

TOTAL JOINT REPLACEMENTS

Name _____ Date _____

If your application for medical professional liability coverage includes the performance of total joint replacement procedures, MIEC requires answers to the following for review by the Underwriting Committee:

Please list the number of total joint replacement operations that you have done during the past 12 months: _____

During the next 12 months? _____

Outline the extent of your training in total joint replacements including details on the residency or fellowship program: