



**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 FORM FOR NURSES AGENCIES

PURPOSE: For the supply of Licensed Practical Nurses, Registered Nurses, Registered Midwives, Advanced Practice Nurses and Unlicensed Assistive Personnel to provide services which are consistent with their professional status.

Documents required with completed application form:

	Documents Required with Completed Application Form:	
	Philosophy and objectives of the Agency	
	Policies and procedures for governing the Agency	
	Nursing Documents	
	Methods of evaluating the quality of care received by client	
	List of staff with licences, registration/enrollment numbers	
	Liability Insurance for the Agency	
	Processing Fee(s)	Receipt Number:
	Completed Application Form	

Please read the following instructions carefully.

A License from the Council is required annually by all persons to operate a Nursing Agency.

No application will be processed until all the above listed requirements are received.

Processing fee of seventy-five dollars (\$75) and registration fee of three hundred dollars (\$300) must be paid to complete the process.

Legal action may be taken against any person who operates an Agency without a Licence issued by The Nursing Council.

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**APPLICATION FOR THE ISSUANCE OF A NURSES AGENCY
LICENSE UNDER THE NURSES AND MIDWIVES
NURSES AGENCIES REGULATIONS, 1993**

1. Name of Applicant:.....
Address of Applicant:.....
P.O. Box No:..... Telephone:.....
Email address:.....
2. Nationality:
3. Name of Agency:.....
Address of Agency.....
P.O. Box No.....Telephone No:
- Cellular No:..... Emergency Contact:.....
4. Addresses of all branches (if applicable)
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5. Name of Executive Officer (i.e. the person managing the Agency on a day-to day basis):.....
6. Qualifications and experience of Executive Officer: (Please submit certified copies of certificates):
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7. Number of persons employed by Proprietor for the purposes of the Agency:-
 - (a) Number of Registered Nurses.....
 - (b) Number of Registered Midwives.....
 - (c) Number of Advanced Practice Nurses.....
 - (d) Number of Licensed Practical Nurses.....
 - (e) Number of Unlicensed Assistive Personnel.....
8. State number and year of issue of any license(s) held by the Agency:
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