



FAX to: 1-800-758-3635

**Focus on Malpractice Prevention  
10% Risk Management Discount  
Risk Management CE Form**

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

\*Discount applied at each renewal for three years.

**Instructions:**

- (1) 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 Nursing Center.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.
- (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 [www.NSO.com](http://www.NSO.com) to obtain an application for coverage.

Return the completed application and a copy of this form to NSO at:  
Nurses Service Organization  
159 East County Line Road  
Hatboro, PA 19040

(Print clearly)

<b>Name:</b>			
<b>Address:</b>			
<b>City/State/Zip:</b>			<b>NSO Policy Number:</b>
<b>Please list the date and CE credit hours for each <i>Focus on Malpractice Prevention</i> Risk Management Module you completed below. Remember to fax your certificates of completion with this signed form to 1-800-758-3635.</b>			
	<b>Date</b>	<b>Title</b>	<b>CE Credit Hours</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<b>Total CE Credit Hours</b> (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: _____	

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