



MALPRACTICE INSURANCE STATEMENT FORM
Faculty Appointment Status

Name:	Department:
Medical Staff (UH) Title (Attending, Courtesy, etc):	Division:

- _____, MD's, proposed appointment at University Hospital **does not** qualify him/her to be covered under the hospital's malpractice insurance coverage. A copy of his/her current malpractice insurance coverage must be submitted in order for the physician to be on the medical staff.

NOTE: Minimum limits of coverage of \$1 million /\$3 million for physicians and \$1 million/\$3 million for dentists and oral surgeons, naming University Hospital as a certificate holder. A copy of the declaration must be submitted prior to completion of credentialing and privileging, stating same.

- _____, MD's, proposed appointment at University Hospital **qualifies** him/her to be covered under the Hospital's malpractice insurance coverage.

Effective Date of Faculty Appointment

Faculty Appointment Title

Chief of Service Signature & Date

Department/Division

Approved by:

Kendell R. Sprott, MD, JD Date
Senior Associate Dean for Clinical Affairs