CONFIRMATION OF MEDICAL MALPRACTICE INSURANCE

Students applying to the Sanford School of Medicine at the University of South Dakota Extern Program are required to have a minimum of $1,000,000 in medical malpractice insurance and $3,000,000 aggregate during elective. Please note we do not participate in malpractice short-term affiliation agreements.

Student Name (please print): ______________________________________________________

Medical/Osteopathic School Currently Attending (please print): ______________________________________________________

Please check one of the following for your student who is applying to our fourth year extern program.

_______1. Our medical malpractice policy has been renewed for the 2016-17 academic year. The above named student will be covered for a minimum of $1,000,000 in medical malpractice insurance.

   Effective dates of renewed policy: ________________________________________

   Name of insurance company: __________________________________________

   Policy Number: _______________________________________________________

   Amount of coverage: ___________________________________________________

_______2. Since our malpractice policy is not yet in place for the 2016-17 academic year, the (schools name) ______________________________________________________
Will indemnify and hold USD SSOM harmless for any claims arising from the actions of above named student.

Name of person completing form (please print): _______________________________________

Title of person completing form (please print): _______________________________________

Signature of person completing form: ____________________________________________

Date Signed: _______________________________________________