



**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 (Title29). (Certificate of Good Standing)



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**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**

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

**Business Name of Agency:** \_\_\_\_\_

Website: \_\_\_\_\_

*[Please note: This license shall not be valid for use by any other person or persons or at any place other than that designated in the license Title 22, DCMR, Chapter 49, § 4901.6. ]*

**Please keep this contact information current. This is the person that we will contact prior to and after the issuance of your licensure.**

**Contact Person**

Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Supervising Registered Nurse**

Name: \_\_\_\_\_

Professional Title/DC License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Owner/Operator of Nurse Staffing Agency**

Name: \_\_\_\_\_  
Professional Title/DC License Number, if applicable: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**AGENCIES LOCATED OUTSIDE OF THE DISTRICT OF COLUMBIA**

**\*Operations Headquarters:**

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**AGENCIES LOCATED WITHIN THE DISTRICT OF COLUMBIA**

**DC Operations Headquarters:**

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Certificate of Occupancy # \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**Registered Agent within the District of Columbia**

Registered Agent: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_

**Compliance 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

