



**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  
717-14<sup>th</sup> Street, NW; Suite 600  
Washington, DC 20005

**DEMOGRAPHIC INFORMATION**

**If you are updating any information be sure to attach the required supporting documents**

**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. ]*

**Contact Person**

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

Professional Title/DC License Number, if applicable: \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

**Registered Business Office:**

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

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

**\*Operations Headquarters:**

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

\* Send updated copy of each document certifying the responsible jurisdiction's approval of the use of that location or premises as a Nurse Staffing Agency, including all approvals related to zoning, building and fire codes

**AGENCIES LOCATED WITHIN THE DISTRICT OF COLUMBIA**

**\*\* DC Operations Headquarters:**

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

\*\* Send updated Certificate of Occupancy issued by the District of Columbia Government for premises on which the office is located

**If a corporation, Registered Agent within the District of Columbia**

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

**If not a corporation, Attorney-in-Fact or General Agent within the District of Columbia**

**Attorney-in-Fact or General 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 Administrative Act of 1985);  No     Yes
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);  No     Yes
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);  No     Yes
4. Past due taxes;  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

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

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**B. Has another entity suspended, revoked or placed conditions on your license, certification or accreditation as a NSA?**     No     Yes    If yes, please submit an explanation

**C. Are you currently being or you been (in the past year) investigated by any authority for any violation of state, federal, or local law?**     No     Yes    If yes, please submit an explanation

**D. Have you removed a nurse licensed in DC from your registry as the result of a complaint regarding practice or substance abuse?**     No     Yes    If yes, please submit name(s) and license number (s) or social security number(s) and the results of your investigation (if not reported previously)

**E. Have you made any significant amendments to your Policies and Procedures?**     No     Yes    If yes, please submit an explanation

## ATTESTATION

*I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE