

# GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

#### **HEALTH REGULATION AND LICENSING ADMINISTRATION**

# NURSE STAFFING AGENCY RENEWAL CHECKLIST

The following must accompany your application:

- 1) License Fee
- 2) Copy of a document certifying the responsible jurisdiction's approval of the use of that location or premises as a Nurse Staffing Agency. (Agencies located outside of the District of Columbia).
- 3) Agencies located in the District of Columbia must provide a Certificate of Occupancy.

### Special Notes:

The Board of Nursing must receive and be able to verify the following before a license can be renewed:

- Receive by mail proof of insurance directly from the insurance company. We are no
  longer accepting copies from the licensee. All agencies must request that the Department
  of Health be listed as a certificate holder on the insurance certificate. This ensures that
  DOH is notified if any changes occur during your coverage period.
- Verify that your organization is in compliance with the District of Columbia Business Organization Code (Title 29). (Certificate of Good Standing)



# **GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH**

**HEALTH REGULATION AND LICENSING ADMINISTRATION** 

# **APPLICATION FOR RENEWAL NURSE STAFFING AGENCY LICENSE**

## LICENSURE FEE

**RENEWAL FEE: \$500 LATE FEE:** \$100

# **PAYMENT INSTRUCTIONS**

PAYABLE BY: Check or Money Order to DC Treasurer

MAIL TO: Department of Health

**Health Professional Licensing Administration** 

899 North Capitol Street NE

1<sup>st</sup> Floor

Washington, DC 20002

## **DEMOGRAPHIC INFORMATION**

Business Name of Agency: Website: \_ [Plea:

Please complete all sections of the application. Incomplete applications can delay the process.

design

designated in the license Title 22, DCMR, C	apter 49, § 4901.6. ]	
Please keep this contact information the issuance of your licensure.	current. This is the person that we will contact prior to and afte	r
Contact Person		
Name:		
Professional Title:		
Telephone Number:	Email Address:	
Supervising Registered Nurse		
Name:		
Professional Title/DC License Num	per:	
Telephone Number:	Email Address:	
Address:		

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Owner/Operator of Nurse Staffing Agend	cy	
Name:		
Professional Title/DC License Nur	mber, if applicable:	
Telephone Number:	Email Address:	
Address:		
AGENCIES LOCATED OUTSIDE OF THE	DISTRICT OF COLUMBIA	
*Operations Headquarters:		
Telephone Number:	Email Address:	
Address:		
DC Operations Headquarters:  Telephone Number:	Email Address:	
Certificate of Occupancy #	Address:	
Registered Agent within the District of Co	olumbia	
	E-Mail Address:	
Cor	npliance Questions	

### A. Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke the License** which you are now renewing, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § D.C. Official Code § 47-2862 (2001).

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

Yes \_\_\_\_ No \_\_\_

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control

Administr	ative Act of 1985);	□ No	☐ Yes
	terest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal I	Dumping Enfor	cement
Act of 19		. □ No	☐ Yes
3. Fines, pen	alties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter	18 (Civil Infra	ictions
Act of 19	85);	□ No	☐ Yes
4. Past due t	axes;	□ No	☐ Yes
5. Past due [	District of Columbia Water and Sewer Authority service fees	□ No	☐ Yes
6. Failure to	file District tax returns	□ No	☐ Yes
permit under the C	esented above is in compliance with the requirement to submit with your collean Hands Before Receiving a License or Permit Act of 1996, effective Mace §47-2861 et seq.).		
	***********		
	tity suspended, revoked or placed conditions on your license, certificate Yes If yes, please submit an explanation	ion or accredi	tation as a
	ently being or have been (since your last renewal) investigated by federal, or local law? $\square$ No $\square$ Yes If yes, please submit an expla		ty for any
or substance abus	oved a nurse licensed in DC from your registry as the result of a comp se?   No Yes If yes, please submit name(s) and license number (s results of your investigation (if not reported previously)		
E. Have you mad please submit an e	le any significant amendments to your Policies and Procedures? Undexplanation	o 🗆 Yes 🛚 If	es,
	ATTESTATION		
and complete to the	the information given in this application, including all writings and exhibits as best of my knowledge. I understand that the making of a false statement as and exhibits attached hereto, is punishable by criminal penalties.		
SIGNATURE	PRINT NAME	DATE	