HOSPITALS & HEALTH CARE FACILITIES LICENSING BOARD

Form I

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

LICENSEE/ADMINISTRATOR

Application Date: _____

_____ _____

Last Name First Name

_____

_____

Location and Mailing Address

_____ _____

Telephone Number Facsimile Number

_____

National Insurance Number

Type of License

○ Annual ◉ Temporary

Have you applied before? ○ Yes ○ No

If yes, date and result:

_____

DETAILED INFORMATION

Description of Hospital & Healthcare 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

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

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Name of the Administrator: _____

Address of Registered Office if licensee is a company:

_____

Name and title 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.
(Certified cheques & direct bank deposit only, please)

_____ _____
Date Applicant

REQUIRED ATTACHMENTS

***Please attach the following:**

- Qualifying certificates, degrees or diploma
- Three appropriate references; and
- A list of names and qualifications of present staff.

REQUIREMENTS FOR APPLICATION

- Completed Form I (initial application form).
- Copy of current Medical / Dental Council License as applicable.
- Names, post office boxes and telephone contacts of three references.
- List of professional staff members accompanied by copies of qualifying certificates/appropriate professional council registration certificates (e.g. Nurses)/current Medical / Dental licenses as applicable.
- Trading As (T/A) name of business if applicable.
- Cheques to be made payable to 'The Hospitals & Health Care Facilities Licensing Board'. Personal/business cheques would be accepted.