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 (school's 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: ____________________________________________________________________