

Student Intern Malpractice Insurance Audit Form
(MN State Colleges & Universities Only)
07/01/2019 - 07/01/2020

Instructions

MN State Colleges & Universities have Medical and Allied Health Specialties Programs that involve internships. Frequently, 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. For help determining the proper category or if special attention is needed, contact the Risk Management Division at either 651-201-2593 or 651-291-2591.

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.

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 post-master's 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. These students should have their own coverage. Coverage is available for the post-baccalaureate DNP Program.

Contact the RMD if you have questions.

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:

[Memorandum of Insurance for Student Intern Medical Malpractice Liability](#)

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1) **OFFICIAL NAME OF SCHOOL** _____
PERSON TO CONTACT AT SCHOOL _____
TELEPHONE NUMBER () _____
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 want to insure the students enrolled in 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 \$10.30 per student.

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

*Example: Cancer Registrar

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 Audit Form, in a given school, coverage is denied. The rate for these courses of study is \$10.30 per student.

- | | | |
|---|--|---|
| <input type="checkbox"/> Circulation Technician | <input type="checkbox"/> Perfusionist | <input type="checkbox"/> Surgeons Assistant |
| <input type="checkbox"/> Emergency Medical Technician (EMT) | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Criminal Justice |
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> Physician Extendor | <input type="checkbox"/> Other, include a copy of the curriculum and explain: |
| <input type="checkbox"/> Cytotechnologist | | |

0 Total

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