



**Nursing Council  
Commonwealth of The Bahamas**

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Nassau, Bahamas**

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**APPLICATION FORM FOR RENEWAL OF LICENCE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
Date of Visit (Please indicate time when possible)

\_\_\_\_\_  
Signature and Date

**Council's Decision**

Approved  \_\_\_\_\_  
Date of Certificate

Not Approved

Reason 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