

STUDENT MEDICAL MALPRACTICE AND PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

Cost: \$17.03

Name of Student & ID# _____

Student Email Address _____

Permanent Mailing Address _____

City, State & Zip _____

Student Phone Number _____

CWU Program Name _____ Course: _____

Activity & Dates Activity: Internship/Practicum Start Date: End Date: _____

Name of CWU Adviser _____

Name & Location of Internship Site _____

This coverage provides general and medical malpractice liability with limits of \$1,000,000 per occurrence with a \$3,000,000 annual aggregate limit **per school**. Coverage is limited to the insurance policy terms, conditions and exclusions. Coverage is only available to enrolled Central Washington University Students participating in an approved internship, clinical rotation or practicum.

This summary is designed to give you a general overview of the insurance coverage. It should not be construed as a representation or legal interpretation of coverage. Contact Business Services for specific information about the program and coverage terms, conditions and exclusions.

Enrollment & Payment Instructions:

In-person enrollment: Take this form and \$17.03 to the Cashier's Office (Located in Bouillon Hall).

On-line enrollment: Email medmal@cwu.edu or fax (509)-963-2336 the completed form to Business Services for processing. Once you have sent the enrollment form, please contact Student Financial Services/Student Accounts at (509) 963-3546 to pay the \$17.03 fee over the phone. Please ask the cashier to forward a copy of the receipt to MS-7474. Your certificate of insurance will be emailed to you at the email address provided on this form after the proof of payment is received.

STUDENT MEDICAL MALPRACTICE AND PROFESSIONAL LIABILITY INSURANCE PROGRAM

Description: The Student Medical Malpractice and Professional Liability Insurance Programs insures the medical and professional liability of enrolled CWU students who furnish mental and physical health-related professional services required as part of an enrolled curriculum, practicum or internship in a clinical setting. The student must be enrolled in a CWU course to be eligible for this coverage. Examples include athletic trainer, mental health counselor, school counselor, drug and alcohol counselor, marriage and family counselors, audiologist, language-speech pathologist, dietitian, physical therapist, social worker, occupational therapist, and services in physical education. Any academic department within these and similar fields should make the Student Medical Malpractice and Professional Liability Insurance available to their enrolled students for purchase. The limit of liability under the policy is \$1,000,000 per occurrence with a \$3,000,000 **per school** annual aggregate. Coverage is limited to the insurance policy terms, conditions and exclusions.

Cost & Effective Date: The cost is \$17.03 for coverage through the duration of the annual master policy period, beginning and ending on September 1st of each year. It is the student's responsibility to make sure their premium is paid and their coverage is current. Download the form at <http://www.cwu.edu/business-services/student-internship-insurance>

Certificate: A certificate of insurance may be required by the organization at which you will be completing your practicum or internship. Please contact Toni.Burvee@cwu.edu if a certificate of insurance is being requested by the practicum or internship site and a certificate of insurance will be sent to you via email

Claims: Potential and actual claims must be reported immediately to Business Services by the student and the University department overseeing the clinical placement. Business Services will notify the Office of Financial Management and the carrier of the potential or actual claim.

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