

VERIFIED PROFESSIONAL TIER AND CORE REQUIREMENTS

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

Note: There are additional policies, orientations, and acknowledgments per each type of position which will be loaded in each person's account. Also seek assistance at www.vproverified.com our Resource Site

Core Requirements

Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
N/A	Online in your VPro Account	Annual	<p>Annual Fee Payment is necessary for your file to be worked. Payment in made within your account</p> <p>Details:</p> <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
		With each annual payment	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 – Need to attest online. Required when accessing MidAmerica hospitals.	All Tiers	VPRO
		Once	<p>HCA Attestation –</p> <ol style="list-style-type: none"> Identify your role type: Review the document carefully. If you can answer yes to options B or C, HealthTrust cannot proceed with your Credentialing. Please contact HealthTrust for next steps. Provide start date with your company. If you hold a license or certificate in any state regardless of your role, list this information. 	All Tiers	VPRO
		Scope of Service	Once	<p>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 QUALIFCATIONS AND EXPERIENCE SECTIONS</p> <p>https://vproverified.com/ select Resource Documents</p>	Tier 2/3
	Specialty Verification	Upon Expiration	<p>Professional Licensure or Certificate (When required)</p> <p>Also see requirements on your Scope of Service</p> <p>https://vproverified.com/ select Resource Documents</p>	Tier 2/3 if noted on Scope of Service	VPRO / Delegate
	Role Description	Once	<p>Role Description Online document this does not autoconfirm. A specialist must review during credentialing.</p> <p>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.</p> <p>Details: Document must identify company name within the document; must include position title.</p>	All Tiers	VPRO

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Core Requirements Continued

Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
If accessing TX, NV, CA, & NC Frequency is every 5 Years for Criminal and Sex Offender	Background Check Result Document <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) <ul style="list-style-type: none"> Must have current company verification. Must be either verified by a third party or upload a document from your company on logo letterhead with the start date with your current company. Must be complete and if gaps are not properly notated per guidelines at the end of this page, this will cause a delay. Must contain relevant employment experience verified if specific experience required on the Scope of Service. 	All Tiers	VPRO / Delegate
		Once unless noted otherwise in blue box	Criminal Search Verification (7yrs) – should not be older than 5 years. The search should be 7 years or up to 5 criminal searches <i>A properly documented US Visa, issued December 31, 2007 or later, satisfies the criminal search component of the background investigation for the time period prior to entering the US</i>	All Tiers	
		Every 5 years	San Antonio requires that your Criminal verifications not be older than 30 days If you are previously credentialed and add San Antonio after completion, you Criminal verification cannot be older than 30 days and updated version provided.	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 unless noted otherwise in blue box	Sexual Offender – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers	
		Every 5 years	Sexual Offender - San Antonio requires that your Criminal and Sex Offender verifications not be older than 30 days If you are previously credentialed and add San Antonio after completion, you verification cannot be older than 30 days and must provide an Sex Offender search.		
		Once	OIG/GSA List of Excluded Individuals – Cannot be older than five years. If so, this portion of the background must be updated.		
		Once	OFAC SDN Search – Cannot be older than five years. If so, this portion of the background must be updated.	All Tiers	
		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. https://vproverified.com/ and select Credentials			

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Where applicable	BLS	Upon Expiration	BLS ONLY ACCEPTED FOR THE FOLLOWING unless otherwise noted on the Scope of Service 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
N/A	Training	Once	Operating Room Protocol and Aseptic Technique Training – see Details below Must have evidence of both trainings. Required when entering the OR. (if you added the OR area to your account, this is required)	Tier 2/3	VPRO / Delegate
N/A		Annual	Bloodborne Pathogens Training – see Details below Required when entering the OR. (if you added the OR area to your account, this is required)	Tier 2/3	
N/A		Every 2 years	HIPAA Training – see Details below	Tier 2/3	
All Tiers if accessing TX, NV, CA, & NC All tiers and frequency is every year		Once	Code of Conduct Training – Need to attest online This document is completed only by the VPro. Read, understand and acknowledge. 7/12/21	Tier 2/3	VPro
Tier 1 Required if accessing TX, NV, CA, & NC	Drug Screen	Once	Drug Screen – This is not a panel, this is not a rapid test. It is seven specific drugs as listed. Substances screened must include: <u>amphetamines, barbiturates, benzodiazepines, marijuana, methadone and cocaine and Opiate Family-Codeine, Morphine, Hydrocodone, Hydromorphone, 6-acetylmorphine and Oxycodone</u> Details: CANNOT BE OLDER THAN 5 YEARS <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).</i> <ul style="list-style-type: none"> Documents must have the Social Security Numbers redacted Diluted drug screening – Urine specific gravity should be in the range of 1.003 – 1.030. Any screening outside these ranges will have to be repeated. Not Acceptable: <ul style="list-style-type: none"> Attestations. Rapid/POCT test (same day test) is NOT acceptable. This is because results are preliminary and require confirmation testing of the analytes by a method that has greater sensitivity. Home tests and hair screenings are NOT acceptable. 	Tier 2/3. See note in blue	VPRO / Delegate

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Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
N/A	Competencies Skills Checklist <i>Not Required for Supplier Reps / Mgrs. or Community Liaisons</i>	Annual	<p>Skills Checklist is a Company Competency 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>If you are self-employed, you will need to work with a sponsoring physician to provide a competency evaluation.</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>Note that you cannot self-evaluate a Skills Checklist <u>nor</u> can spouses attest to competencies.</p>	<p>Tier 2/3</p> <p><i>Not Required for Supplier Reps / Mgrs. or Community Liaisons</i></p>	VPRO / Delegate
		<p><u>Details:</u> If your company <u>does not</u> have a standardized skills checklist to use for experienced and/or newly hired people, see our template found here: https://vproverified.com/ and select Credentials</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 <u>has</u> 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><i>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.</i></p>			

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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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Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
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> <ul style="list-style-type: none"> This vaccination can be declined and must use the HealthTrust form. Declination is not accepted if entering any mom and baby area. <p><u>Details:</u> <i>*Security Guards are required to provide proof of vaccination. Tdap cannot be declined if VPro is accessing Neonatal Intensive Care Unit (NICU), Maternity Labor/Delivery, Nursery, Pediatric Unit, PICU (Pediatric Intensive Care Unit), Post-Partum/GYN.</i></p>	Tier 2/3	VPRO/ Delegate
Not required for East and West Florida at this time except for Tdap if accessing Mom/Baby areas	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

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N/A	TB/PPD	Annual	TB Risk Assessment – is an <u>online</u> Questionnaire required to be completed by everyone annually. Follow directions on the online form according to your TB status. (Annual requirement) aka TB Questionnaire.	All Tiers	VPRO
		Once Unless in California and Kentucky	TB Evidence <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. If positive result is submitted, you will be required to submit your: <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. <p>Details:</p> <ul style="list-style-type: none"> <i>San Antonio –The below three options can be used to fulfill the requirement:</i> <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. 		VPRO / Delegate
N/A	Seasonal Influenza	Annual (Seasonal, Start: September 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. <p>Details:</p> <ul style="list-style-type: none"> <i>Vaccinations will only be accepted from the current flu season.</i> <i>If obtaining your flu vaccine through an HCA facility, the Consent Form should be filled out entirely, partial completion is not acceptable for confirmation.</i> <i>If declining, must submit HealthTrust's declination form; forms only available at the start of each season.</i> <ul style="list-style-type: none"> <i>Declination Form must be filled out in its entirety.</i> <i>Flu receipts can only be accepted if it contains VPro's name, administered date, and clearly states Flu was given.</i> <p><i>Nasal flu mist is not acceptable due to low efficacy and will not be honored for vaccination compliance.</i></p>	All Tiers	VPRO / Delegate

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Mask Fit Test Requirements – DIALYSIS NURSES – where applicable

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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	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	Tier 2/3	VPRO / Delegate

State / City Requirements (where applicable)

Divisions With Deviation	Type of Credential	Frequency	Description	Tiers	Completed By
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 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. This will require HWS to seek an exception from the facility you wish to work. 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 607-773-2266 x143 or 607-323-1541 <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>	Tiers 2/3	VPRO / Delegate

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State / City Requirements (where applicable)

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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: https://vproverified.com/ and select Credentials to 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	Every 5 Years	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		VPRO / Delegate
MISSOURI ONLY	MO: State Requirement Not Required for Supplier Reps / Managers	Once	Missouri Highway Patrol	Tier 2/3	VPRO / Delegate
		Every 90 Days	Missouri Employee Disqualification list (MOEDL) (This not required for supplier reps)		
		<p>Details: <i>Please note that if you are requesting access to HCA Facilities in the State of Missouri, additional searches must be included in your background:</i></p> <ul style="list-style-type: none"> <i>If your background report includes a Statewide Criminal Search for Missouri the MISSOURI HIGHWAY PATROL CHECK is included in those searches.</i> <ul style="list-style-type: none"> <i>Police reports are not an acceptable form for the MO Highway Patrol Check.</i> <i>The (MOEDL) MISSOURI EMPLOYEE DISQUALIFICATION LIST must be completed every 3 months. 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.</i> <p><i>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:</i></p> <p><i>Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500, Jefferson City, MO 65102 Fax: 573-522-8463</i></p> <p><i>You will need to register with the Family Care Safety Registry http://health.mo.gov/safety/fcsr/</i></p>			

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Certificate of Insurance

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 and Product Attestation Only for Supplier Reps	Once unless changing employer	Supplier Reps only. This is an online attestation for two items: 1. Attest to always maintaining product insurance on every product brought into the facilities. 2. List out every product / product family being brought into the facilities. <i>Note that if your product list is absent or incomplete, the facilities have the right to reject your access.</i>	Tier 2 Supplier Reps	VPRO
		Details: You are required to list all product families you will bring into the facilities. Note that if your list is absent or incomplete, the facilities have the right to reject your access.			
	Certificate of Insurance for the Company	Annual	You cannot upload company insurance. This must be emailed to HWS to assist with uploading the COI if missing or expired. VerifiedHelp@HealthTrustWS.com	Tier 2/3	VPRO / Delegate See notes
Details: 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.			<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. 		