

MEMORANDUM

April 14, 2010

TO: All GCSW Students

FROM: Virginia Cooke Robbins, LMSW-AP
Director of Field Education

RE: Field Practicum Professional Liability Insurance

All students are required to carry professional liability insurance in order to enroll in any field practicum courses. Coverage of the GCSW School policy will extend from September 1, 2010 through August 31, 2011 and will be in the amount of \$1,000,000/\$3,000,000.

In order to qualify for field insurance you must sign and complete the Eligibility Form on the back. Return it to the Field Office no later than **Monday, September 13, 2010** (Address is on the back).

PLEASE REMEMBER:

1. If you are currently enrolled in a field practicum course and the Field Office does not receive your insurance forms during the specified enrollment period, you may be automatically dropped from that field course and will receive no credit for clock hours already worked.
2. If you plan to enroll in ANY field practicum course during this academic year (even if you will not be in field until next summer) you must sign up for insurance coverage NOW.
3. If you have not submitted your insurance form during the specified enrollment period, you may be dropped from any field practicum course in which you try enroll during the year.

**Field Practicum Liability Insurance
Eligibility Form**

Instructions: Please complete every question fully and return to our office:

**Virginia Cooke Robbins, LMSW-AP
Director of Field Education
University of Houston
Graduate College of Social Work
Houston, Texas 77204-4013**

1. Have you ever been the subject of reprimand or disciplinary action or refused admission or suspension by any court or administrative agency or ever been the subject of an ethics investigation at local, state, or national level? ☐ Yes ☐ No

If yes, please give full particulars in order for your application to be considered.

2. (a) Has any professional liability claim or suit ever been made against you, your predecessors in business or against any past or present partners? (This includes claims already on file with this office.) ☐ Yes ☐ No

- (b) Are there any circumstances of which you are aware of that may result in any professional liability claim or suit being made against you, your predecessors in business or against any past or present partners? ☐ Yes ☐ No

If yes, please give full particulars in order for your application to be considered.

- (c) Have you ever had any insurance company or Lloyd's decline, cancel, refuse to renew or accept only on special terms any professional liability insurance? ☐ Yes ☐ No
If yes, please give full particulars in order for your application to be considered.

I hereby attest that the foregoing statements are true and accurate and may be relied upon by the Company/Underwriter for the purposes of issuing this coverage.

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. (This notice is required by New York Insurance regulations, but may also be a crime in other states.)

Date: _____

Signature: _____

Title: **MSW Student** _____

Print Name: _____

PeopleSoft ID: _____