

Winona State University
Graduate Programs in Nursing

Student Intern Malpractice Insurance
Enrollment Form

2014-2015

Name: _____

Degree: _____
Note: Post-Master's DNP are not eligible

Warrior ID: _____

Program: _____

RN License #: _____

Malpractice Insurance is mandatory for all students who are enrolled in clinical courses for the Graduate Programs in Nursing at Winona State.

- Master of Science, Graduate Certificate, and BSN-DNP students enrolled in Graduate Nursing Program clinical courses are eligible to purchase liability insurance under WSU's Liability Insurance Policy. *(Post-Master's DNP students are not eligible for WSU liability insurance coverage.)*
- **Coverage is effective during the current academic year (e.g., Fall 2014, Spring 2015, Summer 2015).**
- Liability insurance costs will be charged to student's tuition bill. The current cost is \$13 **per academic year** *(cost subject to change)*.
- WSU Policy coverage is \$2 million occurrence-based / \$5 million aggregate.
- There are NO refunds of liability insurance costs if a student drops a course.
- **This is a student liability insurance policy only.** This policy will not cover you at your place of employment or any situation where you are not in a WSU student role.
- **Students must have proof of a valid RN License on file with WSU.**
- Students are responsible for making sure they are covered for liability insurance.

- ☐ **Please enroll me in WSU's Liability Insurance this academic year.**
I will be enrolled in a clinical course this academic year. I understand I will be charged for this coverage.
- ☐ **Please do not enroll me in WSU's liability insurance this academic year.**
I will not be enrolled in a clinical course this academic year.
- ☐ **Please do not enroll me in WSU's liability insurance this academic year.**
I will purchase my own Liability Insurance. I understand I need professional liability in the amount designated by the WSU Nursing Department (*currently 2 million occurrence-based / \$3 million aggregate*), and that I will provide a copy of proof of Liability Insurance to the MSN office.

Signature: _____

Date: _____