

Winona State University
Graduate Programs in Nursing

Student Intern Malpractice Insurance
Enrollment Form

2020-2021

Name: _____

Warrior ID: _____

Program _____

Degree: _____

RN License #: _____

APRN Licensed: YES NO

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

- WSU Student Intern Malpractice Insurance coverage is available to Master of Science, Graduate Certificate and BSN-DNP nursing students who are not advanced practice registered nurses (APRNs) through a Minnesota State Colleges and Universities (MnSCU) Group Policy. **Post-Master's DNP students and Graduate Certificate students who are APRNs are not eligible for the MnSCU Group Policy and must purchase personal professional liability insurance from an outside company.**
- **Coverage is effective during the current academic year (e.g., Fall, Spring, Summer).**
- Malpractice insurance costs will be charged to student's tuition bill. The current cost is \$13 **per academic year** (*cost subject to change*).
- WSU Malpractice policy coverage is \$2 million occurrence-based / \$5 million aggregate.
- WSU Student Intern Malpractice insurance coverage applies to WSU clinical courses only. Coverage does not apply outside of WSU. If a student is signed up for WSU Malpractice Insurance and is not enrolled in a clinical course or is not in good standing with the University, Liability Insurance coverage is voided.
- There are NO refunds of malpractice insurance costs if a student drops a course.
- **This is a student malpractice 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.
- Employer malpractice insurance policies do not provide coverage for employees outside of their facility.
- **Students must have proof of a valid RN License on file with WSU.**
- Students are responsible for making sure they are covered for malpractice insurance.

Please enroll me in WSU's Student Intern Malpractice 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 Student Intern Malpractice insurance this academic year. I will not be enrolled in a clinical course this academic year. If in the future I do register in a clinical course, I understand it is my responsibility to seek malpractice insurance coverage before the class begins.

Please do not enroll me in WSU's Student Intern Malpractice 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 Malpractice Insurance coverage to the Graduate Programs in Nursing office.

Signature: _____

Date: _____