



## 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 \_\_\_\_\_

b. 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 the Type of Services	Percent of Total Services	Number of Projected Visits
Medical Spa		
Anti-Aging		
Cosmetology (nails, hair, facials)		
Dental		
Hair Transplant		
Massage		
Other		
Surgical		
Weight Control		
Other (describe): _____		
Other (describe): _____		
<b>TOTAL:</b>		

4. **Medical conditions:**

Check the Medical Conditions treated at the Spa	Percent of Total Services	Number of Projected Visits
Arthritis		
Cardiovascular disease		
Eczema		
Fibromyalgia		
Joint pain		
Osteoporosis		



Check the Medical Conditions treated at the Spa	Percent of Total Services	Number of Projected Visits
Psoriasis		
Rheumatism		
Scoliosis		
Stress		
Other: Describe: _____		
Other: Describe: _____		
<b>TOTAL:</b>		

**5. Treatments provided:**

Check the Specific Treatments provided at the Spa	Percent of Total Services	Number of Projected Visits
Acne Blue Laser Light		
Acupuncture		
Basti		
Biofeedback		
Botox Injections		
Cell Therapy		
Chemical Peels		
Collagen Injections		
Colonic		
Diathermia		
Electrotherapy		
Electrolysis		
Gas Injection		
Hair Transplants		
Laser Hair Removal		
Laser Skin Treatments		
Light treatment/therapy		
Meso Therapy (Injectable Cellulite Treatment)		
Microdermabrasion		
Micropigmentation Permanent Makeup		
Photo Rejuvenation		
Fotofacials		
Physiochneitherapy		
Radon Therapy		
Sclerotherapy/ Vein Treatments		



Check the Specific Treatments provided at the Spa	Percent of Total Services	Number of Projected Visits
Silicone Injections		
Tanning (Indoor)		
Traction treatment		
Ultrasound		
<b>Total</b>		

**6. 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. Do you wish coverage for **Direct Patient Treatment by the Medical Director?**  yes  no
- i. If there is not Medical Director, who is responsible for the administration of the Spa? \_\_\_\_\_

**7. Policies and Procedures**

- a. Are all policies and procedures reviewed and authorized in writing by management at least annually?  yes  no.
- b. Is there a written risk management/quality assurance program?  yes  no.

**8. 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)				



**9. Service Location. Check all that apply and note percentage**

Alternative Treatment Centers	%	Medical Centers/Hospitals	%
Beauty salons/Aesthetic salons	%	Private Home	%
Cruise ships in international waters	%	Resorts	%
Doctor's Office/Clinic	%	Therapeutic Centers	%
Freestanding Facility	%	Other: Describe	%

**10. Special risks**

Are Alternative/complementary treatments provided?

yes  no.

If yes, explain. \_\_\_\_\_

Are Non-FDA approved treatments/procedures provided?

yes  no.

If yes, explain. \_\_\_\_\_

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**