

VERIFIED PROFESSIONAL TIER AND CORE REQUIREMENTS

Divisions that use this list: All Texas, North Carolina, Far West, Continental, MidAmerica, Mountain, and Capital

Below are credentials required to complete your file. Where there is an X, a credential is needed.

These must be uploaded in your Verified Professional Account at: www.hwsverified.com

Core Requirements

Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
N/A	Online in your VPro Account	Annual	Annual Fee Payment is necessary for your file to be worked. Payment in made within your account Details: <ul style="list-style-type: none"> • Changing Classifications will require a new account. • Changing Tiers from 1 to 2 will be assessed a fee. • Changing Companies will require a new account. • Company acquisitions require a new account. 	All Tiers	VPRO / Delegate
		Once	HCA Education Packet – Need to attest online.	All Tiers	VPRO
		Once	Confidentiality and Security Agreement – Need to attest online.	All Tiers	VPRO
		Once unless changes are made	HealthTrust Agreement – Need to attest online. This is required annually when renewing your payment	All Tiers	VPRO
		Once unless expired	Government Issued Photo ID – (ex. driver's license, passport, and visa) must be valid and current. No expired ID's accepted.	All Tiers	VPRO / Delegate
		Once	Badge/Headshot Photo – Clear, frontal headshot with light background. Photo needed for Kiosk badging system.	All Tiers	VPRO / Delegate
		Once unless changes occur	Division Orientation – Need to attest online.	All Tiers	VPRO
		Annual	Mid-America Annual Safety Training – Needed when accessing MidAmerica hospitals.	All Tiers	VPRO
		Once	HCA Attestation – Many types of individuals are out of scope for the Verified Professional Credentialing. This document outlines these individuals. Review the document carefully. If you can answer yes to any, please do not continue with your application , as HealthTrust cannot proceed with your Credentialing. If you answer yes to being an HCA employee, please contact HealthTrust for next steps.	All Tiers	VPRO
		Scope of Service	Once	Scope of Service is essentially HCA's job description for your role. This document contains the hospitals minimum qualifications as well as any state regulated requirements. REVIEW THE QUALIFICATIONS AND EXPERIENCE SECTIONS HealthTrust Web Page - All Documents	Tier 2/3
	Specialty Verification	Upon Expiration	Professional Licensure or Certificate (When required) Also see requirements on your Scope of Service HealthTrust Web Page - All Documents	Tier 2/3 if noted on Scope of Service	VPRO / Delegate
	Role Description	Once	Role Description Online document this does not autoconfirm. A specialist must review during credentialing. Specifically state your role when working in the HCA Healthcare hospitals. This may be different than your full day-to-day job description. This information ensures your classification is accurate.	All Tiers	VPRO
				Details: <i>Document must identify company name within the document; must include position title.</i>	

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Core Requirements Continued

Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
Every 5 Years Includes Tier 1 Only if accessing TX, NV, CA, & NC	Letter of Compliance	Once	A letter or statement, from the employer that attests to your training and competencies on the services and/or products being provided. Must list products being brought in to the hospital or surgery center (product lines are fine to note). This may also be a Verification Letter for Self-employed (not Distributors)	Tier 2/3	VPRO / Delegate
		Details: The letter should confirm your date of hire or start date. Letter must be on company's letterhead or identify company, signed and dated within the last year by your Supervisor/Manager.			
Every 5 Years National Criminal, Sex Offender Only if accessing TX, NV, CA, & NC	Background Check Result <i>No attestations are accepted</i> <i>Education is not required for Tier 1 and Supplier Reps / Managers.</i>	Once	Employment History Verification (5 yrs)	All Tiers	VPRO / Delegate
		Every 5 Years	NATIONAL Criminal Search Verification (7yrs) – Cannot be older than five years. If so, this portion of the background must be updated. Details: Criminal search may need to have multiple searches performed by your background company to ensure ALL STATES AND COUNTIES are utilized in the review.	All Tiers	
		Once unless change in Scope	Education – Highest level of academic education completed, e.g. high school, GED, associate, bachelor's degree. Tier 2 and 3 should check your Scope of Service for specific education and training to be verified.	Tier 2/3	
		Once	Social Security Number Verification performed by a third party. Do not upload your SS Card.	All Tiers	
		Once	Violent Sexual Offender – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers	
		Once	OIG/GSA List of Excluded Individuals – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers	
		Once	OFAC SDN Search – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers	
		Once	TEXAS - San Antonio Only must be completed within 30 days of submitting your file. Details: <ul style="list-style-type: none"> CANNOT BE OLDER THAN 5 YEARS MAKE SURE TO LOOK OVER YOUR SCOPE OF SERVICE FOR ANY ADDITIONAL BACKGROUND VERIFICATIONS REQUIRED FOR EDUCATION AND EXPERIENCE. ALL EDUCATION and TRAINING MUST BE VERIFIED BY A THIRD PARTY FOR U.S. AND OUTSIDE THE U.S. Transcripts and diplomas are not acceptable proof. Searches for FACIS should be FACIS 3. FACIS 1 will NOT be accepted Make sure the document is redacted for: Social Security numbers, Credit Report Results, and/or Salary Information. Employment Gaps – The term "gap" includes any time frame exceeding 90 days in which there is no employment verification listed on the background check report submitted. The sole purpose of this document is to supplement information that is not verified on the background check report. Click here for Gap Form 		
Where applicable	BLS	Upon Expiration	BLS ONLY ACCEPTED FOR THE FOLLOWING: American Heart Association or Red Cross Submit front & back of the physical card, signed. eCards are acceptable as long as they are submitted as a PDF, JPEG, or screenshot.	Tier 2/3	VPRO / Delegate

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N/A	Training	Once	Operating Room Protocol Training – Required when entering the OR. (if you added the OR area to your account, this is required)	Tier 2/3	VPRO / Delegate
		Annual	Bloodborne Pathogens Training – Required when entering the OR. (if you added the OR area to your account, this is required)	Tier 2/3	
Once		HIPAA Training	Tier 2/3		
Annual		Code of Conduct Training (this is training by your company or purchased to provide the requirement) The following variances are acceptable: Code of ethics is acceptable, ethics and compliance, business conduct.	All Tiers		
Details: <i>Certificates of training may be accepted by a qualified vendor organization. We will also accept a letter from your current employer attesting to your training and must provide the date training completed. If self-employed please provide certificate only.</i> <i>The certificate/letter must include:</i>					
All tiers and Every 2 years if accessing TX, NV, CA, & NC					
	Only if accessing TX, NV, CA, & NC				
Tier 1 Required if accessing TX, NV, CA, & NC	Drug Screen	Once	Drug Screen – This is not a panel, but seven specific drugs listed below.		VPRO / Delegate
		Once	San Antonio Only must be completed within 30 days of submitting your file. This may require a new test.		
		Details: <i>CANNOT BE OLDER THAN 5 YEARS</i> <i>Satisfactory Drug Screen result for the following meet HCA's minimum requirements. Panels are not required. Your credential must list out the drugs below. This test may be performed via urine, blood or saliva (must be via a chain of custody). Substances screened must include: amphetamines, barbiturates, benzodiazepines, opiates, marijuana, methadone and cocaine.</i>			
Only if accessing TX, NV, CA, & NC	Completed Employment Review	Annual	Confirmation of satisfactory evaluation from employer. Provide a letter confirming your annual evaluation is satisfactory.	All Tiers	VPRO / Delegate
		Details: <i>A satisfactory evaluation, not the results, ratings or comments of the evaluation.</i>			
		<ul style="list-style-type: none"> • <i>The date on a letter is acceptable in lieu of a date of evaluation.</i> • <i>We cannot accept and actual evaluation. We cannot take the skills checklist for this requirement.</i> • <i>Document does not need to match the Skills Checklist.</i> <ul style="list-style-type: none"> ○ <i>If a skills checklist needs improvement, we do not need to expire this at the same time.</i> • <i>For new employees, they can state the person is new and they will be doing an evaluation soon, use the date provided.</i> 			
		<i>If the date on letter is "every February," use the first date of that month.</i>			
		<i>Does not replace Annual Evaluation by Facility.</i>			

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N/A	Skills Checklist	Annual	<p>Yearly Evaluation completed by the employer that shows proof of current assessment for you and your competencies and skills to perform your job. The skills checklist can list soft skills along with daily tasks and procedures.</p> <p>It is also used to communicate additional requirements on the Scope such as cases completed annually or on the job training, if permitted.</p>	<p>Tier 2/3</p> <p><i>Not Required for Supplier Reps / Mgrs</i></p>	VPRO / Delegate
		<p><u>Details:</u></p> <p>If your company does not have a standardized skills checklist to use for experienced and/or newly hired people, see our template found here: HealthTrust Web Page - All Documents</p> <ul style="list-style-type: none"> Experienced employees will complete Section A. Newly hired employees will complete both Sections A and B. <p>If your company has a standardized skills checklist to use for experienced and/or newly hired people, that document may be submitted to satisfy the credential.</p> <ul style="list-style-type: none"> Newly hired people who have not achieved/passed/completed training required for the position (not the company related training), would need to complete a checklist that contains a detailed plan for on the job training (OJT) that includes the list of missing skills that will be attained during OJT, as well as a re-evaluation date. <p>The re-evaluation date is necessary so that HealthTrust may follow up and retrieve an up to date Skills Checklist. This will then confirm the competency of the VPro. If the documentation does not include this piece, then the company needs to complete Section B (page 3) of the HealthTrust Skills Checklist document and submit with their company documentation.</p>			

Health Requirements – see next pages

HealthTrust must receive an official record from one of the following:

- Health Clinic or Practice
- State Repository
- Vendor Vaccination Company (from Current Employer)
- Occupational Health
- Official Immunization records from Schools

What should be on the official record (combination):

- Company Name or Logo (which must include the company name) and/or address information:
- Clinic/repository/company/vendor vaccination /state repository located clearly on the document
- Patient Name & secondary identifier (only if the VPro has a common name): i.e., date of birth or address (this may be handwritten; it is needed to verify the correct VPro in HWSVerified)
- Immunization Details: Description, Result, Series (if applicable), Date Performed, Date Read

Records Given Outside of the U.S.:

- We can accept proof from other countries as long as documented as we would within the US. Even if the schedule is off, as long as the shots are met within/but not before mandated schedule we can accept.
- The recommended immunization schedule for a child who began receiving vaccines in another country depends on whether the vaccines the child received:
- Have been documented in writing and dated; and
- Have been given at the ages and spacing recommended in the U.S.

Important Notes:

- A signature is not required on the document provided; however, if it is found to be suspect or looks doctored, HealthTrust reserves the right to require that a signature be obtained.
- Please redact the full social security number. Documents that are not redacted will not be accepted.

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Health Requirements

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N/A	Tdap	Dependent on Dosing or Titer (if applicable)	<p>Tdap (Proof of vaccine for Diphtheria, Tetanus & Acellular Pertussis) Vaccination must be within the last 10 years (titers are not acceptable). Boosters are required after the initial Tdap and every 10 years.</p> <p><u>Details:</u> <i>Security Guards are required to provide proof of vaccination.</i></p>	Tier 2/3	VPRO / Delegate
N/A	MMR Varicella Hep B Tdap <i>Per CDC Schedule</i>	Dependent on Dosing or Titer (if applicable)	<p>MMR (2 shots, 28 days apart or Titer) To determine whether or not you have positive titer results review the legend below your numerical result.</p> <p>Varicella (2 shots, 28 days apart or Titer) To determine whether or not you have positive titer results review the legend below your numerical result; History of childhood illness is not considered proof of immunity in Texas.</p> <p><u>Details:</u></p> <ul style="list-style-type: none"> <i>Varicella vaccines earlier than 1995 are not acceptable. The earliest Varicella vaccine was introduced in 1995 (Varivax – manufactured by Merck).</i> <i>Shingles vaccines (Herpes Zoster) are not acceptable in place of a VARICELLA vaccine.</i> <p>HEP B</p> <ul style="list-style-type: none"> • Heplisave – 2 dose-series: 2-dose HepB vaccine series only applies when both doses consist of HepB-CpG, administered at least 4 weeks apart. • 3-dose series: (3 shots – 0 month, 1 month after and 4 or 6 months after or Positive Titer) • This vaccination can be declined and must use the HealthTrust form 	Tier 2/3	VPRO / Delegate
N/A	TB/PPD	Annual	<p>TB Risk Assessment – is a Questionnaire required to be completed by everyone annually. Follow directions on the online form according to your TB status. (Annual requirement) aka TB Questionnaire.</p>	All Tiers	VPRO
N/A	TB/PPD	Once Unless in California and Kentucky	<p>TB Evidence</p> <ul style="list-style-type: none"> • Negative TB Skin Test, Negative TB Blood Test or Quantiferon. Document must show Negative TB results, date administered, and date read. • Needed once in all Divisions except CA and KY, where it is required annually • TB Risk Assessment will be required annually for all VPro’s. <p>If positive result is submitted, you will be required to submit your:</p> <ul style="list-style-type: none"> • Proof of positive history and TB Questionnaire • Chest X-Ray (if you have proof of INH, please supply with your chest x-ray) <ul style="list-style-type: none"> ○ You must submit the proof from the original TB, Tspot or Quantiferon test before a chest x-ray will be accepted. Provide proof of last chest x-ray report indicating negative results for TB. 		VPRO / Delegate

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			<p>Details:</p> <ul style="list-style-type: none"> San Antonio – (Required annually) The below three options can be used to fulfill the requirement: <ol style="list-style-type: none"> <u>Negative TB Skin Test or Negative TB Blood Test</u> – Must show Negative TB results, date administered, date read and health center where the test was performed. <u>Negative TSPOT & Questionnaire</u> – If you answer YES to 2 or more questions, you will need to follow the POSITIVE RESULT process below. <u>Positive TSPOT, Questionnaire, Infectious disease/Pulmonary Physician evaluation letter</u> – If the TB blood test result is positive or equivocal, you must go to an infectious disease, pulmonary physician, or to the City Chest Clinic for an evaluation. You will not be cleared to begin work until this evaluation is completed and the results submitted. 		
N/A	Seasonal Influenza	Annual (Seasonal, Start: August of present year)	Proof of vaccination or declination must be submitted by the compliance date of each season. If flu decision is not received, your access will be affected.	All Tiers	VPRO / Delegate
			<p>Details:</p> <ul style="list-style-type: none"> Vaccinations will only be accepted from the current flu season. If obtaining your flu vaccine through an HCA facility, the Consent Form should be filled out entirely, partial completion is not acceptable for confirmation. If declining, must submit HealthTrust's declination form; forms only available at the start of each season. <ul style="list-style-type: none"> Declination Form must be filled out in its entirety. Flu receipts can only be accepted if it contains VPro's name, administered date, and clearly states Flu was given. <p>Nasal flu mist is not acceptable due to low efficacy and will not be honored for vaccination compliance.</p>		

Mask Fit Test Requirements – DIALYSIS NURSES

Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
TEXAS DIVISIONS ONLY	Dialysis Nurse Mask Fit Test <i>Gulf Coast</i>	Annual	3M 1860 small or regular	Tier 2/3	VPRO / Delegate
	Dialysis Nurse Mask Fit Test <i>Central & West Texas</i>	Annual	Kimberly Clark N-95/Halyard	Tier 2/3	VPRO / Delegate
	Dialysis Nurse Mask Fit Test <i>North Texas</i>	Annual	<p>Alliance: Progear N95 mask in Small and Regular Arlington: Progear N95 mask in Small and Regular Dallas: Progear N95 mask in Small and Regular Denton: Progear N95 mask in Small and Regular Fort Worth: Halyard N-95: Small and Regular Frisco: Halyard N-95: Small and Regular Green Oaks: Progear in sizes Small and Regular Las Colinas: Progear in sizes Small and Regular Lewisville: Halyard N-95: Small and Regular; Progear in sizes Small and Regular; 3M 1860 & 1860S; Moldex 1510 N95 McKinney: Progear N95 mask in small & regular North Hills: Prestige Ameritech N95 Respirator in regular Plano: Progear N95 mask in small & regular; kimberly Clark N-95 in small & regular Weatherford: 3M 1860 in small & regular; Kimberly Clark in small & regular</p>	Tier 2/3	VPRO / Delegate

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State / City Requirements (where applicable)

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COLORADO ONLY	CO: CAPS <i>(Colorado Adult Protective Services)</i>	Once	<p>Pertains to anyone hired by his or her employer after 1/1/19. If this does not pertain to you, upload a document stating as such.</p> <ul style="list-style-type: none"> Per new Colorado State requirements, individuals who will be providing direct care to at-risk adults including VPros, are now required to submit results from a CAPS search. VPros will be required to request the results from their employer and upload to your account to satisfy this credential requirement. For more information, your employer can visit https://www.colorado.gov/pacific/ccu#statrule There are classifications that will not need one this requirement. Others may apply based on providing direct patient care or <u>proximity</u> of care. Namely Tier 1 and Supplier Reps. To verify https://www.colorado.gov/pacific/ccu#statrule If you feel this does not apply, upload a document stating not applicable due to role in the hospital. HWS will evaluate your statement and act accordingly. Most organizations are not able to establish an account with Colorado to perform this requirement. If you cannot locate a vendor to perform this, contact Evolution Consulting 607-240-2400 and request "VPro support" to have this performed. See http://engage.healthtrustjobs.com/verified for documents and forms under the General section 	Tiers 2/3	VPRO / Delegate
		<p>Details: <i>You will be required to have fingerprints done for a criminal history record search. The clearance letter must be dated within the last 2 years and it can be obtained from any Mississippi Healthcare Facility. Please see attached Fingerprinting information.</i></p>			
ALASKA ONLY	2 Separate Credentials: 1- AK Regional Questionnaire	Once	Alaska Background – The questionnaire is required to be completed to determine if it is necessary for you need to have a State of Alaska Background Check performed by <i>Alaska Regional Medical Center</i> . See below for process.	All Tiers	VPRO
		<p>Details: <i>Verified Professional Questionnaire for HCA Healthcare - Alaska Regional. This questionnaire is required to be completed online by the VPro to determine if it is necessary for to have a State of Alaska Background Check performed.</i></p> <p><i>If the VPro falls into the category of Yes responses that identifies the need for an Alaska Background check, follow this process for completing the Sponsorship Agreement form, located here: http://engage.healthtrustjobs.com/verified see General Section</i></p> <ul style="list-style-type: none"> <i>Your company fills out middle section of the Sponsorship Agreement form and sends it to Alaska Regional HR for their completion. Email address is: AKAR.HRDept@HCAHealthcare.com</i> <i>Alaska Regional will complete the top section of the form and send it in to the background check program</i> <i>The background check program completes the bottom portion of the form and then enters the info in their system so that Alaska Regional connection is established in the system.</i> <i>Once you have received your copy of the Alaska Background Check, upload it under Alaska Background Check.</i> <p><i>If you answered No to all questions on the Questionnaire, print your form and then upload it under the separate Alaska Background Check</i></p>			
	2- Alaska Background Check		Depending on how you responded to the AK Regional Questionnaire, you will either upload your copy of the completed AK Background Check that AK Regional performed for you -OR- If you responded No to the Questionnaire upload a printed copy of the AK Regional Questionnaire		

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State / City Requirements (where applicable)

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MISSISSIPPI ONLY	MS: State Requirement	Once	Garden Park Fingerprints	Tier 2/3	VPRO / Delegate
MISSOURI ONLY	MO: State Requirement	Once	<i>Missouri Highway Patrol</i>	Tier 2/3	VPRO / Delegate
		Every 90 Days	Missouri Employee Disqualification list (MOEDL) (This not required for supplier reps)		
<p>Details: Please note that if you are requesting access to HCA Facilities in the State of Missouri, additional searches must be included in your background:</p> <ul style="list-style-type: none"> If your background report includes a Statewide Criminal Search for Missouri the MISSOURI HIGHWAY PATROL CHECK is included in those searches. <ul style="list-style-type: none"> Police reports are not an acceptable form for the MO Highway Patrol Check. The (MOEDL) MISSOURI EMPLOYEE DISQUALIFICATION LIST must be completed every 3 months. You may use the form attached and send to the fax number or address below to complete the search. Once you have the results, upload them to your account. <p>You can perform the MO State Hwy Patrol Check yourself by visiting the website: https://www.machs.mshp.dps.mo.gov/MocchWebInterface/home.html. You will need to create an account and pay the fee, print the report and upload to your acct. The report is available almost immediately. The document, when printed has a seal in the upper left corner, will include the findings of the search and has a Watermark on the background.</p> <p>You may contact the Missouri Department of Health and Senior Services directly for them to perform the checks for you. You must provide a physical report for both. Their contact information is: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500, Jefferson City, MO 65102 Fax: 573-522-8463 You will need to register with the Family Care Safety Registry http://health.mo.gov/safety/fcsr/</p>					

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Certificate of Insurance & Attestation

Details:		
Coverage	Limits	Verbiage
General Liability Coverage Limits (GCL) <i>ALWAYS NEEDED WITH PRODUCT</i>	1,000,000 each occurrence / 3,000,000 aggregate	No verbiage required
Product Liability (if separate policy)	1,000,000 each occurrence / 3,000,000 aggregate	Must include verbiage only if the VPro is a Distributor or Independent Rep.
Professional Liability (PL) a.k.a. medical malpractice, errors and omissions (EOC)	Depends on the State	Must Include Verbiage

Professional Liability State Occurrences/Aggregates:

AK	\$1 million/\$3 million	KS	\$200/\$600k	NV	\$1 million/\$3 million
CA	\$1 million/\$3 million	KY	\$1 million/\$3 million	OK	\$1 million/\$3 million
CO	\$1 million/\$3 million	LA	\$100k/\$300k	SC	\$1 million/\$3 million
FL	\$250k/\$750k	MO	\$1 million/\$3 million	TN	\$1 million/\$3 million
GA	\$1 million/\$3 million	MS	\$1 million/\$3 million	TX	\$200k/\$600k
ID	\$1 million/\$3 million	NC	\$1 million/\$3 million	UT	\$1 million/\$3 million
IN	\$1 million/\$3 million	NH	\$1 million/\$3 million	VA	\$2 million/\$6 million

Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
N/A	Certificate of Insurance Attestation	Once unless changing employer	This is an <u>online attestation</u> required for Distributor/1099 Reps to attest having all the product insurance for the various products they represent.	Tier 2 Supplier Reps	VPRO / Delegate
		Details: <i>All insurance documents are not needed for Supplier Reps, as they sign this letter. Distributors must attest to having ins for all companies. This can be used to see if the products are listed on the LOC.</i>			
N/A	Certificate of Insurance	Annual	<ul style="list-style-type: none"> If you are employed by an organization, HWS will assist with uploading the COI if missing or expired. If you are self-employed there will be a location on your account to upload 	Tier 2/3	VPRO / Delegate See notes
		Details: <i>If you use a product, product liability is required with General Liability. If you provide a service, Professional Liability is required. See above link to check your state requirements.</i>			
		<ul style="list-style-type: none"> Examples of 3rd Party Individuals verbiage: Insurance covers all Distributors and Independent Representatives. Umbrella Liability Coverage verbiage must state the policy/coverage it applies to. Professional Liability may also be listed as Medical Malpractice Liability on some policies. Binder & Applications in place of actual COI are not acceptable. 			