



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION**



**NURSE STAFFING AGENCY
RENEWAL CHECKLIST**

The following documents are required to complete the renewal process:

- 1) Completed, signed, dated Application
- 2) License Fee
- 3) Copy of Certificate of Good Standing from the District of Columbia. This document can be obtained from the Department of Consumer and Regulatory affairs.
- 4) *Copy of each 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)

Special Note:

As a requirement for renewal, The Board of Nursing 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.



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

DEMOGRAPHIC INFORMATION

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

Agency name: _____

License no. _____

[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

***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: _____ E-Mail Address: _____
Address: _____

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.