

THE UNIVERSITY OF CHICAGO

PROOF OF INDEMNIFICATION for Visiting Student

If this form is not being used as Proof of Indemnification (malpractice insurance coverage), your letter of good standing should mention that you are covered for malpractice insurance and give limits not less than \$1,000,000 per incident/\$3,000,000 per aggregate with school seal, the same requirement as this form. If personal health insurance is covered through a student group policy, this should be stated in the letter of good standing as well.

Name of Visiting Student Applying for Elective Work at
The University of Chicago Pritzker School of Medicine: _____
(please print or type)

I hereby certify that, if a lawsuit is brought against the student listed above in the discharge of supervised clinical training at The
University of Chicago, the _____
(name of visiting student's home medical school)

will provide both financial and legal support for said student for not less than \$1,000,000 per incident/\$3,000,000 aggregate.

Name of Visiting Student's Home Medical School: _____

Name of Person Certifying Indemnification: _____

Signature: _____
(School SEAL must appear over official signature)

Title: _____

Date: _____

Address: _____

MAIL hardcopy to: Visiting Student Application, The University of Chicago, Pritzker School of Medicine, Suite 104, 924 E. 57th
Street, Chicago, IL 60637-5416.

To International students: Proof of malpractice insurance and personal health insurance must be received within 6 weeks of the
start of the rotation. If this requirement has not been received, you will be automatically dropped from your approved space and it will
be made available to other applicants.