” at the bottom of the page to proceed on with the application. You may click on “**Save as Draft**” to save what you have done so far.

Step 8: Uploading Supporting Documents

1. You are required to upload the various supporting documents indicated in the form.

Estimated time of completion: 30 - 45 Minutes

Upload Supporting Documents

ACRA profile: (Please upload ACRA profile, dated within 3 months at the point of licence application)* :

No file select... Choose File *i*

Fire Safety Certificate (FSC) from SCDF :

No file select... Choose File *i*

Floor Plan of the new premises (Drawn to Scale) :

No file select... Choose File *i*

Licences of X-ray, Laser and Ultrasound Machines from National Environment Agency (NEA) for e.g L5, L3, R1 and N2 etc., CBCT Certificate :

No file select... Choose File *i*

Undertaking letter signed by existing and new licensees (To provide a letter of undertaking that both parties are agreeable and aware of the implications involved in a change of licensee or ownership for the application (For change of clinic licensee application only) :

No file select... Choose File *i*

Urban Redevelopment Authority (URA) Grant of Written Permission :

No file select... Choose File *i*

Upload

Next Save as Draft

2. After filling up the form, click “**Next**” at the bottom of the page to proceed on with the application. You may click on “**Save as Draft**” to save what you have done so far.

Step 9: Furnishing Supplementary Information

1. You are required to provide the relevant information of your nursing home licence in this form.

Estimated time of completion: 30 - 45 Minutes

- ▶ Licence Type
- ▶ Licensee
- ▶ Applicant/Authorized Person
- ▶ MedAlert Responsible Person
- ▶ Manager/Deputy Manager
- ▶ Premises
- ▶ Supporting Documents
- ▶ Supplementary

SUPPLEMENTARY INFORMATION FORM FOR NURSING HOME

TYPE OF NURSING HOME

Type of Nursing Home.
 Voluntary Welfare Organization Run Home
 Commercial Home

NUMBER OF BEDS

Number of beds to be licensed :

NURSING SERVICES

The nursing service shall be directed by an administrator who is a registered nurse with the appropriate qualifications and experience.
 Yes No

In the nurse administrator's absence a registered nurse who is suitably qualified shall be authorised to act in her place.
 Yes No

All nurses and midwives employed in the nursing service shall be registered or enrolled with the Singapore Nursing Board.
 Yes No

Number of nursing staff:

Registered Nurse.

Full Time:

Part Time:

Total:

Enrolled Nurse.

Full Time:

Part Time:

Total:

Nursing Aide (exclude cook, kitchen helper, laundry worker).

Full Time:

Part Time:

Total:

Health Attendant (provide nursing care only)

2. After filling up the form, click **“Submit”** at the bottom of the page to proceed on with the application. You may click on **“Save as Draft”** to save what you have done so far.



▪ **Please prepare the number of Full-time and Part-time Registered Nurses, Enrolled Nurses, Nursing Aides and Health Attendants that will be practising at your nursing home.**

Step 10: Making Declaration

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

Click on the link below to review your application :

[First Schedule](#)

[Supplementary Form](#)

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 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.

Step 11: Making Payment

1. After you have submitted your application successfully, you will be directed to the Acknowledgement page.
2. Do submit your payment in order to complete your application. You can make payment through the payment methods described on the payment page.

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

Your application has been submitted successfully on 22/02/2019

The Acknowledgement Number is : **190222000166**

A UEN would be issued to you upon approval of licence. You are to register for CorpPass account using this UEN. You have to login to eLis using CorpPass subsequently.

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.

Fee Type	Amount for 2 Year(s)
PHMC Licence Fee	S\$ XXX
Total Licence Fee	S\$XXX

20% of the application fee will not be refunded if the application is withdrawn.

Please choose one of the payment types : -

☰ Payment Type

(1) Giro Payment
 Please click (Applicable for existing GIRO Bank Account Holder)
[To Pay By Existing Giro Account](#)
 Please click (To Pay by a New Account)
[Download Giro Application Form](#)
 (Please complete the form and send it to Licensing, Inspection & Audit Branch, Ministry of Health, 16 College Road, College of Medicine Building, Singapore 169854)

(2) Online Payment
 Please click [Online Payment](#)

(3) Cheque Payment
 Please make the cheque payable to : **Ministry of Health**, and send the crossed cheque to

3. Once payment is made, the application process on the applicant's part is completed.
4. We may contact you for further clarifications if required. Otherwise, you will receive an email from us to arrange for a site inspection.

- END OF EGUIDE -