



**NURSING COUNCIL
COMMONWEALTH OF THE BAHAMAS**

Virginia and Augusta Streets

Nassau, Bahamas

Post Office Box: N-8506

Telephone Number: 1-242-604-6015 / 1-242-604-6017

Email: info@nursingcouncilbahamas.com

**APPLICATION FOR THE RENEWAL OF LICENCE FOR
NURSES AGENCY**

Name of Nurses Agency:.....

Address of Nurses Agency.....

.....

P.O. Box No.....Telephone No:

Cellular No:..... Emergency Contact:.....

Date for Evaluation

Signature of Applicant

Date

NURSING COUNCIL DECISION

Approved ☐

Date of certificate: _____

Not Approved ☐

Terminated ☐

Reason/s for non-approval or termination of licence:

Signatures: _____

Chairman

Registrar

Date: _____

Date: _____

For Council Use Only

Signatures of Council Assessors:

Fees received: ☐ Yes

☐ No

Signature

Date