



NATIONAL HEALTH INSURANCE
EXPRESSION OF INTEREST FORM

PRIMARY CARE PROVIDER CLINIC

Indicate the Catchment Area of interest:

Dangriga Town _____

Punta Gorda Town _____

Indicate the in – house services of interest:

Pharmacy _____ **Imaging** _____ **Laboratory** _____

Ophthalmology _____ **None** _____

***Kindly complete this form in legible writing**

Name of Firm/Clinic: _____

Name of Applicant: _____

Clinic is within the Town limits? Yes No

Address of Firm/Clinic: _____

Email: _____

Applicant's Telephone number: _____

Profession of Applicant: _____

Applicant's Date of Birth: _____

Years of Professional Experience: _____

Nationality: _____

Professional Associations he/she belongs to: _____

Education (Summarize the higher education and other specialized studies and trainings of the applicant, indicating the names of the institutions of higher learning, dates or attendance and degrees obtained).

Working Experience: (Beginning with the current position followed by other posts occupied and years of experience for each post)

1.

2.

3.

4.

5.

Please note: This in no way commits you to involvement in the roll out of NHI. It is an expression of interest only which should be followed by the detail proposal. The guide for the proposal will be provided upon your submission of this application. A technical team will visit your premises to evaluate certain elements such as qualification of professional staff, adequacy of the facility and availability of basic equipment for the provision of services.

A printed copy of the form is to be submitted in a sealed envelope at the NHI office located at #1 Lily St. Belmopan no later than **4:00 pm** on the **4th September 2026**. Any submission after the stipulated date and time will not be received. Upon the submission of the form, ensure to log the delivery in to a logbook that will be available at the NHI office.

Date:

Signature:
