FLORIDA ATLANTIC UNIVERSITY
Schmidt College of Medicine

Healthcare Professional Liability Insurance
Verification for Visiting Students
Q&A

1) For purposes of executing this document, who qualifies as an official at the HOME INSTITUTION?

Although we defer to the HOME INSITUTION in deciding who has the authority and control to execute this document on behalf of the HOME INSTITUTION, we would prefer that one individual in each college (e.g., Dean, Dean's designee, GME Director) be appointed as the official for document execution. This will help to ensure consistency in approach, understanding, and completion.

2) What are the coverage requirements if the home institution is a non-Florida state university but IS a public entity entitled to governmental immunity protections under state law?

If the HOME INSTITUTION is a public entity entitled to governmental immunity protections under applicable state law, then the HOME INSTITUTION will need to submit proof that it provides Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional liability coverage in accordance with any limitations associated with their applicable state law. In addition, the HOME INSTITUTION will need to submit proof that it also provides such insurance with limits of no less than $1,000,000 per occurrence/$3,000,000 annual aggregate in the event governmental immunity protections are determined by a court of competent jurisdiction not to apply.

3) When must a Certificate of Insurance accompany this form?

If the HOME INSTITUTION does not provide protections for their students and is attesting that the student has personal professional liability insurance with limits of at least $1,000,000 per occurrence / $3,000,000 annual aggregate, a Certificate of Insurance demonstrating required coverage must accompany this form when submitted to the Florida Atlantic University College of Medicine Self-Insurance Program.

FLORIDA ATLANTIC UNIVERSITY
Schmidt College of Medicine

Healthcare Professional Liability Insurance Verification for Visiting Students

NOTE: This form must be completed by an official or coordinator at the visiting student's home institution and submitted to the Florida Atlantic University Schmidt College of Medicine Year 4 Academic Programs by email at m4coordinator@health.fau.edu within seven business days of the student's acceptance of the acting internship offer.

I certify that (name of student)_____is in good standing at (name of HOME INSTITUTION) _____, and has received my approval to participate in the following rotation(s) at Florida Atlantic University College of Medicine and its affiliated hospitals and/or clinics:

Name of Rotation(s): _____

Rotation Facility Name: _____

Dates of Rotation(s): _____

During the student's participation in the rotation, the following applies to professional liability coverage: (**select one**):

A. Florida state university and college system students (as set forth in s. 1000.21, Florida Statutes*):

_____ The HOME INSTITUTION warrants and represents that it is a public entity entitled to governmental immunity protections under applicable state law and that it provides professional liability insurance for its students in accordance with section 768.28, Florida Statutes; but, the HOME INSTITUTION also warrants and represents that it provides such insurance with limits of no less than $1,000,000 per occurrence/$3,000,000 annual aggregate, that is Occurrence-Based or Claims-Made with tail coverage that includes the rotation dates, in the event governmental immunity protections are determined by a court of competent jurisdiction not to apply.

B. Non-Florida state university and college system students (as set forth in s. 1000.21, Florida Statutes*):

_____ The HOME INSTITUTION warrants and represents that it provides Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional liability insurance, or self-insurance, that covers the student during the rotation with limits of no less than $1,000,000 per occurrence/$3,000,000 annual aggregate.

- OR -

_____ The student warrants and represents that he/she has Occurrence-Based, or Claims-Made with tail coverage that includes the rotation dates, professional liability insurance with limits of at least $1,000,000 per occurrence/$3,000,000 annual aggregate. **A certificate of insurance demonstrating coverage described herein must accompany this form when submitted to FAU SIP**.

Signature:_____ Title: _____
School Official at Student's Home Institution

Printed Name:_____ Date: _____

School: _____ Phone #: _____

Email Address:_____ Fax # _____

Mailing Address: _____

*State universities, set forth in s. 1000.21, Florida Statutes, include:

University of Florida
Florida State University
Florida Agricultural and Mechanical
University of South Florida

Florida Atlantic University
University of West Florida
University of Central Florida
University of North Florida

Florida International University
Florida Gulf Coast University
New College of Florida
Florida Polytechnic Institute

*Florida College System Institutions, set forth in s. 1000.21, Florida Statues, can be found at the following website address: http://www.leg.state.fl.us/statutes/