



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

*PLEASE FILL IN ALL BLANKS

UNIVERSITY RISK MANAGEMENT

CERTIFICATE OF INSURANCE FOR ACADEMIC EXPERIENCE PLACEMENT

STUDENT NAME (PLEASE PRINT) _____ START _____ END _____

Clinical Psychology _____ CHECK: INTERNSHIP PRACTICUM FIELD EXPERIENCE CLINICAL ISS*
MAJOR

Psychology _____ (719) 255-4500
ACADEMIC DEPARTMENT TELEPHONE

Charles C. Benight, Ph.D. _____ (719)255-4180
ACADEMIC SPONSOR TELEPHONE

N/A _____
COURSE NAME COURSE NUMBER ACADEMIC CREDITS

PLACEMENT PROVIDER (COMPANY NAME) _____

PLACEMENT SUPERVISOR _____ (_____) _____
TELEPHONE

WORKSITE STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

During the placement, does the Work Site Pay the student? Provide Workers' Compensation?

*Your personal health insurance is required for your placement site should you be injured, or get ill, under circumstances **NOT** covered by workers' compensation.*

Personal Health Insurance: Self Student Health Parents/spouse Other None

HEALTH INSURANCE PROVIDER NAME _____

POLICY NUMBER _____ EXPIRATION DATE _____

RISK MANAGEMENT

This information is provided to support your academic field placement experience. These guidelines are important and should be used in the event you or injured or become ill "on the job: at your placement site.

- **Please remember to observe safe work practices at your placement site.**
 - If you are hurt **and it is an EMERGENCY:** get treatment at the nearest emergency room, then contact *UCCS Risk Management* {urmuccsdirs@cu.edu; (c) 719-313-8688; (o) 719.255.3525} **as soon as possible and prior to any follow-up treatment.**
 - To activate coverage if you are injured within the course and scope of your placement/internship:
 - **Within four (4) days of the injury, AND prior to treatment,** contact *UCCS Risk Management* {urmuccsdirs@cu.edu; (c) 719-313-8688; (o) 719.255.3525}
 - You must be referred to one of the designated medical providers for treatment.
 - This should prevent you from incurring out-of-pocket expenses related to the injury.
- PLEASE CONTACT UCCS RISK MANAGEMENT {urmuccsdirs@cu.edu; (c) 719-313-8688; (o) 719.255.3525} DIRECTLY IF YOU HAVE ANY FURTHER QUESTIONS, OR WANT CLARIFICATION.*

I HAVE READ AND UNDERSTAND THIS INFORMATION.

STUDENT NAME & UCCS ID # _____ DATE _____

* **INTERNATIONAL STUDENTS:** PLEASE OBTAIN RISK MANAGEMENT INITIALS _____ Date _____