

Purpose: This tutorial is meant to serve as a supplement to the Process Applicant Details For Nurse Practitioner Application tutorial.

PART I-PROCESS APPLICANT DETAILS:

From the Primary Address page:

1. Type the applicant's e-mail address into the designated field. **NOTE:** This e-mail address will serve as the applicant's login.
2. Create and type a password into the designated field for the applicant.
3. Type the applicant's primary mailing address information into the designated fields.
4. Type the applicant's primary practice location into the designated fields if it differs from the primary mailing address. **NOTE:** Click on the blue hyperlinked text if the applicant's primary practice and mailing addresses are identical.
5. Click on the **Next** button. The Medicare/Medicaid page displays.
6. Click to select whether the applicant submits billing to Medicare/Medicaid.
7. Click to select whether the applicant wants to include general liability coverage and click on the **Next** button. **NOTE:** If the applicant selects general liability coverage, the General Liability page displays. Otherwise, the State Licensing page displays.

From the General Liability page (optional):

1. Click to select the applicant's general liability risk type and whether they own or rent the building from the dropdown menus.
2. Type the applicant's annual receipt total into the designated field if they rent/sell products. **NOTE:** Type "0" if there aren't any.
3. If the applicant has additional facilities, type the additional address information into the designated fields.
4. Click on the green Submit box. A new premium amount displays on the right side of the page.
5. Repeat steps 3 and 4 until all additional facilities have been entered.
6. Click on the **Next** button. The State Licensing page displays.

From the State Licensing page:

1. Click to select whether the applicant is licensed or certified in their states of service and click on the **Next** button. The Claims Information page displays.
2. Click to select whether any claim or lawsuit for malpractice has ever been brought against the applicant. **NOTE:** If the applicant responded "Yes" to this question, type an explanation into the designated field.
3. Click on the **Next** button. The Claims and Experience Information page displays.
4. Click to select whether a court, licensing board or regulatory agency responsible for maintaining standards within the profession has ever brought complaints, charges or disciplinary action against the applicant. **NOTE:** If the applicant responded "Yes" to this question, type an explanation into the designated field.
5. Click to select whether the applicant has ever been declined, cancelled or non-renewed for professional liability insurance. **NOTE:** If the applicant responded Yes to the previous question, type an explanation into the designated field.
6. Click on the **Next** button to continue. The second Claims and Experience Information page displays.
7. Click to select whether the applicant is serving in any of the roles described within the listed organizations. **NOTE:** If the applicant selected "Yes" to this question, type an explanation into the designated field.
8. Click on the **Next** button. The Nurse Practitioner Profession Specific Application Questions page displays.

From the Nurse Practitioner Profession Specific Application Questions page:

1. Click to select whether the applicant's specific professional classification from the dropdown menu.
2. Click to select whether any part of the professional services the applicant provides involve temporary staffing.
3. Click to select whether the applicant owns or operates a medical clinic. **NOTE:** If the applicant selected "Yes" to this question, click to select whether the physician has other inforce PL coverage with limits \geq the applicant's liability.
4. Click to select whether the applicant interprets x-rays or lab test results solely in conjunction with direct patient treatment. **NOTE:** If the applicant selected "Yes" to this question, click to select whether the applicant interprets xrays or lab test results on behalf of a clinic or facility without direct patient contact on their behalf.
5. Click to select whether the applicant performs cytology testing or interpretation.
6. Click on the **Next** button. The Additional Insured page displays.

From the Additional Insured Page:

1. Type the additional insured information into the designated fields at the top of the page if applicable.
2. Click on the **Click to Add** button. The additional insured displays in the Attached Endorsements field.
3. Repeat steps 1-2 until all insureds have been added and click on the **Next** button.