

**RESOLUTION OF THE CABINET OF MINISTERS OF UKRAINE**

**dated 15 July 1997, N 765**

**Kyiv**

**On Approving the Procedure of State Accreditation of Health Care Institutions**

As amended and added under  
Resolution of the Cabinet of Ministers of Ukraine  
of 21 June 2001 N 678

With the view of improving the quality of health care services provided to the public of Ukraine and pursuant to Article 16 of the Basics of Laws of Ukraine On Health Care, the Cabinet of Ministers of Ukraine herewith **RESOLVES:**

1. To approve the Procedure of State Accreditati

nd. 28

In case when a decision has been rendered to refer the institution to a respective category, the commission having accredited said institution shall issue an accreditation certificate (Annex 2) to said institution.

The period of effect of the accreditation certificate shall be determined by a respective accreditation commission but may under no circumstances exceed the term of three years.

8. Extraordinary accreditation may be allowed on an initiative of a health care institution seeking the category elevation which may be granted to institutions not earlier than upon expiration of one year's term following the previous accreditation date.

The same procedure shall also apply to accreditation of institutions whose accreditation was previously declined.

9. Accredited institutions shall be entered in the State Register maintained by the Chief Accreditation Commission.

10. In case of violations of conditions attached to the provision by an institution of quality health care and sanitation aid, as well as in case of provision of inaccurate or false information concerning the institution's activity, the Chief Accreditation Commission may, on the motion of a competent accreditation commission, decide on canceling accreditation or lowering the institution's category.

Within 10 days following the approval of a decision on accreditation cancellation or category lowering, the institution in question must return its accreditation certificate to the accreditation commission having issued it.

11. The accreditation certificate form is a strict accountancy document bearing an inventory series and number, and shall be fabricated in a professional print-shop. The accreditation certificate shall indicate the name of the issuing accreditation commission, full address of the accredited institution, registration number, date of issue, period of validity and category. Upon the validity period expiration, the accreditation certificate shall be deemed null and void.

12. Inventory, keeping of accreditation certificates shall be a responsibility of Chief Accreditation Commissions and accreditation commissions.

Documents serving grounds for accrediting the institution shall be kept for the period of 10 years with the accreditation commission having issued the accreditation certificate.

Annex N 1  
to the Procedure of State Accreditation of  
Health Care Institutions

**LIST**  
**OF MANDATORY DOCUMENTS TO BE ATTACHED TO AN APPLICATION REQUESTING STATE ACCREDITATION OF**  
**A HEALTH CARE INSTITUTION**

Copy of duly notarized Regulations (Articles of Association) of a health care institution

Copy of an order or lease of premises, other documents authorizing the use of assets, including equipment required for treatment and prophylactics purposes

Data concerning the number and qualification profiles of staff employed by the institution

Approved organizational chart of the health care institution

Conclusion of the State Sanitary and Epidemiological Oversight Agency on the epidemic condition of the institution

Conclusion of the State Fire Inspection on the fire safety condition in the institution

Expert conclusion on the condition of safety measures and structures operation in the institution

SAMPLE

Annex N 2  
to Procedure of State Accreditation  
of Health Care Institution

MINISTRY OF HEALTH OF UKRAINE

series \_\_\_\_\_ N \_\_\_\_\_

**ACCREDITATION CERTIFICATE**

category \_\_\_\_\_

\_\_\_\_\_  
(name of accreditation commission issuing the certificate)

\_\_\_\_\_  
Name of health care institution

\_\_\_\_\_  
Address of health care institution

Validity of certificate \_\_\_\_\_

"\_\_\_\_\_" \_\_\_\_\_ 19\_\_ .  
Date of issue

Registration N \_\_\_\_\_

Head,  
Accreditation Commission

\_\_\_\_\_  
(signed)

Secretary,  
Accreditation Commission

\_\_\_\_\_  
(signed)

SEAL

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