

UNIVERSITY OF IDAHO - STUDENT PRACTICUM LIABILITY COVERAGE (Rev. 090711)

Date of Request:	
<input type="checkbox"/> CONTRACT REVIEW (Risk & Legal)	<input type="checkbox"/> INSURANCE REQUEST
<input type="checkbox"/> (2) TWO COPIES OF CONTRACT ATTACHED	<input type="checkbox"/> CERTIFICATE OF INSURANCE REQUEST
<input type="checkbox"/> ADDITIONAL SHEET OF NAMES ATTACHED	

Confirmation of student liability status is the responsibility of the placing department.
Please complete form and return
Risk Management
Mail Stop 3162; risk@uidaho.edu

PH (208) 885-7177

FAX (208) 885-9490

Your name:	
Your department:	
Your phone:	Your fax:
Your email address:	
U of I course number:	U of I course name:
List the name(s) of the Practicum / Intern student(s) per location and type of internship: (Use next page, if necessary)	
Name(s):	
Type of Internship (i.e., dietician, sport therapy):	
Dates of Internship	
Duties (please describe):	
Name of Agency / Hospital:	
Name of agency contact:	
Their title:	
Address:	
Phone:	Fax:
The above agency does <input type="checkbox"/> does not <input type="checkbox"/> provide liability insurance coverage for UI practicum / intern students.	
DEPT. / COLLEGE REVIEW	
We have reviewed and approved this internship. If a contract is attached, we have reviewed and approved the contract.	
Professor / Field Supervisor	Name:
	Signature:
	Title: _____ Date: _____
Dean / Director	Name:
	Signature:
	Title: _____ Date: _____