



UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

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 current 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 current 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: _____