



MINISTRY OF HEALTH
SINGAPORE

EGUIDE: APPLYING FOR A NEW CLINIC LICENCE

Quick Overview: Applying for a new clinic licence

✦ **Documents to prepare:**

- 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)

Pre-Application

Application

- ✦ Login to eLis (<https://elis.moh.gov.sg>) using CorpPass or SingPass.
- ✦ Select "Medical Clinic" or "Dental Clinic" accordingly.
- ✦ Complete all sections including supplementary forms for providing termination of pregnancy & special care services if services are provided.
- ✦ Attach supporting documents.
- ✦ Submit application & pay licence fees as stated.

- ✦ Receive email notification to arrange inspection.
- ✦ Ensure documents are ready for inspection. (e.g. MOM's Registration for Pressure Vessels, NEA's Licence for Irradiating Equipment)
- ✦ Inspectors may contact you for further clarifications after inspection.

Inspection

Outcome

- ✦ Receive email notification on application status within 5 working days from the date when all licensing requirements are met.
- ✦ View e-licence on eLis upon approval.

- ✦ Update on eLis if there are any changes to your licence.
- ✦ Renew e-licence (on eLis) no later than 2 months from the expiry date.
- ✦ For enquiries: email us at [eLis@moh.gov.sg](mailto:ELis@moh.gov.sg)

Post-Approval

Submit application at least 2 MONTHS before intended commencement date

For more details, refer to our website at <https://www.moh.gov.sg/licensing-and-regulation>.

What you need to do before applying for a new clinic 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 Delegation of Duties by Licensees and Amendments](#)

[Licensing Terms and Conditions \(LTC\) on Provision of Information on Charges and Financial Counselling](#)

[Licensing Terms and Conditions \(LTC\) on Clinics Providing Special Care Services](#)

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 our [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. Submit the licence application no later than 2 MONTHS before the intended commencement date.

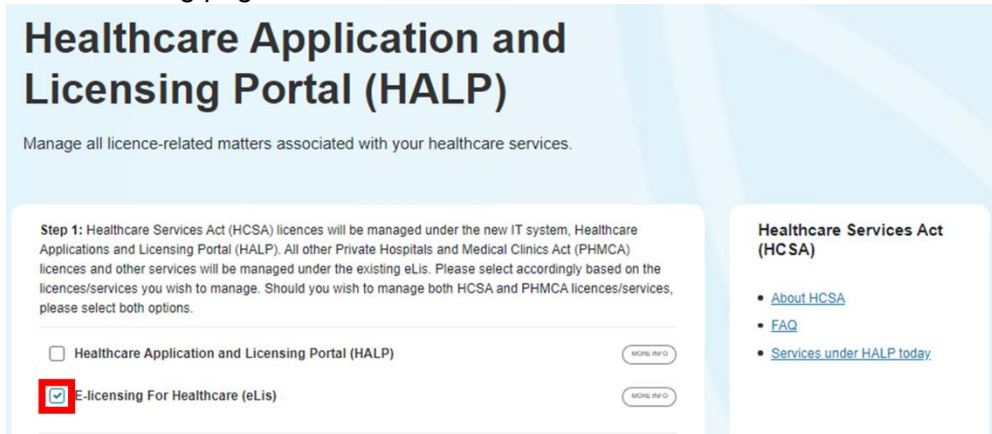
SUPPORT

Technical issues submitting the application online: elishelpdesk@ncs.com.sg.

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

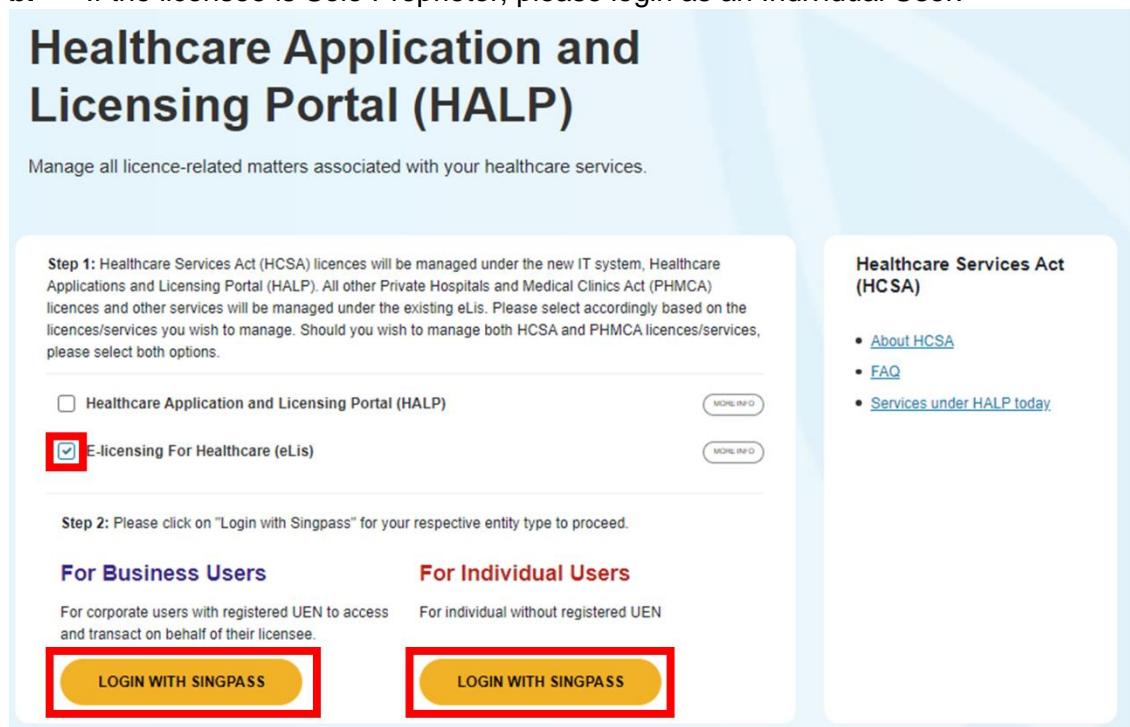
Step Logging into eLis

1. Launch eLIS portal (<https://elis.moh.gov.sg>) in the web browser. It will be redirected to HALP Landing page.



2. Log in using SingPass/CorpPass

- a. If the licensee is company, please login as a Business User.
- b. If the licensee is Sole Proprietor, please login as an Individual User.

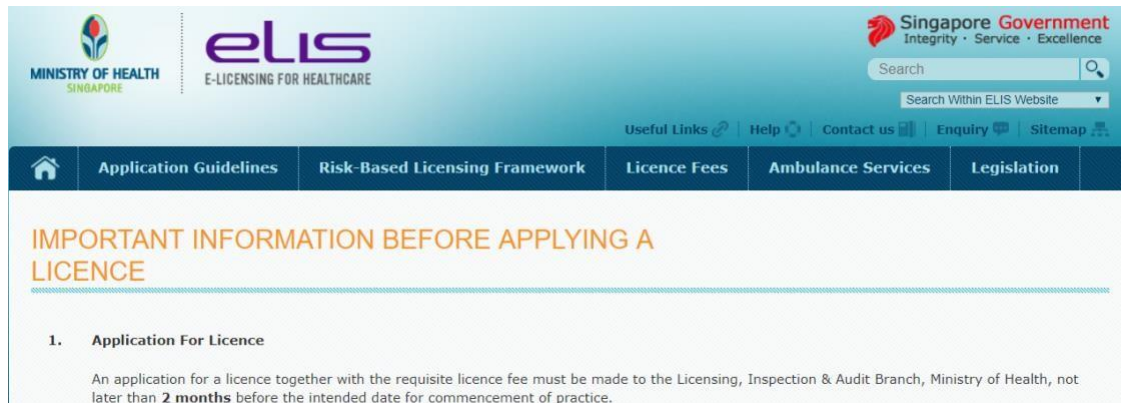


1: Reading the Important Information before applying the licence

Step

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. A navigation menu contains 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 declaration/consent 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: "Proceed" and "Cancel". The "Proceed" button is highlighted with a red box.

Step 2: Selecting Licence Type

1. Select **“Medical Clinic Licence”** or **“Dental Clinic Licence”** from the **“Type of Licence”** dropdown box, then click **“Save and Next”** to proceed.

The screenshot shows a web form titled 'LICENCE TYPE' with a navigation bar at the top containing 'Licences', 'Ambulance', and 'Services'. Below the title, it states 'Estimated time of completion: 30 - 45 Minutes'. A green button labeled 'Licence Type' is on the left. The 'Type of Licence*' dropdown menu is highlighted with a red box and shows 'Medical Clinic' selected. Below the dropdown, there is a note: 'A. Types of healthcare institution's licences under the Private Hospitals & Medical Clinics Act. Click on link to view explanation.' and links for 'Hospital Licence', 'Nursing Home Licence', and 'Medical Official Licence'.



✦ **Are you planning to provide Termination of Pregnancy (TOP) services?**

Only specialists with Obstetrics and Gynaecology qualifications can apply to become authorised medical practitioners to terminate pregnancies that are up to 24 weeks in duration. Please find out more from the [TOP Act](#), [Regulations](#) and [Guidelines](#).

3: Licensee Particulars

1. Select from the **“Who is the Licensee”** dropdown box 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.

Step Filling up

Record(s) has been saved successfully

DENTAL CLINIC - LICENSEE

Estimated time of completion: 30 - 45 Minutes

Licensee Particulars

Who is the Licensee ?* : - Select -
Charitable Organization
Company
Sole Proprietor

UEN (ACRA/ROS) No.* :

Name of Company* :

Company Address* : Postal Code :

Address Type : No. :

Floor No. : Unit No. :

Street Name :

Building Name :

Company Telephone No.* :

Company 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.

a) For **Sole Proprietor**, please indicate if you are registered with **ACRA**, and fill up the required fields in the form.

Licensee Particulars

Who is the Licensee ?* :

Are you registered with ACRA/ROS* ? Yes No

UEN (ACRA/ROS) No.* :

b) For **Charitable Organisation**, please indicate the **Charitable Registration No.**, and fill up the required fields in the form.

Step Filling up

✔ Record(s) has been saved successfully

DENTAL CLINIC - LICENSEE

Estimated time of completion: 30 - 45 Minutes

- ▶ Licence Type
- ▶ **Licensee**
- ▶ Applicant/Authorized Person
- ▶ MedAlert Responsible Person

Licensee Particulars

Who is the Licensee ?* :

Charitable Organizati...

UEN (ACRA/ROS) No.* :

Charitable Regn. No.* :

Filling up

Step 4: 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.

DENTAL CLINIC - APPLICANT/AUTHORIZED PERSON

▶ 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* :

▶ 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 5: MedAlert Responsible Person Particulars

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

Filling up

✔ Record(s) has been saved successfully

DENTAL CLINIC - MEDALERT RESPONSIBLE PERSON

▶ 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.* :

Name of MedAlert Person* :

Mobile No.* :

Fax No. :

Email Address* :

Preferred Mode of Receiving MedAlert* : Select All EMAIL FAX

- 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: Manager / Deputy Manager Particulars

- Do note that the Manager / Deputy Manager must be a registered medical practitioner / dentist.

Filling up

DENTAL CLINIC - MANAGER/DEPUTY MANAGER

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 authorised person also Manager ? (If No, please specify Manager particulars)
 Yes No

Professional Regn No.* :

ID No.* :

Name of Manager* :

Gender* :

Address* :

Address Type : No. :

Floor No. : Unit No. :

- 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: Premises Information

- Fill in the details of your premises and take note of the following:
 - For Fire Safety Certificate**

Please upload your Fire Safety Certificate for your premises.

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. :

Filling up

b) For Non-medical commercial building

The total gross floor area (GFA) for clinics within a non-medical commercial building will be capped at 3,000sqm or 20% of the total floor area approved for commercial use, whichever is lower.

Write to MOH via [MOH Check GFA@moh.gov.sg](mailto:MOH_Check_GFA@moh.gov.sg) to check if your clinic is within the use quantum limits of the non-medical commercial building, and verify if your clinic can be exempted¹ from submitting a planning application to URA. Find out more on the [URA website](#).

c) For Shared premises

If you share a unit address with another entity, it must be physically separated from non-healthcare institutions, i.e. separate entrances. Find out more [here](#).

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.



✦ **Are you using the word “Family” in your clinic name?**

Medical clinics which do not have at least one Family Physician registered with the Singapore Medical Council (excluding locums) will not be allowed to have the word “Family” in their clinic name.

Step 8: Uploading Supporting Documents

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

Record(s) has been saved successfully

DENTAL CLINIC - SUPPORTING DOCUMENTS

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)* :

Fire Safety Certificate (FSC) from SCDF :

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

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

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) :

Urban Redevelopment Authority (URA) Grant of Written Permission :

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 indicate all the services that your clinic provides, in this form.

DENTAL CLINIC - SUPPLEMENTARY

Estimated time of completion: 30 - 45 Minutes

SUPPLEMENTARY FORM FOR DENTAL CLINIC

(1) INFORMATION OF DENTISTS PRACTISING IN THE CLINIC

i. Number of full registration, conditional registration and locum dentists practising in the clinic at any one time

ii. Name of all full registration, conditional registration and locum dentists practising in the clinic [Click Here to Input](#)

(2) SERVICES PROVIDED

i. General Dental Yes No

ii. Specialist Dental Yes No

If "Yes" (Please tick the specialties that dentist(s) is registered with SDC)

Dental Public Health	<input type="checkbox"/>
Endodontics	<input type="checkbox"/>
Oral and Maxillo-Facial Surgery	<input type="checkbox"/>
Orthodontics	<input type="checkbox"/>
Paediatric Dentistry	<input type="checkbox"/>
Periodontology	<input type="checkbox"/>
Prosthodontics	<input type="checkbox"/>

(3) RADIOLOGY SERVICES PROVIDED

i. The clinic intends to provide radiology services e.g. dental x-ray services as part of the clinic service for exclusive use for its patients Yes No

If "Yes", please tick the type of X-ray services

Plain X-ray	<input type="checkbox"/>
Other X-ray services, please specify	<input type="text"/>


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.



✦ **Do you have a list of all the Doctors and Trained Nurses (only for medical clinics) that will be practising at your clinic?**
 You will need their names, NRIC numbers and Professional Registration numbers.

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.

 **Record(s) has been saved successfully**

DENTAL CLINIC - DECLARATION

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 to complete your application. You can make payment through the payment methods described on the payment page.

DENTAL CLINIC - ACKNOWLEDGEMENT (IN-PROCESS)

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

The Acknowledgement Number is : 190222000167

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.

Should you wish to manage your HCSA licence(s) (if any), please click the button below to access Healthcare Application and Licensing Portal (HALP):

[Go to HALP](#)

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	\$4,000
Total Licence Fee	\$6,000

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) PayNow Corporate
To make payment using Corporate PayNow, please follow the steps below:
Step 1 Download the mobile app of your banking institution and login.
Step 2 Select 'Scan & Pay' or 'PayNow' (Note: May differ from bank to bank)
Step 3 Scan the QR code below or enter MOH's UEN no. T08GA0015H. The name 'Ministry of Health (HQ)/AG' should appear

Step 4 Enter the **amount** to be transferred to MOH
(Note: Your **licence fee** payable is stated above)

Step 5 Enter the **Acknowledgement Number** under the **Reference Number** or **Description** fields
(Note: Your **Acknowledgement Number** is stated above)

Step 6 Press NEXT and confirm the payment to "Ministry of Health (HQ)/AG"

Important Note

- It is important that you key in the acknowledgement number stated at the end of your application (i.e. at the Acknowledgement page) when you are transferring the funds to us.
- The acknowledgement number ties the payment to your application. If we are unable to match the payment to the respective application or if we receive insufficient amount, your application may be considered **INVALID**.

For enquiry, please email to elis@moh.gov.sg

Processing Time of Licence Application / Issue Of Licence

The PHMC licence will be issued on satisfactory compliance with all licensing requirements, including all relevant Licensing Terms and Conditions, Directives and Guidelines listed under the PHMC Act & Regulations.

New Licence
Licence will be approved **within 3 to 5 working days**, if the institution has met all licensing requirements during the inspection. However, the approval process may take a longer time if there are deficiencies that need to be rectified.

Renewal Licence
Licence will be issued **approximately 1 week** prior to the expiry date of your existing licence, if the institution has met the licensing requirements.

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 -