



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION
NURSE STAFFING AGENCY LICENSE APPLICATION**

DEMOGRAPHIC INFORMATION

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.]

Pending applications shall not provide or refer nursing personnel, to a health care facility or agency, or to an individual, for the purpose of rendering temporary nursing services within the District of Columbia until you have been issued a license. Processing time can take up to 90 days.

Contact Person

Name: _____

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

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: _____

Please provide the following information for all that apply:

Registered Business Office:

Telephone Number: _____ Email Address: _____

Address: _____

Operations Headquarters:

Telephone Number: _____ Email Address: _____

Address: _____

DC Operations Headquarters:

Telephone Number: _____ Email Address: _____

Address: _____

If a corporation provide the following information with respect to your **Registered Agency** within the District of Columbia

Registered Agency: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

If not a corporation, provide the following information with respect to your **Attorney-in-Fact or General Agent within the District of Columbia**, per DC Business Corporation

Attorney-in-Fact or General Agent: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

ATTACHMENTS

Submit **all of the** following documents along with a signed copy of your application. **Incomplete applications will slow down the review process:**

Insurance Verification

- Copy of insurance certificate with HRLA added as a certificate holder

Policies and Procedures

- Copy NSA's policies and procedures

(Please note: In order to prevent the disclosure of proprietary information please place a disclaimer on any information that you consider proprietary.)

Corporations and LLC's

- Copy of Certificate of Good Standing as a corporation from the District of Columbia

Agencies located within the District of Columbia

- Certificate of Occupancy issued by the District of Columbia Government for premises on which the office is located

Agencies located outside of the District of Columbia

- 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

LICENSES/CERTIFICATIONS/ACCREDITATION

Are you currently licensed, certified or accredited as a NSA by another entity?

- No Yes If yes, please specify licenses, certifications and/or accreditations:

Has another entity suspended, revoked or placed conditions on your license, certification or accreditation as a NSA? No Yes If yes, please specify:
