



**Government of the District of Columbia
Department of Health**



Health Regulation and Licensing Administration (HRLA)
899 North Capitol Street, N.E.; 1st Floor
Washington, DC 20002

**APPLICATION FOR
NURSE STAFFING AGENCY LICENSE**

Thank you for your desire to provide Nurse Staffing Agency (NSA) services in the District of Columbia. We look forward to you providing expedient and professional services to District residents. Please review the instructions carefully and be sure to submit all of the required documents. If you require any assistance with this process, contact Gayle Dugger at gayle.dugger1@dc.gov or by calling (202) 442-4732.

Applying for:

☐ **Initial License**

☐ **Renewal**

LICENSURE FEE

Initial License Fee: \$1,000

Renewal Fee: \$500

Renewal Late Fee: \$100

PAYMENT INSTRUCTIONS

Payable by: Check or Money Order to **DC Treasurer**

Mail to: Intermediate Care Facilities
P.O. Box 37804
Washington, D.C. 20013

Walk-in Address: Department of Health
Health Regulation and Licensing Administration

899 North Capitol Street, NE, 1st Floor
Washington, D.C. 20002

ATTACHMENTS

Submit **all of the** following documents along with a signed copy of your application.
Submitting an incomplete application will impact the determination for licensure.

☐ **Disclosure of Ownership and Control Interest Form**

☐ **Clean Hands**

☐ **Certificate of Good Standing and Certificate of Trade Name Registration**

Copy of Certificate of Good Standing as a corporation from the Department of Consumer and Regulatory Affairs, Corporation Division

If the impending licensee is not the agency identified on the Certificate of Good Standing and is a derivative of a parent company (“doing business as [d/b/a]”), please include the Certificate of Trade Name Registration from Department of Consumer and Regulatory Affairs, Corporation Division.

☐ **Insurance Verification**

Copy of insurance certificate with HRLA added as a certificate holder

*As a requirement for renewal, the Intermediate Care Facilities Division (ICFD) must receive proof of insurance directly from the insurance company. We are **NOT** accepting copies from the licensee unless they are accompanied by a receipt of payment for coverage. All agencies must request that the Department of Health be listed as a certificate holder on the insurance to make sure that we are notified if any changes occur during your coverage period.*

☐ **Agencies located within the District of Columbia**

Certificate of Occupancy issued by the District of Columbia Government for premises in 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.

☐ **Policies and Procedures**

Copy of 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.*)

Initial License: Submit ALL Required Policies and Procedures.

Renewal: Submit any updates to Policies and Procedures.

DEMOGRAPHIC INFORMATION

Agency name: _____

Alternative/DBA Name: _____
[If applicable]

License number: _____

[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: _____

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

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

***Registered Business Office:**

Telephone Number: _____ **Email Address:** _____

Address: _____

***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: _____

Certificate of Occupancy #: _____

Address: _____

Send updated Certificate of Occupancy issued by the District of Columbia Government for premises in which the office is located.

Registered Agent within the District of Columbia:

Registered Agent: _____

Telephone Number: _____

Email 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 § 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 Administration 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.).

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

C. Are you currently being or have been (since your last renewal) 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

DATE

PRINT NAME

TITLE

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.