

Process for Students to Request Purchase of Supplemental Professional Liability (Malpractice) Insurance

Qualifications

1. This supplemental coverage option is available from the UT System for a fee, is available only to SOM students, and must be purchased through the mechanism described below.
2. This supplemental coverage option applies only to courses which fulfill all of these criteria:
 - a. Must be a non-UTMB course (typically sponsored by another LCME-accredited medical school);
 - b. Must be a course that will occur in a US state outside of Texas (rotations in Texas, and international rotations are not eligible for this coverage). Also, rotations in the following states are currently not eligible for this supplemental coverage: Indiana, Kansas, Louisiana, Nebraska, New Mexico, Pennsylvania, South Carolina and Wisconsin.
 - c. Must be a course for which a UTMB SOM student officially registers in advance through UTMB Enrollment Services (Note: Students on "Academic Warning" with an outstanding "F", "NR", or "PC" grade are not allowed to enroll in non-UTMB courses); and
 - d. The institution sponsoring the course must require, in writing, professional liability coverage in excess of the amount provided by the standard UT System student policy (\$25,000 per incident/\$75,000 aggregate).
3. This supplemental coverage option provides professional liability insurance up to the coverage limits required by the host institution, not to exceed \$1,000,000 per incident/\$3,000,000 aggregate. A maximum of three months coverage is offered per academic year.

Process

1. The student must initiate a request to the Office of Regional Medical Education (ORME) for supplemental coverage after he/she determines that the course for which they wish to enroll requires professional liability (malpractice) coverage in excess of the amount provided by the standard UT System student policy (\$25,000 per incident/\$75,000 aggregate), but not exceeding \$1,000,000 per incident/\$3,000,000 aggregate. Requests must be made in writing by printing and completing the form available on this website at <http://meded.utmb.edu/orme/courses.htm> under "Electives and Selectives", and submitting it to Lisa Mignerey in the Office of Regional Medical Education (2.104 Marvin Graves; 409-747-1850; lmignier@utmb.edu).
2. ORME will process the student's request and will inform the student by e-mail of the exact premium required. Estimated premiums are between \$80-\$400 per month and vary by geographic region.
3. If the student decides to accept the coverage he/she will be required to pay the supplemental coverage premium to the ORME (via check payable to UTMB SOM) before a certificate of coverage will be released to the student or host institution.
4. Once paid, the supplemental coverage premium is non-refundable, even if the student chooses not to enroll, cancels enrollment in the rotation, or has enrollment subsequently rejected/cancelled by the host institution. Therefore, the student should be committed to the rotation and have an offer of acceptance from the host school before purchasing the supplemental coverage.

Supplemental Professional Liability (Malpractice) Insurance Application For UTMB SOM Students

Student Information		
Last Name:	First Name:	Middle Initial:
P Number:	E-mail Address:	
Pager Number:	Telephone Number:	
Sponsoring Institution Information		
Institution Name:		
Institution Mailing Address:		
Institution City:	State:	Zip Code:
Institution Contact Name:		
Contact Phone Number:	Contact E-mail Address:	
What are the minimum professional liability (malpractice) coverage requirements of this institution:		
Per Incident: _____		
Aggregate: _____		
Course Information		
Course #1		
Specific Course Name/Title		
Specific Course Number		
Exact Course Enrollment State Date	Exact Course Enrollment End Date	
Course #2		
Specific Course Name/Title		
Specific Course Number		
Exact Course Enrollment State Date	Exact Course Enrollment End Date	
Course #3		
Specific Course Name/Title		
Specific Course Number		
Exact Course Enrollment State Date	Exact Course Enrollment End Date	

Thank you for completing this application. We will inform you of the supplemental premium required as soon as possible. You will then have the opportunity to confirm your interest to purchase the coverage. If you choose to accept this coverage, payment to the SOM will be required before a certificate of coverage will be released to the student or host institution. Once paid, the supplemental coverage premium is non-refundable, even if the student chooses not to enroll, cancels enrollment in the rotation, or has enrollment subsequently rejected/cancelled by the host institution.