



**Purdue University  
Veterinary Technology Distance Learning Program**

*Lynn Hall, Purdue University, West Lafayette, Indiana 47907*

**PROFESSIONAL LIABILITY INSURANCE COVERAGE**

I am requesting Professional Liability Insurance coverage for a period of time from the beginning of my Clinical Mentorship \_\_\_\_\_ until **May 31<sup>st</sup>, 2010.**  
(Date Clinical Mentorship begins)

**( ) I am enclosing a check for \$13.00 made out to Purdue University.**

The University's liability insurance underwriter will provide coverage for student professionals who are enrolled in supervised University programs. The following policy excerpt outlines the coverage that is provided:

Against an Associated Medical Facility and an Insured as a result of injury caused by a student intern while participating in any supervised practicum, field work experience, clinical training, or internship program in fulfillment of course requirements in an Allied Health Program.

The definition of Insured in the policy includes the following:

A student of Purdue while serving in a supervised internship program in satisfaction of course requirements or while acting at the direction of or performing services for or on behalf of the Educational Organization; but only while acting within the scope of their duties or obligations in their respective capacities as described above...

Name (print): \_\_\_\_\_ Purdue ID \_\_\_\_\_  
(found on your student ID card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_  
(Required if student is a minor)

**This form must be signed and returned to the Purdue VT-DLP office with a check for the amount above made out to Purdue University prior to beginning of the Clinical Mentorship.**

*This check must be separate from any check for fees, etc. that the student may submit.*