



THE HOSPITALS & HEALTH CARE FACILITIES LICENSING BOARD

P.O. BOX N-8333

NASSAU, N.P.

THE BAHAMAS

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FORM I

APPLICATION FOR LICENCE
TO OPERATE A HOSPITAL OR HEALTH CARE FACILITY
UNDER THE HOSPITALS & HEALTH CARE FACILITIES ACT, 1998

Application Date _____

Licensee / Administrator

Last Name

First

Business address – Business mailing address

Telephone Number

E-mail Address

Facsimile Number

Business Website

Detailed Information

Type of License

- Annual
- Temporary

Have you applied here before?

- Yes (date & result) _____
- No

Description of Hospital & Health Care Facility

- Hospital
- Clinic
- Health Practitioner's Office
- Medical Practitioner's Office
- Birthing Centre
- Dialysis Centre
- Therapeutic Facility
- Laboratory
- Ambulance Services
- Maternity Hospital
- Diagnostic Facility
- Other

(continue to other side)

List types of services to be provided at the building(s):

- _____
- _____
- _____
- _____
- _____

Name of Administrator _____

Address of Registered Office (if licensee is a company) _____

Name, title and address of Managing Director or Chief Executive (if licensee is a company)

Maximum number of hospital beds to be occupied during license period _____

Maximum number of clients who can be accommodated overnight _____

The application fee of \$_____ is enclosed herewith (**cheques only, please**)

(Date)

(Applicant Signature)

Please attach the following:

(Please note items a & b are required for all professional staff members)

- a) Original Professional License and one photocopy
- b) Original Certificates and Diplomas and one photocopy of each
- c) Name, PO Box and telephone contacts of three references
- d) Trading name of business if applicable
- e) FCC, Cheques to be made payable to *The Hospitals & Health Care Facilities Licensing Board*
Sorry no cash accepted.