



MEDICAL SPA SUPPLEMENTAL APPLICATION

This application must be completed in conjunction with the CNA Allied Health Care Facilities Common Application.

Instructions:

1. Please read the instructions carefully. Complete and submit all requested information and/or required attachments. This application and all materials submitted shall be held in confidence.
2. All application questions must be fully answered. If a question does not apply, please write "N/A".
3. If you need more space, continue on a separate sheet of your letterhead and indicate the question number.

1. **Name of Applicant:** _____

2. **State Registration/Licensure**, if applicable

a. Name of State Agency granting license: _____

b. State Licensure/Registration Number: _____

c. Has any action ever been taken to remove or restrict the Spa registration/license? yes no

If Yes, explain. _____

3. **Type of Services provided at the facility:**

Check Services Provided	Percent of Total Services	Number of Projected Visits
Anti-Aging	%	
Cosmetology (nails, hair, facials)	%	
Dental	%	
Hair Transplant	%	
Massage	%	
Medical Spa	%	
Surgical	%	
Weight Control	%	
Other (describe):	%	
Other (describe):	%	
TOTAL: Should equal 100%:		%

4. **Treatments provided:**

Check the Specific Treatments provided at the Spa	Provider Credentials (e.g. RN, MD, PT, PA, Aesthetician)	Percent of Total Services	Number of Projected Visits
Acne Blue Laser Light		%	
Acupuncture		%	
Basti		%	
Biofeedback		%	
Botox Injection		%	
Cell Therapy		%	
Chemical Peel (Medical Grade)		%	



Specific Treatments provided at the Spa	Provider Credentials (e.g. RN, MD, PT, PA, Aesthetician)	Percent of Total Services	Number of Projected Visits
Collagen Injection		%	
Colonic Irrigation		%	
Electrolysis		%	
Gas Injection		%	
Hair Transplant		%	
Laser Hair Removal		%	
Laser Skin Treatment		%	
Light treatment/Therapy		%	
Mesotherapy (Injectable Cellulite Treatment)		%	
Microdermabrasion		%	
Micropigmentation Permanent Makeup		%	
Photofacial/Fotofacial		%	
Photorejuvenation		%	
Physiochineseitherapy		%	
Radon Therapy		%	
Sclerotherapy/Vein Treatments		%	
Silicone Injection		%	
Tanning (Indoor)		%	
Traction Treatment		%	
Ultrasound		%	
Other: List		%	
Total: Should equal 100%:		%	

5. Medical Director

- a. Does the Spa have a full time Medical Director? yes no
If yes: Contracted Employed
- b. Name and license of Medical Director: _____
- c. Specialty Board Certification (list Board certifications): _____
- d. Days and hours when the Medical Director is present in the office: _____
- e. Is the Medical Director on-site during all procedures and/or readily available? yes no
- f. Experience of the Medical Director in the treatments provided (Describe): _____
- g. Role of the Medical Director, specifically with respect to clinical oversight and quality review:

- h. Does the Medical Director provide direct patient/client care? yes no
- i. Is the Medical Director required to carry professional liability insurance? yes no
If no, is the Medical Director seeking coverage under this policy? yes no
- j. If the Medical Director is not a Physician, what are the qualifications of the Clinical Director of the Spa? _____

6. Are Policies and Procedures reviewed and authorized in writing by management at least annually? yes no



7. Staffing

Credentials	Number Full-Time	Number Part-Time	Annual Payroll	Number of 1099's
Physicians				
Licensed Nurses (RN/LPN/LVN)				
Physician Assistants				
Nurse Practitioners				
Aestheticians				
Electrologist				
Massage Therapist				
Students				
Other (describe):				

8. Service Location. Check all that apply and note percentage

Service Location	percent	Service Location	percent
Beauty salons/Aesthetic salons	%	Medical Centers/Hospitals	%
Cruise ships in international waters	%	Physician's Office/Clinic	%
Day Spa	%	Private Home	%
Convention/Conferences	%	Therapeutic Centers	%
International Settings	%	Resorts	%
Other: Describe:	%	Other: Describe:	%

9. Special risks

- a. Are Alternative/complementary treatments provided? yes no.
If yes, explain. _____
- b. Are Non-FDA approved treatments/procedures provided? yes no.
If yes, explain. _____
- c. Are herbal supplements, homeopathic remedies, and/or nutraceuticals distributed or sold by the Spa? yes no.
If yes, provide a list on a separate sheet of paper and show total annual receipts for each item sold.

AUTHORIZATION

Signature in full

Date

Name - please print

Agency Name and Address	Person submitting application	Telephone Number	E-Mail
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This product will be underwritten in one of the CNA property/casualty companies. CNA is a registered service mark and trade name of CNA Financial Corporation.