STUDENT ALLIED HEALTH LIABILITY INSURANCE  
(PROFESSIONAL AND GENERAL LIABILITY)  
COST: $15.00 PER YEAR

Student Name: __________________________________________ WSU ID #: ____________________

Academic Department:  
  NURS: BSN [ ]  RN-BSN [ ]  MN/DNP [ ]  PhD [ ]  HPA [ ]  
  NEP: UGrd [ ]  CPD [ ]  PHARM [ ]  SHS [ ]

Location:  
  Spokane [ ]  TC [ ]  WW [ ]  VC [ ]  Yak [ ]

Student Permanent Address:  
  ______________________________________________________________

Phone Number: ________________________________  Email: ________________________________

Request insurance to begin on:  ____________________________________________

(This policy is renewed annually and once paid, coverage for all related internships are covered for 365 days from this date)

This Student Allied Health Professional Liability Policy provides liability coverage of $1,000,000 per occurrence with a $3,000,000 annual aggregate limits and Commercial General Liability coverage with limits of $1,000,000 per occurrence with a $3,000,000 limits.

NURSING Students:  Professional Liability Insurance is required for each student. Submit this form with payment of $15.00.

NEP, SHS, & Pharm Students: Submit this form if requested by your department with payment of $15.00.

When authenticated with the cashier’s paid stamp and returned to your academic department, this document serves as proof of insurance. Do not email the completed form! You may process this form in person in the Student Affairs Office (SAC 130) or mail it with payment to:

Washington State University Spokane  
Office of Student Affairs  
PO Box 1495  
Spokane, WA 99210-1495

Check made payable to WSU [ ]  MasterCard [ ]  Visa [ ]

Cardholder Name: ________________________________

Billing Address: ______________________________________

____________________________________________________

Card # ________________________________  Security Code _______  Exp. Date ____________

Authorization Signature: __________________________________________________________________

Cashier's Paid Stamp

Trans Code: ALLIEDIN

WE ACCEPT THESE MAJOR CREDIT CARDS

MasterCard  Visa

PLEASE INCLUDE ALL INFORMATION. Omissions may result in your payment not being processed.

Form Version April 2018, authorized for use after July 1, 2018 and through Summer Semester 2019.