

# **Certificate of Insurance Requests for Student Internships / Clinical Rotations**

Periodically, an off campus site will request a student provide proof of insurance before authorizing a CMU student to fulfill an internship/clinical rotation requirement at that site.

Risk Management will prepare a certificate of insurance document upon completion of the following:

1. Confirmation that an Affiliation Agreement has been approved and is on file in the Academic Administration Office. Contact Person: Affiliation Agreement Coordinator, Academic Administration Office
2. Receipt of the following information **from the CMU Faculty member supervising the approved internship/clinical rotation:**
  - a. Student Name
  - b. Class Name and Number
  - c. Internship/Clinical Rotation Type
  - d. Time Period of the Internship/Clinical Rotation
  - e. Clinical Site Name
  - f. Clinical Site Contact Person
  - g. Clinical Site Address
  - h. Insurance Type and Limits Required by the Clinical Site (this should be provided in the Approved & Signed Affiliation Agreement)
3. Please e-mail information to [young2sa@cmich.edu](mailto:young2sa@cmich.edu) for handling.
4. Please allow a minimum of 7 business days for completion of your Certificate of Insurance request.
5. Certificates of Insurance will be provided to requestor for distribution.