



FAX to: 1-800-758-3635

**Focus on Malpractice Prevention-For Counselors  
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 3.0 Contact Hours (0.3 CEUs) or more by completing a combination of *Focus on Malpractice Prevention* modules located on the HPSO/CNA risk management page within the CEConnection.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 HPSO 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 HPSO customer, please contact [www.hpso.com](http://www.hpso.com) to obtain an application for coverage.

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

(Print clearly)

|  |             |                            |                        |
|--|-------------|----------------------------|------------------------|
| <b>Name:</b>   |             |                            |                        |
| <b>Address:</b>  |             |                            |                        |
| <b>City/State/Zip:</b>   |             | <b>HPSO 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 3.0 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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