



LIABILITY INSURANCE INTSTRUCTIONS

MUST BE DONE BEFORE 3RD WEEK OF CLASS

1. HPSO.COM
2. PROFESSIONAL LIABILITY
3. STUDENT
4. LAST LINK
 - a. Click here for a quick guide & the option to apply
5. STATE
 - a. VA
6. COURSE
 - a. NURSE AIDE
7. NO
8. STUDENT
9. CONTINUE
10. ONLINE APPLICATION (right hand side)
11. FILL IN REQUIRED INFORMATION
 - a. 1st and Last name ONLY
 - b. Leave middle initial blank
 - c. Effective Date is Today's Date
12. HOW DID YOU HEAR ABOUT US?
 - a. Referred by my school
13. CONTINUE
14. CONTINUE
15. 1ST TIME APPLICANTS ONLY
 - a. NO
 - b. NO
 - c. NO
16. CONTINUE
17. CHECK ALL SQUARES
18. NO FOR SIGN UP FOR E BILLING
19. YES FOR FAX
 - a. 703 910 7238
20. FILL IN REQUIRED FILLS
 - a. Be sure to write name exactly how you wrote it on when you started the app.
21. CONTINUE
22. SUBMIT
23. PLEASE LET THE ASSISTANT AT THE FRONT DESK KNOW WHEN YOU HAVE APPLIED!!!!