



**Government of the Republic of Trinidad and Tobago**

**Ministry of Health**

**OFFICE OF THE CHIEF MEDICAL OFFICER**

#4-6 Queen's Park East, Port of Spain 101002

**APPLICATION FOR LICENCE TO OPERATE A PRIVATE HOSPITAL**

NAME (in full) .....

ADDRESS .....

..... TELEPHONE # .....

OCCUPATION .....

QUALIFICATIONS .....

POSITION IN HOSPITAL .....

LOCATION OF HOSPITAL .....

.....

NAME OF HOSPITAL .....

.....

CONTACT # .....

DATE OF COMMENCEMENT OF OPERATION .....

NUMBER OF ROOMS IN BUILDING .....

TYPE OF PATIENTS ADMITTED .....

TYPE OF SERVICES OFFERED .....

FACILITIES AND EQUIPMENT FOR SERVICES PROVIDED (state whether anaesthetics will be administered) .....

.....

.....

(Give statement with respect to water supply, ventilation, toilet facilities) .....

.....

.....

PROTECTION IN CASE OF FIRE (Give full description of facilities provided in case of fire)

.....



1(868) 217-4664  
Ext. 17102-17110



www.health.gov.tt



cmo@health.gov.tt

NUMBER OF STAFF EMPLOYED (Medical and Nursing) .....

QUALIFICATION OF MEMBERS OF STAFF .....

.....  
.....  
.....  
.....

NUMBER OF STAFF EMPLOYED (other category of workers) .....

.....  
Signature of Applicant

.....  
Date



1(868) 217-4664  
Ext. 17102-17110



[www.health.gov.tt](http://www.health.gov.tt)



[cmo@health.gov.tt](mailto:cmo@health.gov.tt)