

This form cannot be used to process Moonlighting requests.

UC San Diego Health

Requests for future employment.

DO NOT USE GOOGLE DOCS OR SIMILAR TO COMPLETE/SEND FORM

THIS FORM NOT INTENDED FOR USE BY 3RD PARTY REQUESTORS

REQUEST FOR STATEMENT OF PROFESSIONAL LIABILITY INSURANCE COVERAGE (PHYSICIANS-IN-TRAINING)

Date _____	Department/Division _____
Name of Physician _____	Credentials _____
Start Date _____	End Date _____
Year Training [to be] Completed _____	

This form is designed for trainees/alums to request proof of professional liability coverage for the duration of their UC San Diego Health appointment.

Though it is not intended to be used by 3rd party requestors, it can be accepted provided a signed waiver is submitted with the form.

The waiver is required for any submission from an outside institution for either a current trainee or an alum. It is also required when a program administrator submits the request on behalf of a graduate/alum trainee.

Complete this section when evidence of liability coverage is requested by an offsite facility/entity for the period of time the trainee was appointed at UC San Diego Health.

Do NOT include a Claim History **Send documentation to:**

Institution Requesting

Facility _____
Address _____
City, State Zip _____
Attention _____ Email Address _____

Contact information for Physician

Name _____	Phone or email _____
Comments _____	

Please scan and email completed request to: GMEProcessing@health.ucsd.edu

DO NOT COMPLETE/SEND VIA GOOGLE DOCS or SIMILAR.

Form must be submitted as an attachments. Requests with form embedded will be rejected.

Processing can take up to 35 days to complete from date received so please plan accordingly.

Proof of professional Liability Coverage with Claims History: 35 days

Proof of Professional Liability Coverage only: 10 days