**Liability Coverage for UW–Madison Health Professional Learning Activities**

By signing this form, I acknowledge that I have been advised that my participation in certain activities is within the scope of my agency as a UW–Madison health professional student in the School of Medicine and Public Health, School of Nursing, or School of Pharmacy. When participating in such activities, the UW–Madison, as an entity of the State of Wisconsin, provides liability coverage for my negligent acts or omissions, consistent with §§893.82 and 895.46(1) of the Wisconsin Statutes. This includes medical malpractice coverage.

Activities where I am provided liability coverage must meet the following criteria:

1. The activity falls within the UW–Madison’s educational and/or outreach mission; and
2. the activity is under the direction or control of the UW–Madison.

Examples of UW–Madison training programs or courses that meet the criteria include:

* Required portions of for-credit clinical courses. For clinical rotations, an affiliation agreement must be in place between the UW–Madison and the host site.
* Internal, school-managed programs designed to provide students with unique training opportunities that may or may not be for credit but are under direct supervision of UW–Madison faculty/staff (e.g., MEDiC).

I further acknowledge that my participation in certain other activities is not within the scope of my agency as a UW–Madison health professional student. As a result, the UW–Madison will not provide me with coverage for liability I incur while participating in these non-covered programs or activities.

Examples of training programs or courses that do *not* meet the criteria for liability coverage include, but are not limited to:

* Supplementary portions of for-credit courses with entities where there is no affiliation agreement in place (e.g., ambulance ride-along).
* Student-run programs where the student does not receive specific direction from the UW–Madison as part of fulfilling the requirements of the program (e.g., Allied United for Health [AUH], Doctors Ought to Care [DOC], Mentorship Achievement Program [MAP], Medical Students Offering Maternal Support [MOMS], Senior Chats).
* Nearly all other registered student organizations

I have read the above information and acknowledge my awareness and understanding.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School and Program of Student