



FAX to **1.800.758.3635**

Focus on Malpractice Prevention

Risk Management CE Form

INSTRUCTIONS:

Address: ___

- You must secure a total of 6.0 Contact Hours (0.6 CEUs) or more by completing a combination of Focus on Malpractice Prevention modules located on the NSO/CNA risk management page within the NursingCenter.com website. Modules located outside of this page are NOT approved for the CNA risk management discount.
- 2. Include your name, address and policy number (if applicable) in the space provided below.

City/State/Zip: ______ Policy Number: ____

- 3. Sign the form. Unsigned forms will not be processed.
- 4. Make a copy of this form for your records.
- **5.** A) If you are a current NSO customer with an individual professional liability insurance policy then you may fax a copy of this form with your certificates of completion to **1.800.758.3635**.
 - B) If you are not currently an NSO customer, please contact NSO.com to obtain an application for coverage.

Return the completed application and a copy of this form to NSO at:

Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034

Please list the date and CE credit hours for each Focus on Malpractice Prevention Risk Management Module you completed below. Remember to fax your certificates of completion with this signed form to 1.800.758.3635			
	Date	Title	CE Credit Hours
1			
2			
3			
4			
5			
6			
Total CE Credit Hours (You must secure a total of 6.0 CE contact hours or more to be eligible for the 10% non-cumulative risk management premium credit on your individual professional liability insurance premium.)			
I certify that the information I have reported on this form is complete and accurate.			
Signature: Date:			

^{*}Coverage is available to eligible residents of the United States of America and Puerto Rico.

^{*}Discount applied at each renewal for three years.