



University of South Florida Self-Insurance Program
Medical Services Volunteer & Community Services Approval Form

The University of South Florida Self-Insurance Program (USFSIP) provides professional liability protection in the amount of \$200,000 per claim and \$300,000 per occurrence for pre-approved community service and volunteer activities involving the delivery of professional health care services. This protection is offered when such activity is not considered within course and scope of requester's university employment.

For coverage to be in effect, this completed form must be on file with the USFSIP. Questions and completed forms should be directed to USFIP at USFSIP@usf.edu.

Faculty Member: _____ Dept: _____

Date(s) of Activity: _____

Location of Activity: _____

Unique Purpose of Activity:

Authorization by Department Chair:

I authorize the volunteer/community service activity indicated above of this faculty member and concur with the unique nature of this faculty experience.

Date: _____ Signed: _____
Chairman, Department of _____

Administrative Concurrence:

The volunteer/community service activity described above has been granted administrative concurrence by the Office of the Dean for Self-Insurance Program coverage.

Date: _____ Signed: _____
Javier Cuevas, M.D.
Vice Dean
Faculty and Academic Affairs, MCOM

Self-Insurance Program Coverage:

USF Health Sciences Center Self-Insurance Program coverage is extended to include the volunteer/community service activity described above on the dates indicated.

Date: _____ Signed: _____
Courtney L. Rice, Esq.
Director, USF Self-Insurance Program