



- Medical Professional Mutual Insurance Company
- ProSelect Insurance Company
- ProSelect National Insurance Company, Inc.

**PART I - APPLICANT INFORMATION**

First Name/Corporate Name	Middle Initial	Last Name	Policy Number
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**PART II - GENERAL QUESTIONS**

Who is administering the Botox?     Applicant                       Nurse                       Other \_\_\_\_\_

If a registered nurse is administering Botox, has the state licensing board been contacted to determine if this practice is within the registered nurse's scope of practice?     Yes             No *(if practicing in Maine, New Jersey or Vermont please provide us with documentation from the respective Board of Nursing that a specific decision has been made.)*

What type of training has the applicant/employee received with respect to administering Botox? \_\_\_\_\_

\_\_\_\_\_

Where are the treatments being offered?     Office     Home     Elsewhere *If elsewhere, indicate where the treatment is being offered:*

\_\_\_\_\_

**PLEASE PROVIDE COPIES OF THE FOLLOWING ADDITIONAL DOCUMENTATION:**

- Copy of the Informed Consent Form
- Copy of the policies and procedures in place regarding treatment
- Copy of certificate evidencing the training

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer *(signature is required for N.H. producers only)*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date