

**Student Intern Malpractice Insurance Audit Form (MN State Colleges & Universities Only)
2014 - 2015**

All MN State Colleges & Universities have Medical and Allied Health Specialties Programs. Frequently, the hospitals, clinics and other organizations receiving these interns require evidence of Medical Malpractice Insurance. We believe that we can achieve a lower insurance cost by combining all the programs into a single policy.

In order to complete the renewal process and/or to add any new programs, we need to have an audit of the participating students in the various programs. The form below identifies a large number of health specialties. There may be some programs not mentioned that still have patient contact or where an exposure exists. If you have any questions you may contact the Risk Management Division at either 651-201-2593 or 651-291-2591 for help determining the appropriate category or if special attention is needed. The number of students indicated should be the number of students expected for each course of study over a twelve (12) month period. The number is annualized so if 400 students are expected during the fall semester and 400 in the spring semester, 400 is used for rating purposes, not 800. If you have special training sessions where the course lasts only a day or a couple of hours instead of a quarter or semester, please report the number of students enrolled in these sessions at any one given time.

Please use the "other" category for programs that are not listed below. For any new programs, we will need a copy of the course curriculum.

Coverage is not available for the DNP Program due to the high level of autonomy and remote supervision, as well as the fact that DNP students may practice in these roles as a part of their clinical education experience. DNP students should have their own coverage.

The Memorandum of Insurance for Student Intern Medical Malpractice Liability can be viewed and printed online. You, and those requesting evidence of insurance, can access the document by logging onto the following NEW web address:

<https://online.marsh.com/marshconnectpublic/marsh2/public/moi?client=156198222>

If you have any questions, do not hesitate to contact the Risk Management Division.

1) **OFFICIAL NAME OF SCHOOL** _____
PERSON TO CONTACT AT SCHOOL _____
TELEPHONE () _____
WE DO NOT NEED THIS COVERAGE _____
HAVE YOU HAD ANY CLAIMS? _____ **NO** _____ **YES (If yes, please specify):** _____

The number of students indicated is the number of students in each course of study over a twelve (12) month period of time. The number is annualized so if 400 students are expected during the fall semester and 400 in the spring semester, 400 is used to determine the premium, not 800. If you have special training sessions where the course lasts only a day or a couple of hours instead of a quarter or semester, please report the number of students enrolled in these sessions at any one given time.

2) We desire to insure the students of the Allied Health Specialties checked below and have included the number of students in each course of study. The rate for these courses of study is \$10.25 per student.

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|--|--------------------------------------|--|
| _____ Adult Nurse Practitioner | _____ Dietician | _____ Nurse Educator |
| _____ Aide | _____ EEG Technician | _____ Nuclear Medical Technologist |
| _____ Art Therapist | _____ EKG Technician | _____ Occupational Therapist |
| _____ Athletic Trainer | _____ Enterostomal Therapist | _____ Optometric Technician |
| _____ Audiologist | _____ Fire Technician | _____ Optometrist |
| _____ Bio-Medical Technician | _____ Fire Tech & Admin. | _____ Orthopedic Assistant |
| _____ Blood Bank Technologist | _____ Geriatric Nursing Assistant | _____ Personnel/Guidance Counselor |
| _____ Cardiology Technician | _____ Histologic Technician | _____ Pharmacist |
| _____ Certified Laboratory Assistant | _____ Hospital Pharmacist Technician | _____ Physical Therapist |
| _____ Central Services Materials Mgmt. | _____ Hemodialysis | _____ Physical Therapy Assistant |
| _____ Chemical Dependency | _____ Human Services Tech | _____ Post-Master Certification - Nursing |
| _____ Child Care Assistant Programs | _____ Interpreters for the Deaf | _____ Psychologist |
| _____ Child Develop. and/or Family Serv. | _____ Laboratory Aide | _____ Radiology Technician |
| _____ Clinical Laboratory Technologist | _____ LPN/LVN | _____ Recreational Therapist |
| _____ Clinical Nurse Specialist | _____ Marriage & Family Counselor | _____ Registered Nurse (RN) |
| _____ Community Health | _____ Massage Therapist | _____ Rehabilitation Assistant |
| _____ Cosmetologist | _____ Medical Assistant | _____ Respiratory Therapist |
| _____ Critical Care Specialist | _____ Medical Laboratory Technician | _____ Respirator Therapy Technician |
| _____ Culinary Arts | _____ Medical Record Administrator | _____ Senior Exercise Therapy |
| _____ C.O.T.A. | _____ Medical Technologist | _____ Social Worker |
| _____ Dance Therapist | _____ Medical Technical Assistant | _____ Speech-Language Pathologist |
| _____ Dental Assistant | _____ Music Therapist | _____ Surgical Technologist |
| _____ Dental Hygienist | _____ Nurse Administrator | _____ Venipuncture |
| _____ Dental Laboratory Technician | _____ Nurses Aide | _____ Veterinary Technician |
| _____ Diagnostic Medical Sonographer | _____ Nursing Assistant | _____ Other, include a copy of the curriculum and explain: |
| _____ | | _____ |

3) Coverage is also available for the following Allied Health Specialties. However, if these occupations comprise more than 25% of the total number of students applied for in this application, in a given school, coverage is denied. The rate for these courses of study is \$10.85 per student.

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|--|---------------------------|--|
| _____ Circulation Technician | _____ Perfusionist | _____ Surgeons Assistant |
| _____ Emergency Medical Technician (EMT) | _____ Physician Assistant | _____ Criminal Justice |
| _____ Paramedic | _____ Physician Extendor | _____ Other, include a copy of the curriculum and explain: |
| _____ Cytotechnologist | | _____ |

_____ **0 Total**

Signature: _____ **Date:** _____
Title: _____