

**GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HEALTH**

OFFICE OF THE ADMINISTRATOR



BUREAU OF HEALTH PLANNING

**APPLICATION FOR HEALTH RELATED OCCUPATION BUSINESS LICENSE
FILE WITH HEALTH PLANNING, DEPARTMENT OF HEALTH**

PLEASE TYPE OR PRINT LEGIBLY

DATE: _____

NAME: _____

DATE OF BIRTH:(MM/DD/YYYY) _____

SOCIAL SECURITY #: _____

MAILING ADDRESS: _____ CITY _____ ZIP CODE _____

RESIDENTIAL ADDRESS: _____

INTENDED NAME /PLACE OF BUSINESS: _____

OCCUPATION & TYPE OF BUSINESS: _____

PHYSICAL BUSINESS ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE #: () _____ - _____

WORK: () _____ - _____

FAX: () _____ - _____

CELLULAR: () _____ - _____

OTHER : () _____ - _____

EDUCATION/TRAINING

SCHOOL NAME/ ADDRESS	DATES	GRAD. (Y/N)	DEGREE/#HRS	CONTACT NAME/TELEPHONE #	OFFICE USE
	START	Y - N	DEGREE TYPE		
	FINISH	Y - N	#HOURS		
	START	Y - N	DEGREE TYPE		
	FINISH	Y - N	#HOURS		
	START	Y - N	DEGREE TYPE		
	FINISH	Y - N	#HOURS		
	START	Y - N	DEGREE TYPE		
	FINISH	Y - N	#HOURS		

PLEASE ADD BLANK SHEET(S) WITH ADDITIONAL INFORMATION IF NECESSARY

STATE /PROFESSIONAL/CERTIFICATIONS

STATE/ORGANIZATION	LICENSE#/TYPE	EXPIRATION	CONTACT NAME/TEL#/ADDRESS	OFFICE USE

ADD BLANK SHEET WITH ADDITIONAL INFORMATION IF NECESSARY

WORK EXPERIENCE

EMPLOYER'S ADDRESS	DATES	POSITION (S)	CONTACT NAME/TELEPHONE #	OFFICE USE
	START			
	FINISH			
	START			
	FINISH			
	START			
	FINISH			
	START			
	FINISH			

ADD BLANK SHEET(S) WITH ADDITIONAL INFORMATION IF NECESSARY

Has applicant ever undergone disciplinary hearing? ____ YES ____ NO

Explain: _____

Has applicant been convicted of felony or misdemeanor? ____ YES ____ NO

Explain: _____

Has there been a malpractice settlement? ____ YES ____ NO If (YES) How many? _____

When was latest? _____ For what? _____

What was the award? _____ What was settlement? _____

I hereby affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct. I further wave, for process of this application, any confidentiality provisions concerning the information required to be provided to this application.

APPLICANT SIGNATURE

WITNESS

NOTARY PUBLIC

BE SURE TO ATTACH:

1. LEGIBLE COPY OF GOVERNMENT ISSUED IDENTIFICATION;
2. DETAILED NARRATIVE DESCRIBING PROPOSED BUSINESS SERVICE (SERVICE, PLACE OF EMPLOYMENT);
3. TWO (2) CHARACTER REFERENCE LETTERS (FROM COLLEAGUES OR CLIENTS);
4. COPY OF POLICE RECORD- **IF LIVING IN THE USVI LESS THAN 2 YEARS YOU ALSO NEED TO SUBMIT POLICE RECORD FROM LAST CITY/STATE OR COUNTRY OF RESIDENCE PRIOR TO MOVING TO THE USVI;**
5. SUBMIT COPIES OF CREDENTIALS, CERTIFICATIONS, LICENSES, ETC...; AND
6. THE APPLICATION **MUST BE NOTARIZED.**

BE SURE TO KEEP A COPY OF THE APPLICATION FOR YOUR FILE (Do not send any original documents) AND MAIL THE ORIGINAL TO THE ADDRESS BELOW (FAXED APPLICATIONS NOT ACCEPTED):

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