



**Please complete then fax to 1-866-539-6319**

**YOUR HCNN USER ID WILL BE THE EMAIL ADDRESS THAT YOU LIST BELOW.**

- ◆ Please review the following information and input email addresses in the space provided.
- ◆ If a field is not correct, or incomplete, please enter the correct information in the space below it.
- ◆ If you have any questions, please contact the HCNN at 1-866-925-5155 or info@hcnnet.net.

***Please Print Legibly***

<b>Physician Email Address (This will be your HCNN User ID):</b>  <input type="checkbox"/> <i>Check here to have your email address shared with your medical liability carrier.</i>	<b>Year Medical School Graduation:</b>
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<b>Staff Email Addresses - If You Would Like Your Staff To Also Receive Alerts (optional):</b>

***Please Review and Correct if Appropriate***

<b>Title:</b>	<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>	<b>Suffix:</b>
Dr.				

<b>Date of Birth:</b>	<b>State License Number:</b>	<b>State:</b>	<b>Second State License Number:</b>	<b>State:</b>

<b>Primary Specialty:</b>	<b>Secondary Specialty:</b>

<b>Primary Telephone:</b>	<b>Second Telephone:</b>	<b>Primary FAX:</b>

<b>Preferred Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>ZIP:</b>

<b>Medical Liability Carrier Name:</b>
Medical Liability Mutual Insurance Company

**Please fax this form to 1-866-539-6319**

*The HCNN will only be used for patient safety notices. The privacy of your email address will be strictly maintained.*