



PLEASE TYPE IN ALL BLANKS BELOW COMPLETELY

Practicum

Internship

CMHC

SCHOOL

Fall

Spring

Summer

UCCS Risk Management - CERTIFICATE OF INSURANCE REQUEST FOR FIELDWORK

Student Name:

Fieldwork Site #1 Name:

Fieldwork Start #1: Date:

Fieldwork Site #1-End Date:

Fieldwork Site #1: Supervisor:

Fieldwork Site #1 Telephone:

Fieldwork Site #1: Work Address - City:

State:

Zip:

Does the provider (site) pay the student during the period of the fieldwork?

Yes

No

Does the provider (site) pay for Workers' Compensation coverage for the student?

Yes

No

If at more than one site during semester, list the name of site #2 here and #3 on the reverse:

Fieldwork Start #2: Date:

Fieldwork Site #2-End Date:

Fieldwork Site #2: Supervisor:

Fieldwork Site #2 Telephone:

Fieldwork Site #2: Work Address - City:

State:

Zip:

Does the provider (site) pay the student during the period of the fieldwork?

Yes

No

Does the provider (site) pay for Workers' Compensation coverage for the student?

Yes

No

Academic Sponsor:  CMHC, Dr. Field, (719) 255-5145

SCHOOL, Dr. Williams, (719) 255- 4167

Course Name & Number:

Academic Credits:

Health Insurance Coverage: Self  Student Health  Parents/spouse  Other: \_\_\_\_\_

Provider name:

Policy Number:

Expiration Date:

Your personal health insurance is required for your placement site should you be injured, or get ill, under circumstances NOT covered by workers' compensation. Do Not Sign This Form until you have attended a class presentation with James Duvall, Campus Risk Manager, (if you miss the course session, you will need to contact him at: 719-255-3525 or James.Duvall@cu.edu, Department of Public Safety, RM 102). \*The only exception to this is if your fieldwork site is covering workers' compensation and you have discussed workers' compensation prior to signing.

Student Pledge: I have attended a class presentation or have discussed requirements for reporting an accident or injury while on the job at the fieldwork site with James Duval UCCS Department of Public Safety/Risk Management or his proxy.

\*This information is provided to support your academic field placement experience. These guidelines are important and should be used in the event you are 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 and then contact James Duvall, 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 James Duvall. 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. IF YOU HAVE ANY FURTHER QUESTIONS, OR WANT CLARIFICATION.

BY SIGNING BELOW I AM INDICATING THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION

\_\_\_\_\_  
(Student signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

Once your form is complete, please keep a copy and bring a copy to the COE Student Resource Office (failure to do so prior to the end of the semester before field work may result in start of your fieldwork being delayed).

**List the name of site # 3 here:**

Fieldwork Start #2: Date:

Fieldwork Site #2-End Date:

Fieldwork Site #2: Supervisor:

Fieldwork Site #2 Telephone:

Fieldwork Site #2: Work Address - City:

State:

Zip:

Does the provider (site) pay the student during the period of the fieldwork?

Yes

No

Does the provider (site) pay for Workers' Compensation coverage for the student?

Yes

No

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